

THE AMERICAN LEGION



STATEMENT OF
TOM COOK, DEPARTMENT SERVICE OFFICER
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE NATIONAL CARES PLAN

AUGUST 28, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans' Affairs (VA's) Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 7. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the populations of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- ▶ Prioritization of the hundreds of construction projects in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- ▶ Adequate funding for the implementation of the CARES recommendations.
- ▶ Follow-up on progress to fairly evaluated demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

THE ATLANTA NETWORK – VISN 7

The American Legion supports the CARES goal of ensuring “more health care for more veterans, closer to where they live.” With that goal in mind, we point out that the Draft National CARES Plan reveals that 96% of both the Alabama Market and the Georgia Market are currently designated as MUA/MUP (Medical Underserved Areas/Medical Underserved Populations). We also note that the Executive Summary for VISN 7 reports a primary care access gap in all three markets and an acute hospital gap in the Alabama and South Carolina markets. The American Legion expresses grave concern over some proposed reductions of services for VISN 7 when the veterans’ population is projected to rise and when VISN 7 is already underserved and already has gaps in services.

The Draft National Cares Plan states that “the Georgia Market is characterized by tremendous volume of workload increases predominately in the metro Atlanta area but also in the more rural areas.” In spite of the fact that the workload has increased, the VA Medical Centers in Georgia have met the challenges through innovative cooperation and planning. It is noted in the Draft Plan that “Georgia facilities work well together in the coordination of patient care and have a good mix of services for the entire market.”

The American Legion supports the proposed addition of 15 Community Based Outpatient Clinics (CBOC’s) within VISN 7. These additional CBOC’s will enhance the quality of health care and make it more accessible for our veterans.

The American Legion also supports the proposed renovation of VA facilities. The modernization of the inpatient wards at the Atlanta VAMC is much needed and long overdue. Similarly, addressing the parking issue for both the Atlanta VAMC and Montgomery VAMC will enhance service to veterans and improve the morale of the staff.

The American Legion does not support tampering with the VA facilities in Georgia in any manner that will reduce the current level of services, or that will negate the ability of the facilities to work together as effectively as possible. We do not support any proposal that will leave any veterans in Georgia in the “twilight zone” when it comes to adequate and accessible health care.

The American Legion expresses grave concern and strong opposition to the suggested strategy to eliminate 24-hour operations at the Augusta VA Medical Center’s Uptown Division. This proposal would result in the psychiatric beds being absorbed by the Columbia VAMC, the NHCU beds being consumed by Columbia VAMC and Dublin VAMC, the Domiciliary beds being assimilated by the Dublin VAMC, and the Blind Rehabilitation and medical rehabilitation beds being embedded by the Augusta VAMC Downtown Division.

The American Legion asserts that this proposal runs counter to the basic CARES principle of providing “more health care for more veterans, closer to where they live.” It

requires veterans to "migrate" to another area for psychiatric care instead of providing the care where they now reside.

The American Legion contends that the proposal is ludicrous because it requires so many negative domino moves of other services. These domino moves would be very expensive, for example, at least \$8 million for the renovation of Augusta VAMC's Downtown Division and an additional \$12 million for the renovation of Augusta VAMC's Uptown Division. Further, these domino moves would also damage the research program shared by the Medical College of Georgia (MCG) and the Augusta VAMC Downtown Division. It is not likely that the MCG physicians would be willing to participate because travel time would be involved. Presently, all they have to do is go across the street.

The American Legion opposes this proposal because it assumes Eisenhower Army Medical Center can provide additional acute inpatient medicine and surgery. However, we believe this assumption is not valid for several reasons. First, the option is cost prohibitive, for example, at least \$25 million for construction of a Spinal Cord Injury (SCI) facility at the MTF site. Second, the proposal does not allow for the possibility that Fort Gordon could be closed as the result of Base Realignment and Closure (BRAC) review in 2005. Third, the plan could damage existing shared surgical expertise between the facilities, for example Neurosurgery and Cardio-thoracic surgery.

The American Legion is against any proposed reduction of services at Carl Vinson VA Medical Center (CVVAMC) in Dublin, Georgia. Of particular concern is the proposal to review ICU bed needs and review the surgical program. We contend that the veteran population serviced by CVVAMC merits continued care at the current level. We believe that the veteran population in this area will increase beyond what has been projected because of the number of National Guard and Reserve forces from Georgia that are involved, or that will become involved, in ongoing operations throughout the world.

The American Legion is strongly opposed to the proposal to eliminate inpatient care and to reduce services at Lake City VAMC in Florida. Although Lake City VAMC is in VISN 8, we note that 19 Georgia counties are serviced by Lake City. Therefore, in a sense Lake City is part of greater VISN 7. Transfer of these services to Gainesville, Florida will leave these 19 Georgia counties in the "twilight zone" regarding inpatient hospital care. This is unacceptable, and we insist that the proposal be reconsidered.

