

**Testimony  
By**

**E. Nigel Harris, M.D.  
Dean and Senior Vice President for Academic Affairs**

**Samuel Aguayo, M.D.  
Chairman, Department of Medicine**

**Morehouse School of Medicine  
Atlanta, Georgia**

**Before the VA CARES Commission**

**28<sup>th</sup> of August, 2003**

Dear Members of the VA CARES Commission,

I am E. Nigel Harris, Dean and Senior Vice President for Academic Affairs of the Morehouse School of Medicine. Accompanying me is Dr. Samuel Aguayo, Chairperson of our Department of Medicine. He is charge with being our lead liaison person with the Veterans Affairs Systems. On behalf of our community of students, staff, faculty, and our Board of Trustees, the **Morehouse School of Medicine** congratulates the Department of Veterans Affairs (VA) for launching this unprecedented initiative of “**Capital Asset Realignment for Enhanced Services**”, the so-called **CARES** initiative. Similar to the VA, at Morehouse School of Medicine we regard the provision of quality health care for America’s veterans as a duty of the highest priority. Therefore, as concerned stakeholders, we thank you for the invitation to participate in this planning stage of the CARES initiative.

The Morehouse School of Medicine (MSM) is a historically black institution established to recruit and train minority and other students as physicians, biomedical scientists, and public healthcare professionals who are committed to the primary healthcare needs of the underserved, both veterans and non-veterans. The VA CARES initiative provides an unprecedented opportunity for further improving access and the quality of care for veterans. This initiative also places the VA healthcare system in a unique role as a potential contributor to the elimination of health disparities among the underserved, both veterans and non-veterans.

Minority serving institutions, such as Morehouse School of Medicine, are uniquely positioned to partner with the VA in addressing the health care needs of minority populations, and in

correcting some of the most tragic examples of health disparities. For instance, African Americans have been reported to suffer from higher mortality rates following a heart attack or a diagnosis of Stage I lung cancer than their majority counterparts. Heart disease and lung cancer are leading causes of mortality in our nation. But when we look at such outcomes for African Americans who receive their medical care in the VA system, their mortality rates are either similar or better than those found in non African Americans. Similarly, while the mortality rate for African Americans with HIV/AIDS has been reported to be worse than Caucasians, a recent study suggest that African American veterans who receive their medical care in the VA system have mortality rates from HIV/AIDS comparable to Caucasians. These observations do not eliminate the possibility that genetic and other factors may contribute to more adverse outcomes in minority populations compared to Caucasians, but they do suggest that improved access and quality of care, as offered by the VA system, can go a long way towards reducing health disparities among our citizens.

The question we ask is, how can a minority serving institution like Morehouse School of Medicine partner with the VA to enable better healthcare for the nation's underserved? Indeed this is precisely the question that was recently asked by Congress and the VA national leadership. As a result, the *Report Accompanying the FY 2003 VA Appropriations Bill* states **“the Committee recognizes the need for the Department to be more responsive to the needs of minority veterans and increase minority participation in VA medical professions, administration, training, and research.”** The *Report* also states **“The Committee encourages the VA to create more affiliations with minority-serving universities...”**

Morehouse School of Medicine has many of the elements in place for enhancing our partnership with the Veteran's Administration Hospital as it relates to care for minority veterans. For instance, we have recently established a **National Center for Primary Care (NCPC)**, under the leadership of former U.S. Surgeon General Dr. David Satcher. This center seeks to promote excellence in community oriented primary health care and optimal health outcomes for all Americans, with a special focus on underserved populations and on the elimination of health disparities. This Center will provide training for primary care practitioners, conduct practice-based research to improve health outcomes, create protocols and tools for improving primary care effectiveness, and undertake policy analyses focused on how to make primary care more accessible and more effective. These goals are similar to those of the VA which seeks to improve access to care, improved quality of care and health outcomes, healthy lifestyles and elimination of health disparities for veterans.

