

**VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF MARYLAND**

**STATEMENT OF WILLIAM SELF, STATE SURGEON
BEFORE THE CARES COMMISSION
AUGUST 12, 2003**

Good Morning!

I thank you for this opportunity to provide comments pertaining to VISN 5's planning initiatives and the VA's CARES process.

My name is William Self, I am the State Surgeon for the VFW Department of Maryland. The VFW membership consists of combat veterans that have earned entitlement to receive healthcare from VA in a timely manner.

The Maryland VFW supports the CARES process in theory but has several concerns that I will address. One concern is that the CARES cycle fails to address long-term care and mental health programs that our aging veteran population will require in the year 2012 and beyond. It is difficult for veterans to comprehend how VA can plan for inpatient and outpatient programs such as acute medicine and surgery without including major components such as long-term care and mental health. The mental health component in itself includes many significant services unique to veterans such as, inpatient and outpatient treatment for conditions like Post Traumatic Stress Disorder (PTSD), Substance Abuse, Homelessness and Domiciliary care. If we are to redesign the VA healthcare system to meet the needs of future veterans, then we must address all the needs of our veteran population.

Our next concern has to do with the proposed Fort Howard Enhanced Use project. This project plans to lease land to a private developer to construct an assisted living and retirement community for both veterans and non-veterans. Our concern is that the facility will fill up with non-veterans and only through attrition will veterans have access. We feel a better use of the land would be to construct a State nursing home and a VA domiciliary facility on the former hospital grounds.

Finally, the VISN plans to open several community based outpatient clinics on the grounds of Fort Detrick, Fort Meade, Fort Belvoir and Andrews Air Force Base. At first this initiative appeared to be beneficial to our state veterans. However, after witnessing what happened to these bases during the Iraqi War, it was recognized that base commanders can close or restrict access to their bases at any time during war or high level terrorist alerts. This would eliminate or severely restrict veteran access to the proposed VA clinics on military bases and cause the VA serious backups and disruption trying to provide appointments for the veterans assigned to those clinics.

The other issue we have is with DOD sharing agreements. VA usually ends up providing more services to DOD patients than DOD provides to VA patients. This concern also includes the difficulties VA has had in the past in recovering funds from DOD. There must be a fair exchange of services in these sharing agreements to be beneficial to VA and deployments must be taken into consideration.

On the other hand, the VFW Department of Maryland definitely supports the VISN's recommendation to replace the old nursing home building at the Perry Point division of the Maryland Healthcare System. The building, known as Building 9, is deteriorating rapidly and has numerous functional and safety deficiencies. As indicated earlier, these types of programs are the services our aging veteran population will need in later years.

In closing, I want to thank you again for allowing me this opportunity to provide VFW's comments on the VISN 5 CARES initiatives.

CARES TALKING POINTS

Members of the Commission, the Delaware/Maryland 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 (SCI/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 America's veterans by charting a course to enhance VA health care services through the year 2022.

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 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 locations.

Following World War II, the life expectancy of a veteran with a 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 a 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 the 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 Delaware/Maryland 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 2022. 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.

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 (CHAPTER NAME) 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 Delaware/Maryland 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 National Service Office Richmond VAMC Room 1-U-148 1201 Broad Rock Blvd Richmond, VA 23249.

Thank you for listening to our concerns.

**STATEMENT OF
E. PAUL STECKLEIN
NSO SUPERVISOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
BALTIMORE, MARYLAND
AUGUST 12, 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 5.

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. The VA Maryland Health Care System (VAMHCS) consists of two medical centers, Perry Point VA

Medical Center (VAMC), and Baltimore VAMC. The Perry Point VAMC provides primary and secondary medical care, and tertiary psychiatric care. Services provided include chronic and acute psychiatric care, substance abuse treatment, post-traumatic stress disorder treatment, medical intensive care, and a variety of medical and mental health ambulatory care services. Long-term care is also provided through an Extended Care Program at a Nursing Home Care Unit and a Geriatric Evaluation and Management Unit. The current facility Nursing Home Unit at the Perry Point Campus is over 60 years old and runs to capacity; therefore, we support construction plans to replace the existing Nursing Home Unit.