The American Legion has similar concerns regarding the proposal to convert the Montgomery VAMC to an outpatient-only facility and to contract out inpatient care. We do not believe that the private medical facilities can absorb the veteran population in an acceptable manner. Further, we contend that these inpatient facilities are necessary to meet projected veteran influx due to population shifts to the South.

Thank you for listening to the American Legion's concerns this afternoon. We trust that you will give these concerns careful consideration prior to making any final decisions regarding VA health care in the greater VISN 7 area.

Capital Assets Realignment for Enhanced Services Committee Meeting - - August 28, 2003

Chairman Alvarez, members of the Committee - Good Afternoon.

I am Albert Spears representing the Department of Georgia, Veterans of Foreign Wars of the U. S. I am the State Inspector - the IG, if you will - and the State's Legislative Chairman.

I am here to speak on behalf of our members and behalf of all the veterans of Georgia.

One thing that I have learned in more than 35 years of government service - 25+ at the Federal level and 10+ at the state level - is that cut backs are never easy. One way they are made more palatable is to label them as improved, better, superior, increased, or enhanced. Despite the best of efforts and intentions of the designers, I also learned that it rarely happens in bureaucracies.

The healthcare services delivered at the clinic level within the Veterans Administration Medical Center is among the best delivered anywhere. The healthcare workers - doctors, nurses, orderlies, ward secretaries, phlebotomists, aides - are caring, loving, dedicated, devoted, and totally competent.

Above the clinic level begins the unfathomable bureaucracy. One of the major threats to delivery of adequate healthcare to all eligible veterans is this bureaucracy extending from hospital headquarters (not all, but too many) up to Washington. It seeks with the assistance of the Veterans Benefits Administration to define away patient eligibility by increasing levels stratification of non-eligibility. The VBA is a significant stumbling block to providing adequate healthcare to all eligible veterans and should be systematically disassembled to be rebuilt. It cannot be fixed. We cannot continue to throw money at the problem with no result. Timely quality claims processing is not happening and cannot happen with this VBA.

Congress must fully fund adequate healthcare for all eligible veterans. It is this nation's moral obligation to those who even now are defend the gates of freedom from our enemies. These soldiers and veterans are members of Georgia's communities. They are active military folks from Georgia's military posts, but they are also our Reservists and National Guard.

The numbers of Georgia's veterans is and will continue to increase. It will over the next 20 years even with the demise of large numbers of the Greatest Generation. South Carolina is the state receiving the most newcomers last year, but three Georgia

counties were among the five fastest growing in the nation. Many are from the snow belt who retire and move south. Many others are moving from Florida to have seasons again. Large numbers are veterans.

Where is the provision of women's services and clinics?

Increasing numbers of our soldiers and veterans are women.

The VA has to remember them - we will not permit them to be left behind.

The VFW strongly supports the community-based clinic concept. We support their continued enhancement. We also strongly support the spinal injury specialized clinic in Augusta. We support and encourage the programs for the enhancement of inpatient hospital care where coverage is poor by contracting with local hospitals. We support projects that will provide improved and expanded services as workloads increase, including major ward improvements and renovations in all current VISN-7 hospital facilities. We support the projects to renovate the buildings that have fallen into disrepair over the recent years.

We DO NOT SUPPORT any downsizing of our current VAMCs in Atlanta, Augusta -either campus, Dublin, Lake City or Tuskegee.

Many of these veterans have no other option for adequate healthcare.

On behalf of the veterans of Georgia, we will not accept any reduction in programs, services, capital improvements, inpatient care, or outpatient care. We will also not accept increasingly endless classifications and stratifications whose sole purpose is to stratify away or delay the access to adequate healthcare for any qualified veteran.

Healthcare and treatment delayed is healthcare and treatment denied.

How many of you have called your healthcare provider - to whom you have faithfully paid your premiums - for a routine appointment to be told that they might be able to work you in a few months?

The veterans of Georgia have paid their healthcare premiums for their healthcare - they paid them in the freezing, drizzle across Europe, across the blazing sands of Morocco, the Sudan, Mogadishu, the Persian Gulf and Afghanistan. They paid them in the frozen Mountains of Italy and Korea and in the jungles of the South Pacific and Vietnam, the beaches of the Mariannas and the Philippines. They have paid their dues.

They paid their premiums with their blood, their youth, their body parts, their sanity, their sleepless nights, their fears, and their emotional stability. Some of the wounds and premiums payment are not as visible as others as other veterans paid with the continuing battles with substance abuse, failed marriages, domestic violence, states of depression, and suicide.

