CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

ATLANTA V.A. MEDICAL CENTER

The CARES planning process appears to have produced a comprehensive and consistent plan of recommendations for the Atlanta VA Medical Center. After being fully briefed by the Atlanta VAMC team, I fully support the CARES recommendations for the Atlanta Medical Center. The Atlanta facility currently serves more than 122,419 enrollees and the CARES data projects a 30% increase by 2022. The Medical Center is a tertiary facility that is characterized by a tremendous volume of workload increases for both Primary Care and Specialty Care Clinics within the heavily veteran populated metropolitan Atlanta area. In order to respond to the Access Planning Initiative for Primary Care, the Atlanta team proposed opening two additional Community Based Outpatient Clinics, one in Stockbridge and the other in Newnan. We ask that consideration also be given to opening a clinic in the Rome area. This area, located in northwest central Georgia, has a large veteran population and would be well served with a CBOC located there. Also, the expansion of the current Community Based Outpatient Clinics in East Point, Lawrenceville, Smyrna, and Oakwood will allow better access and accommodate the projected patient demand to Primary Care Clinics. These additional clinics and expansion of others is in keeping with the goal of CARES, "more health care for more veterans, closer to where they live."

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

The reassignment of patients from the Atlanta facility to a Community Based Outpatient Clinic closer to their home will permit the expansion of the Specialty Care Clinics in the Primary Care vacated space. The Capacity Planning Initiative for Specialty Care will also be addressed by construction of modular buildings for Research and Specialty Care Clinics. This will provide much needed space for enhancing healthcare services.

The inpatient wards have not had any significant improvements since the construction of the main hospital in 1967. The planned renovations will incorporate state of the art design principles in order to provide an improved patient focused treatment setting. These renovations will improve not only the rooms and wards but will include a much-needed upgrade and improvement to the bathroom facilities. There is also planned improvements to the facilities that are more oriented to privacy for our female veterans, which we are seeing a tremendous increase.

In respect to the parking issue, the Atlanta team proposes expanding the parking area by 300 spaces and a long-term goal of expanding the parking deck by 1000 spaces.

I support the Atlanta team's CARES recommendations that will provide our veterans with better access and quality healthcare service.

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

AUGUSTA V.A. MEDICAL CENTER

The veterans of Georgia and their families are extremely concerned about the possibility of the reduction of service now being proposed for the Augusta VA Medical Center. We urge you to carefully consider the following information and reject any proposal that would reduce service to the veterans of Georgia.

The Augusta VAMC Uptown Division provides in/out-patient care for mental health, long term nursing home care, domiciliary care, blind rehabilitation, dental, audiology, dermatology and ophthalmology care.

The possible collaboration with Eisenhower Army Medical Center to accept and maintain an additional workload for Georgia's veterans does not appear to be a viable solution. This facility is not equipped for the current psychiatric, nursing home, blind rehabilitation or spinal cord injury care provided by the VA. Eisenhower's mission is readiness. When necessary, active personnel would displace veterans. Contracting this workload for mental health alone would cost $14+ million in FY 2012 according to the CARES space/cost calculator. There are no organizations within the Augusta area presently capable of taking on the additional mental health and nursing home care unit workload. The future of EAMC is also tenuous because it is possible that Fort Gordon will be subject to a Base Realignment and Closure (BRAC) review in 2005. This should be cause for concern with any service agreements

between this facility and the VA. Also of concern is the ability for EAMC to pick up the additional responsibility for caring for veterans when there is a short coming in being able to provide medical care to all active duty military family members

Eisenhower Army Medical Center currently utilizes 8 operating rooms with capacity for 10. Augusta VAMC also utilizes 8 operating rooms. It would require new construction to build a suitable facility at the MTF site. Conservative estimates indicate such construction would cost approximately $25 million.

The purposed services relocating from the Uptown Division to the Downtown Division are primarily related to Mental Health and Geriatric Care. Augusta VA Medical Downtown Center operates a 60 bed Spinal Cord Injury (SCI) Unit, the only SCI Unit in a three-state area served by this VA Vision. The SCI operations are contingent upon the immediate availability of acute care services. Any move of acute care services to Eisenhower Army Medical Center would necessitate a similar move of the SCI unit to the Eisenhower facility. EAMC is not equipped to address the medical needs of the SCI patients. Congressional interest will continue to be significant and most likely unfavorable if the SCI Unit is left without immediate acute care support.

Moving the Uptown Division's 15-Bed Blind Rehabilitation and 10-bed Medical Rehabilitation Units to the Downtown Division would require $4 million

in renovations for each and would displace two units serving the Spinal Care Injury Units, which would then require a "domino move" that would have its own consequences. Three research units at the Downtown Division would be bounced to the Uptown Division, which would require $4 million worth of renovations for each. The move would likely meet with stiff resistance from the Medical College of Georgia because the Downtown Division labs are used by many with dual appointments at both MCG and the VA.

Bottom line, careful consideration must be given to any proposal that is not supportive of the overall goal of "more health care for more veterans, closer to where they live." We must not take actions that will move the medical care further away from those veterans who need the care.