As a majority of primary and tertiary care is delivered at the Baltimore Medical Center, which has significant space gaps projected by 2012, we support the proposed plan to collaborate with Fort Meade to provide space for a Community-Based Outpatient Clinic (CBOC). However, care should be taken when considering Tertiary Hospital Proximity Planning Initiatives to consolidate services between Baltimore VAMC and the Washington D.C. VAMC. CARES data for the Baltimore VAMC area project the demand for specialty and primary care outpatient services greatly increases by the year 2012 and then slightly taper off in 2022. In addition, there is significant enrollment growth in three major counties that are in close proximity to the Baltimore VAMC (Anne Arundel, Baltimore, and Baltimore City) and a recommendation by the VISN to expand service in existing CBOCs to increase primary care, mental health care, and selected specialty care. Moreover, CARES data for Washington D.C. VAMC indicate a significant increase for outpatient specialty care in 2012—peaking in 2022.

In the D.C. area of VISN 5, we support proposed plans of in-house expansion and parking at Washington VAMC, as well as expansion of existing outpatient clinics, which includes mental health. Also, we support joint ventures with both Fort Belvoir, located in Fairfax County, Virginia, to provide space in a new facility for VA primary and specialty care, and the Armed Forces Retirement Home, a 200-bed King Health Center for primary, intermediate and skilled health care, which sits on 320 acres for a domiciliary program.

In closing, the local DAV members of VISN 5 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.

**Vietnam Veterans of America
Maryland State Council**

**Marriott (Waterfront) Hotel
August 12, 2003**

STATEMENT FOR THE RECORD

Of

**Vietnam Veterans Of America
Maryland State Council**

Submitted by

**Robert Coughlin
Veterans Affairs Chair**

Before the

CARES Commission

Regarding

**Draft National CARES Plans
for
Balimore, MD - VISN 5**

At

**Marriott (Waterfront) Hotel
August 12, 2003**

**Vietnam Veterans of America
Maryland State Council**

**Marriott (Waterfront) Hotel
August 12, 2003**

Good morning, my name is Rob Coughlin presently I am the Veterans Affairs Chair for Vietnam Veterans of America (VVA) Maryland State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the Marriott (Waterfront) Hotel regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 5 Baltimore, MD, Baltimore (Independent City) Veterans Affairs Medical Centers and Vet Centers for care and treatment.

The original concept for assessing the real-estate holdings and plans for the disposition of "excess" properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has many buildings at various facilities that are expendable

Vietnam Veterans of America (VVA) Maryland State Council believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan before you for VISN 5, in particular Baltimore where there are long waits for appointments, no mental health doctors, a continuous movement of personnel, and no real team work between the hospital and Vet Centers. You would think they were two different organizations.

We are also concerned as to what changes may be in store for Perry Point under the proposed Draft National CARES Plan.

Although VISN 5 is appearing to do the right thing for veterans as far as Ft. Howard goes but I see the same problems at Baltimore that have existed for years. Many good people are just giving up with the inefficiency at Baltimore Hospital.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromised services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to address the commission on behalf of Vietnam Veterans of America (VVA) Maryland State Council. I will be more than happy to answer any question that the commission may have.

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

AUGUST 12, 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) 5. 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 population 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 proposed 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 evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VA Capitol Health Care System - VISN 5

From the very beginning The American Legion has expressed concern that the CARES model does not address the need for additional full time employees that would be necessary to accommodate the expansion of services in VISN 5. For example, in the Baltimore Market, Martinsburg Market, and the Washington Market, significant growth is expected in primary outpatient care and specialty outpatient care. The plan is to lease care and expand services at the Community Based Outpatient Clinics (CBOCs). We re-

AMVETS Statement for the Record before the independent Capital Asset Realignment for Enhanced Services (CARES) Commission Sub-Committee, Charles Battaglia, Sub-Committee Chairman, Tuesday, August 12, 2003, Marriott Inner Harbor, 700 Alicanna, Baltimore, MD.

Mr. Chairman and Members of the Commission:

On behalf of AMVETS National Commander W.G. "Bill" Kilgore and the nationwide membership of AMVETS, I am pleased to offer our views to the Commission on the market plan submitted to the Secretary of Veterans Affairs by the Veterans Integrated Service Network (VISN) 5 comprising four Medical Centers, one Rehabilitation and Extended Care Center, thirteen Community Based Outpatient Clinics, and six Vet Centers. We cannot comment on the VHA overall plan, as we have not been made privy to its contents prior to submitting this Statement for the Record.

Mr. Chairman, since 1944 AMVETS has been a leader in helping to preserve the freedom's secured by America's Armed Forces. Today, our organization continues its proud tradition, providing, not only support for veterans and the military in procuring their earned entitlements, but also an array of community services that enhance the quality of life for this nation's citizens.