Our institution also has a **Clinical Research Center (CRC)** with dedicated clinical research space, equipment, personnel, and technological support designed to facilitate patient oriented research. This center has succeeded in recruiting a significant number of African American and other minority participants in clinical research studies and can serve as an excellent resource for VA sponsored clinical research.

An important aspect of the VA reorganization and realignment of resources is the establishment of **Community Based Outpatient Clinics**, the so-called **CBOCs**. We are aware that there are

various VA CBOCs that operate successfully throughout the country using a model where the academic affiliate is the actual provider of care. In addition, we have learned that the VA Network 7 (VISN 7) is about to establish a CBOC to serve more than 7,000 enrolled veterans who live and work in the Southwest section of Atlanta and the greater Atlanta Metropolitan Area. These are areas that are projected to have an increasing number of veterans. Southwest Atlanta is a geographic location in the heart of the community served by Morehouse School of Medicine. We would like to explore the possibility of our institution contracting with the VA to provide the full range of clinical services for veterans and their families (see Figure 1). The Southwest Atlanta community has many of the same health care challenges and health disparities that afflict some of America's veterans, such as homelessness, cancer, cardiovascular disease, and diabetes. Consequently, we are excited about a possible collaboration with the VA in Southwest Atlanta.

We believe that the collaboration we are proposing with the VA will be highly beneficial both to the VA and to Morehouse School of Medicine. For the VA, such collaboration would ensure the provision of comprehensive, high quality health services to veterans and their families at a community-based outpatient clinic. In addition, it would enable the VA to respond to the guidance contained in the *Report Accompanying the FY 2003 VA Appropriations Bill*. For the Morehouse School of Medicine, this collaborative effort would represent a wonderful opportunity to serve our veterans and a wonderful teaching opportunity for our residents and medical students.

Testimony by E. Nigel Harris, M.D.  
Morehouse School of Medicine  
Before the VA CARES Commission  
August 28, 2003

Thank you for your thoughtful consideration of our testimony. We wish you every success with the CARES initiative.

**Statement of  
Dr. Peter Makaya  
Director, Middle Georgia College  
Dublin Campus  
Dublin, Georgia**

**Before the  
CARES Commission  
On the  
Atlanta Network Market Plans**

**August 28, 2003**

Mr. Chairman and members of the Commission -- Thank you for allowing me to speak on behalf of the Carl Vinson VA Medical Center in Dublin, Dublin.

My name is Peter Makaya, and I am a professor of Political Science, History and Criminal Justice , and the Interim Director at the Dublin Center of Middle Georgia College, an educational unit of the University System of Georgia. The Dublin Center is a cooperative endeavor between Middle Georgia College, a comprehensive 2-year college, and Georgia Southern University. We offer selected higher education programs, courses, and services from the freshmen level through the Master's degree. Middle Georgia College is the agent of Record for the Dublin Center.

I am here this afternoon to talk not only about the great things the Carl Vinson VA Medical Center in Dublin, Georgia is doing for veterans, but also about what it is doing for its surrounding communities. It has maintained a strong partnership with Middle Georgia College to improve the quality of our veterans' health care. In 2000 the Carl Vinson VA donated 40 acres of land to Middle Georgia College through the State Board of Regents of the University System of Georgia. (This property was part of the Veterans Administration hospital). Transfer of land was completed in 2002, and plans for renovation were soon under way. In January 2004, we will move our nursing and criminal justice programs to the VA grounds where we have renovated one of the buildings the VA Medical Center donated to us.

As a gesture of good will by Middle Georgia College, and in an effort to strengthen our partnership, employees of the Dublin VA Medical Center attend Middle Georgia College tuition-free. Some of these students are majoring in nursing. Hence this partnership has continued to provide a source of healthcare professional and ancillary staff that fulfills the recruitment needs of the Dublin VA Medical Center. As a matter of fact,

some of the students, educated and trained at Dublin Center of Middle Georgia College, are now employed at the Carl Vinson Medical Center in Dublin. Middle Georgia College also provides other educational opportunities for the Veterans who comprise quite a significant number of our community.