CARL VINSON VA MEDICAL CENTER, DUBLIN

The Carl Vinson Medical Center located in Dublin, Georgia provides care and services to more than 23,000 veterans from the surrounding area. This facility has conducted more than 126,000 outpatient visits as of July 29, 2003 and is projected to do more than 160,000 by the end of the year. The facility has seen an increase in services of approximately 12% per year for the past four years and that is expected to continue. Considering where most of the Georgia National Guard units that have been activated for support of Iraqi Freedom are stationed, this increase may be even more when these units return to their

home stations. These new veterans will cause the CVVAMC to be responsible for providing care to an increased veterans' population.

There have been several actions taken by the CVVAMC staff in support of CARES and we applaud those actions so long as they do not detract from the quality of care provided to the veteran. We do have a concern about eliminating the surgery capability at the CVVAMC. The proposal to contract all urgent, acute surgery and refer all non-urgent surgeries to other VA facilities needs to be revisited. This action seems to be in conflict with moving health care close to the veteran. The proposed action seems to place an undue and unnecessary burden on the veteran and his or her family at a time when they least need it. This action will result in the veteran possibly incurring a greater financial burden and in most cases the veteran affected is one who can least afford the additional cost. We believe there should be some surgery capability maintained at the CVVAMC.

LAKE CITY VA MEDICAL CENTER, LAKE CITY, FLORIDA

While our Department and the Veterans of Georgia greatly appreciate the work of the CARES Commission and the observations made concerning the Lake City, Florida, Department of Veterans Affairs Medical Center (VAMC), we strongly request reconsideration of a number of points from the August 4th, 2003 Report.

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

There are 19 South Georgia Counties (with a veterans population of approximately 45,000) assigned for medical care to VAMC Lake City. Most of these veterans utilize the facilities available at VAMC Lake City on a daily basis and any move or directional change in this daily operation will place undue hardship on our veterans and their families. Many veterans ride a "Veterans Bus" to the facility as their primary source of transportation. If the Lake City facility is taken out of the loop, the additional 90 mile round trip to Gainesville will impose delays in their scheduled treatment. Many veterans do not have the financial or family backing to make the trip even to Lake City and they must pay someone to provide them transportation. That being the case, the additional mileage to Gainesville will only add to an already stretched personal or family budget. The majority of our counties in the service area for Lake City are rural. Travel distances can be up to 180 miles - one way. Medical care for our older veterans is at a critical point and any interruption will create a situation that should never have been imposed on them.

Latest statistics available to our Department indicate that approximately 40% of the workload for VAMC Lake City is from the 19 South Georgia counties. This is also indicative of the tremendous current workload and projected workload for the northern area of VISN 8. The population of the VISN is growing; projections indicate that this area will see an increase of 18% veteran enrollees. The number of returning Afghanistan and Iraq veterans will only

serve to increase the workload. It is not just the same story from the VERA days, that VA needs to move the money where the veterans are and the veterans are moving South and not North. Those days continue and along with this group are the young veterans from our most recent conflicts. Any change in the day-to-day operation of VA Medical Center Lake City can and will be detrimental to their health care.

There are proposals being considered by the Commission to relocate some current workload from Lake City to Gainesville. Every individual, chart or projection tells us that Gainesville cannot handle its own burgeoning responsibility. Gainesville will be required to make numerous costly changes to an already financially strapped system in order to handle the additional workload.

- Sending inpatient medicine service to Gainesville has not been justified at any level. The Gainesville facility cannot handle the extra load, even with a new 238-bed, five-story bed tower. The additional bed-space was not originally designed to take on the Lake City proposed increase, it was designed to handle Gainesville's current load. It is estimated that this construction will take 18 months, with an estimated cost of $34,000,000. This additional bed space will only go so far to relieve the current stressful bed space situation at Gainesville. As the VA is quick to

recognize Gainesville is a 30-year-old facility with numerous areas of concern that simply will not allow it to take on the additional workload. VAMC Lake City has the space available to handle limited inpatient services. There is the possibility that Lake City could ease some of the Gainesville burden. This area deserves further study. Building a bed-tower in Gainesville is a short term "fix" for Gainesville, not as an added incentive for transferring inpatient medicine services from another facility. Moving Lake City's workload, only adds to a Gainesville.

- Moving inpatient surgery from VAMC Lake City to VAMC Gainesville again adds to the overburdened workload at Gainesville. It also continues the frustration experienced by patients waiting months for an initial surgery consult and then even longer for the surgery. Gainesville has a several month waiting list now for surgery, Lake City also has a waiting list. These are surgeries deemed necessary by their VA primary care provider. Moving the Lake City inpatient surgery responsibility to Gainesville, as stated above only adds an undue and unnecessary burden on the Veterans in need. Rather than close a functioning service, why not enhance it and allow Lake City to relieve some of Gainesville's extremely stretched

load? Allow minor surgeries to be continued at Lake City. Remove minor surgery from Gainesville and transfer it to Lake City.

We in Georgia are extremely concerned with any action to eliminate or reduce health care services for our veterans. We are just as concerned with the possibility of adding longer wait times and unnecessary frustration to an already burgeoning system. I stress daily to clients who are upset with the current VA System that complaining is not the solution. We must work together to make "our" VA stronger. Georgians do strongly feel that it is "our" VA and we do desire to work together to make the U.S. Department of Veterans Affairs stronger.

Thank you for allowing the Georgia Department of Veterans Service to present information to this Commission.