Yes, the veterans of Georgia have paid in full. It is time to provide the product promised

**STATEMENT OF
MARQUIS D. BAREFIELD
NATIONAL SERVICE OFFICER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
ATLANTA, GEORGIA
AUGUST 28, 2003**

Mr. Chairman and Members of the Commission:

On behalf of the local members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 7.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of health care services, with 4,800 significant buildings. The quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services—blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services—that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus on the most important element in the process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members are aware of the proposed CARES Market Plans and what the proposed changes would mean for the community and the surrounding area. Our concerns include the medical center in Decatur, Georgia. Specifically, with the growing veterans

population, the wait time for an initial appointment for treatment, or a follow-up appointment after treatment has been given. Some of this problem can be attributed to staffing concerns as well as too many veterans having to come to the medical center for treatment. Veterans often have to wait three to six months before they can get into the hospital for treatment. Once a veteran has been seen for an initial visit, they see one doctor during that visit, but when they return for their follow-up appointment there is a new doctor that wants to hear their history all over again. Being an advocate for veterans and their benefits, this is a concern that is brought to my attention many, many times during the course of my day in answering questions for veterans. This lack of continuity with care providers puts the patient at increased risk of health problems not being found and treated in a timely fashion.

Another concern regarding the medical center in Decatur, Georgia is the parking situation. Currently, between the staff at the medical center and the patients that come to the medical center daily for treatment, there is a serious parking problem. The parking garage has been renovated once already by adding some additional levels to it, but there is still not enough parking for medical center staff and visiting patients. One parking lot for administrative personnel was taken when the new Regional Office was constructed in 2000.

Along with the concerns about the parking, the medical center has no space to expand to meet the needs of the growing veterans' population in this area. The grounds around the medical center are being used as parking areas for staff and patients. Many areas within the hospital are being renovated, but there is no room to expand to another area on the hospital grounds for a new wing or clinic. For example, if a person had a lab appointment at 8:30 am, that person would have to wait out in the hallway, because there is not enough space in the Lab waiting area to contain its patients. Space is another serious concern at the medical center.

A benefit from the proposed market plans is the proposed opening of several new Community-Based Outpatient Clinics (CBOCs) in the metro Atlanta area. When the proposed CBOCs are completed in the areas that have been suggested, that means that the veteran would not have to drive as far to get the needed care they deserve. A majority of the veterans in the metro Atlanta area drive at least 45 minutes to an hour to make an appointment at the medical center in Decatur, Georgia. With the opening of these clinics, many veterans would be able to make to an appointment in a timely fashion to get the care that they so desperately need. The proposed CBOCs in Stockbridge, Newnan, Athens, and the relocation of the Midtown clinic to the Forest Park area would put facilities in the areas where a lot of the veterans' population lives.

Another benefit of the proposed CBOCs will be the ability of the veteran to have access to mental health care providers. This would be a welcomed benefit due to the fact that many of the mental health patients that use the medical facility complain about the wait time for an appointment as well as the drive to the medical facility.

In closing, the local DAV members of VISN 7 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.

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PVA VISN #7

REVISED CARES TALKING POINTS

Members of the commission, the Southeaster Chapter of the Paralyzed Veterans of America (PVA) is pleased to provide its input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SC/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative. PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of the America's veterans by charting a course to enhance VA health care services through the year 2002.

For PVA, members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of the veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. Additionally, PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center location.

Following World War II, the life expectancy of a veteran with spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers a veteran with spinal cord injury can expect to live a fairly Normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve health care crises we encounter as we grow older.

Our local PVA chapter has been seriously involved with the CARES process since its inception, we attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area to our national office who in turn provided them to you. On the whole, the Southeastern PVA Chapter feels relieved that VA's SCI population and workload demand projections model recognizes the need for increased VA SCI acute and long-term care medical services through fiscal year 2002. VA's VISN Market Plans call for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISN's 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area.

The Southeastern Chapter of PVA supports the VISN's Market Plan for the expansion of additional acute SCI beds at the Augusta SCI center. We also believe that the VISN Market Plan should also include a provision for SCI long-term care beds at the Augusta SCI center.

We are please to see that a recent VA CARES document supports the VISN 7 Cares Market Plan recommendation for additional SCI/D acute/sustaining care beds to be developed at the Augusta SCI Center in VISN 7.

We also feel that VA must make every effort to plan for and meet the growing demand for long-term SCI care in our area. For us, long-term care means a mix of services such as: hospital based home care, on-going home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care.

Finally, the Southeastern Chapter of PVA must speak about the importance of intra-VISN coordination and collaboration if VA's CARES SCI plan is to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. This is their right. It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical need.

Once again the Southeastern Chapter of PVA stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance please don't hesitate to contact me at Chuck Izzett, Senior Benefits Advocate 706-823-2219.

Thank you for listening to our concerns.