Because of their strong partnership, the Dublin VA Medical Center and the Middle Georgia College are providing a resource stream of registered nurses and other personnel for the VA. This is collaboration for a healthier community because it impacts, in a positive way, on the quality of health care delivered. Thus, in partnership with the community, the Dublin VA hospital is providing a wide range of health care services. Its services have indeed improved the quality of life for veterans and families in their communities.

We, the members of the Dublin-Laurens Community, are very proud that the Dublin VA Medical Center has improved the quality of life for our veterans and families in the community. The quality of health care provided to veterans at the Medical Center is excellent. **Timely access** to quality health care is a priority for the Dublin VA hospital. But to continue this type

of quality health care delivery and the timely access to health care – and this is just my personal opinion, I think more funding for veterans' programs will be needed in the near future. The veteran population is projected to rise significantly. I understand that by the end of this year, the Dublin VA Medical Center will provide care to nearly 25,000 veterans.

In closing, let me reemphasize the importance of the Dublin VA Medical Center to our veterans and the surrounding communities. I have attached to this testimony one of the many letters I receive on a regular basis from community groups, attesting to the great things the Dublin VA Medical Center is doing for the community. This letter, from a local community organization called *Sav-A-Life*, speaks very highly of the Dublin VA Medical Center.

Again, thank you for your time and for allowing me to speak on behalf of the Carl Vinson VA Medical Center in Dublin, Georgia.

Peter B. Makaya



Office of the President

August 18, 2003

Everett Alvarez, Jr.  
Chairman, CARES Commission  
Department of Veterans Affairs  
Office of the Secretary

Dear Mr. Alvarez:

Thank you for your recent letter inviting me to provide testimony to the Capital Asset Realignment for Enhanced Services (CARES) Commission. I regret that I will be unable to join the commission on August 28 to provide oral testimony but welcome the opportunity to submit a written statement, which I understand will be entered into the record in its entirety.

The mission of the Medical College of Georgia (MCG) is to improve health and reduce the burden of illness in society by discovering, disseminating, and applying knowledge of human health and disease. Through a formal affiliation, MCG and the Augusta Veterans Affairs Medical Center (VAMC) have long partnered to provide high quality care to patients, to provide high quality clinical education experiences to students and residents, and to conduct cutting edge research about our bodies and minds and the diseases that affect them. Clearly, MCG is keenly interested in the operations of the Augusta VAMC and the future of Veterans Affairs health care infrastructure.

As you may be aware, Augusta's economy is driven largely by the medical community. The Augusta VAMC represents an important resource in the area's continuum of care—providing access to primary, specialty, and inpatient physical and mental health care for our nation's veterans. I would like to provide comments about this last facet of care. Although the draft National CARES Plan has far-reaching implications for realignment of services, one recommendation in particular has a potential significantly negative impact on the academic affiliation with MCG.

The draft National CARES Plan includes a suggestion that inpatient mental health services be relocated from the uptown to the downtown division or to another VAMC, most likely the facility in Columbia, South Carolina. Shifting these services to another region would severely impact MCG's ability to provide a unique mental health clinical training experience to our psychiatry residents and medical students. This training experience is an important one in the preparation of our residents—providing bilateral benefit to both MCG residents and Augusta area veterans.

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The Augusta VAMC serves as a network resource for the treatment of psychiatric patients. Specialized programs are offered in alcohol/drug dependence, post-traumatic stress disorder, geropsychiatry, and acute and long-term care of the chronically mentally ill. The use of the Augusta VAMC as a training site for MCG residents has a long history. The affiliation between the Augusta VAMC and MCG may be one of the older ones in the entire VA system. The Augusta VAMC's participation in this affiliation not only helps fulfill MCG's education mission but also contributes to a high level of care provided to veteran patients. Medical residents are involved in nearly every aspect and phase of the care of medical and dental patients offered at the Augusta VAMC.

I also would like to comment about the current clinical and research connections that MCG and the Augusta VAMC share. We currently have fully integrated neurosurgical and cardiothoracic surgical services. These integrated services are of extremely high quality and are very cost effective. They must be preserved.