Title 38, United States Code, Section 1710 states that "The Secretary shall furnish hospital care and medical services which the Secretary determines to be needed to any veteran for a service-connected disability and to any veteran who has a service-connected disability rated at 50% or more." The statute delineates, in more detail, to whom the Secretary shall furnish hospital care and medical services.

Under CARES, the VHA is going to close some facilities. They may increase the services at other facilities, open additional Community Based Outpatient Clinics (CBOCs), or utilize contracted health care to replace these closures. Some employees will undergo a Reduction In Force (RIF), others will be transferred, and still others will be offered early retirement. That is understood. Our primary concerns here are twofold. Access to health care for the veteran must be maintained. If RIFs are required, we request that military veterans, and especially disabled veterans, employed by the VHA be retained in all cases.

The primary issue within VISN 5 appears to be access to health care. Of the four Medical Centers, Washington and Baltimore are located in high-density traffic areas. Even though the region has an excellent mass transit system, it can be difficult to navigate for aged veterans who are disabled or ill. The veterans that utilize these facilities have valid issues with access to health care. The VISN encompasses winding mountain roads, interstate highways, medium density rural and heavily congested metropolitan traffic patterns. A disabled veteran, or an elderly veteran with health problems, will find it extremely difficult to drive the distances involved under normal conditions. When traffic congestion and severe winter conditions become applicable, the lives of these men and women are placed in jeopardy every time they attempt to reach a Veterans Affairs Medical Center (VAMC).

VAMC Baltimore has four CBOCs assigned to its operation. Two of these (Charlotte Hall, MD and Cumberland, MD) are over 75 miles from the VAMC. We recommend that VISN 5 and VAMC Baltimore set up contract care for both specialist and in-patient care

in these locations. The travel time for our disabled and elderly veterans precludes utilizing the hospital for specialty and in-patient care. Additionally, due to the traffic congestion and the age and infirmities of the patient base, we also recommend that VAMC Baltimore incorporate shuttle bus service from the Glen Burnie and Loch Raven CBOCs to the VAMC.

VAMC Washington has three CBOCs assigned to its operation. Due to the traffic congestion and the age and infirmities of the patient base, we recommend that VAMC Washington incorporate shuttle bus service from the Alexandria, VA, Greenbelt, MD, and Washington, DC CBOCs to the VAMC.

VAMC Perry Point has two CBOCs assigned to its operation. Both of these facilities (Cambridge and Pocomoke City, MD) are in excess of 100 miles from the VAMC. We recommend that VISN 5 and VAMC Perry Point set up contract care for both specialist and in-patient care in these locations. The travel time for our disabled and elderly veterans precludes utilizing the hospital for specialty and in-patient care.

VAMC Martinsburg has six CBOCs assigned to its operation. Four of these (Cumberland, MD; Harrisonburg, VA; Petersburg, WV; Franklin, WV) are between 80 and 133 miles from the Medical Center. We recommend that that VISN 5 and VAMC Martinsburg set up contract care for both medical specialist and in-patient care in these locations. The travel time for our disabled and elderly veterans precludes utilizing the hospital for specialty and in-patient care. Additionally, we recommend that shuttle bus service be inaugurated from the CBOCs at Hagerstown, MD and Stephens City, VA to the VAMC.

Finally, in order to improve access to primary health care within the VISN we recommend the establishment of additional Community Based Outpatient Clinics in the following locations:

1. VAMC Baltimore
 - Anne Arundel, Baltimore, Calvert, Howard, Prince Georges, Howard, and St. Marys Counties.
2. VAMC Washington
 - Montgomery County, MD; Arlington, Fairfax, and Loudon Counties, VA
3. VAMC Perry Point
 - Kent and Queen Annes Counties, MD
4. VAMC Martinsburg
 - Garrett County, MD; Hardy, Mineral, Preston and Tucker Counties, WV

As the Commission is aware, the sole purpose of the VHA is to provide quality healthcare for America's Veterans. The VHA does this admirably, however, the quality of care is insignificant if the veteran cannot access that care.

In closing, Mr. Chairman, AMVETS looks forward to working with the Commission to continually update Veteran's Healthcare through the CARES process. As we find ourselves in a period of time in which our veteran community is rapidly aging, while at the same time we are creating an entirely new generation of veterans, we must provide both the quality healthcare, and access to it, that has been mandated by the Congress. AMVETS thanks the Commission for the opportunity to address these concerns.

emphasize the need for sufficient numbers of employees capable of staffing this expansion in order to provide timely care to the communities veterans.