In the research area, the illnesses and conditions that are prevalent in the VA health care system—cancer, urological disorders, pulmonary disease, and cardiovascular disease, in particular—fit squarely within the research foci of the Medical College of Georgia. I would caution against making any changes in the infrastructure of the Augusta VAMC that might negatively impact the ability of MCG faculty to collaborate with colleagues at the VA to conduct research that leads to improvements in the quality of life of Georgia's citizens—including the veterans who utilize the Augusta VAMC for their care.

Again, I would like to thank you for the opportunity to provide comments for your consideration as the CARES Commission proceeds with its analysis of Department of Veterans Affairs health care infrastructure. If you have any questions about my comments, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Dan Rahn". The signature is written in a cursive, flowing style.

Daniel W. Rahn, MD  
President

August 4, 2003

Richard E. Larson, Executive Director  
CARES Commission  
Department of Veterans Affairs (00CARES)  
Washington, DC 20420

VIA FACSIMILE: 202-501-2196

Dear Mr. Larson:

The invitation to attend the August 28, 2003, hearing in Decatur, Georgia, has been received. Unfortunately, I will not be able to attend due to a prior family commitment.

However, please note that the University of Alabama School of Medicine is enthusiastic about the CARES recommendation and in particular endorse the suggested changes for Alabama. The School of Medicine considers the Birmingham VA Medical Center to be a partner in our service, education and research mission. We believe that the plan will be able to provide the very best care for our nation's veterans, of which I am one.

The recommendation to expand bed capacity in Birmingham is welcomed. Our faculty are eager to provide the highest quality care to our veterans. Our residency programs are excellent and fully utilize the Birmingham facility and contribute immeasurably to the high quality of care. Further, the leasing of acute care beds in Huntsville will permit north Alabama veterans with immediate acute care facilities. Our medical education program in Huntsville is prepared to assist the Veterans Administration in meeting this objective.

Thank you again for the invitation to attend.

My best.

Sincerely,



William B. Deal, M.D.  
Vice President and Dean

cc: Y.C. Parris

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# ATLANTA CARES RESPONSE

*Thomas J. Lawley, M.D.*  
*Dean*  
*Emory University School of Medicine*

Mr. Chairman and members of the Commission, I am pleased to be here today on behalf of the Emory University School of Medicine and its affiliation with the Atlanta VA Medical Center. First, let me say I am proud of our affiliation with the Atlanta VAMC. The Emory University School of Medicine's affiliation with the Atlanta VA Medical Center began over 50 years ago and continues to be strong today. This affiliation has been mutually beneficial enriching the education of our residents and medical students, as well as providing cutting edge medical care to this nation's veterans. The Atlanta VAMC has participated in the training of over 40% of our residents at some time in their training and nearly 100% of the physicians at the medical center hold academic appointments through Emory University School of Medicine.

Mr. Cappello, the Medical Center Director, has kept me informed of the CARES process and how it might affect the Atlanta VAMC. I am fortunate to have a strong relationship with Mr. Cappello and meet with him monthly. I also interact with other senior management during the quarterly Dean's Committee meetings and as needed. Thus, I feel we have been active stakeholders and been kept apprised of the development of the VISN 7 CARES plan.

I am here to tell you that the Emory School of Medicine is supportive of the CARES process that recognizes the growth of the veteran population in this area. We recognize that expansion of Primary Care and subspecialty care is needed to meet the needs of the veterans; expansion in not only space to provide direct patient care, but also in the recruitment and retention of the clinicians to provide that care. One of the reasons that recruitment and retention of subspecialty clinicians has been successful in Atlanta is because of the opportunity to perform medical research. The research program at the Atlanta VAMC has experienced remarkable growth over the past 10 years and will continue to grow as we discover new ways of providing health care and easing the challenges of every day living for disabled veterans. We support the need for additional space to accommodate this growth and are pleased that America's heroes continue to be a primary beneficiary of our affiliation.

In closing, Mr. Chairman and members of the Commission, the Emory University School of Medicine remains poised to expand with Atlanta VAMC as it responds to CARES projections of a large increase in our patient population over the coming years.