

Panel 2
Panelist 9

I am John W. Wallace a Combat Veteran of Vietnam. At present I am the State Council President for Vietnam Veterans of America in the state of MAINE. We have one VA hospital in our state. It is located one hundred miles from our southern boarder an over three hundred miles from our northern boarder. I live two hundred an sixty miles north of Togus and four hundred an twenty miles north of this meeting. I am a mini mac and big mac member since their beginnings.

VISN#1 consist of the six New England States. I will speak about Maine because I am from there and know more about its problems. But I would like you to include the other five states as I speak also. Their health care needs are just as bad as ours. We in Visn#1 are made up of three areas. They are your cities, rural and rural rural as I call it. We in Maine have all three areas. We are vast in space so our Veterans are spread far and wide. The winters are the worst in New England. The roads are secondary and rural till you get to the main highway. This runs from Kittery to Houlton(306 miles) at this time you turn north for over a hundred more miles. The clinics we have in place are over worked an backlogged.

The Caribou clinic as an example sits in Aroostook County. This county is larger than the state of Connecticut and Rhode Island put together. This is where I live(RURAL RURAL). When the VA came out with CARES. I saw this as a chance to increase access to VETERANS healthcare like no other plan they have tried in the past. Togus VA and the VETERANS of Maine got deeply involved with the cares process. We have submitted our results to the VISN which they should have given you already.

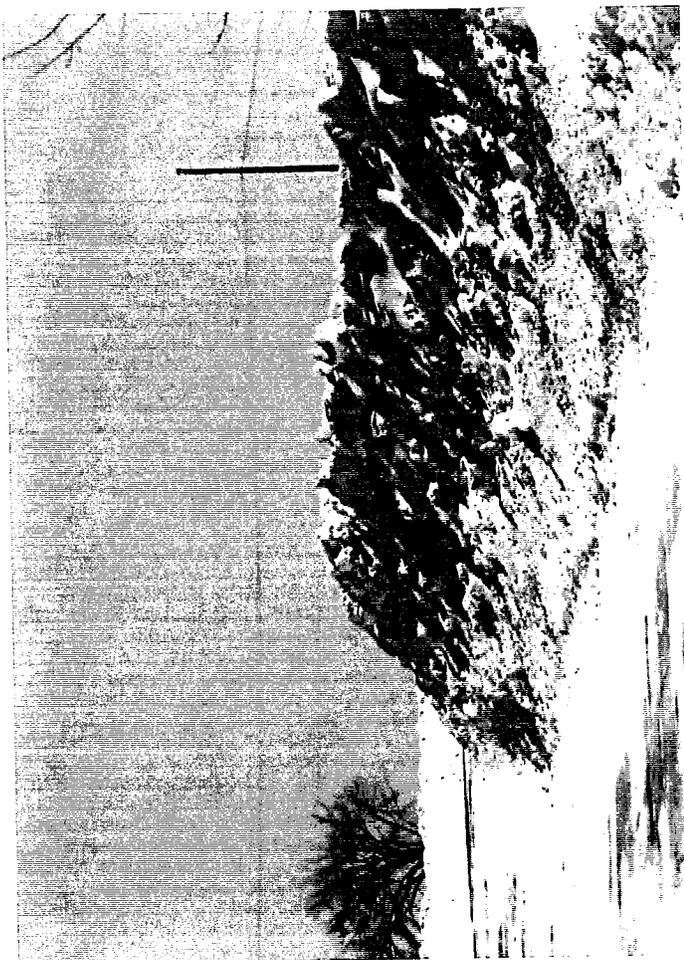
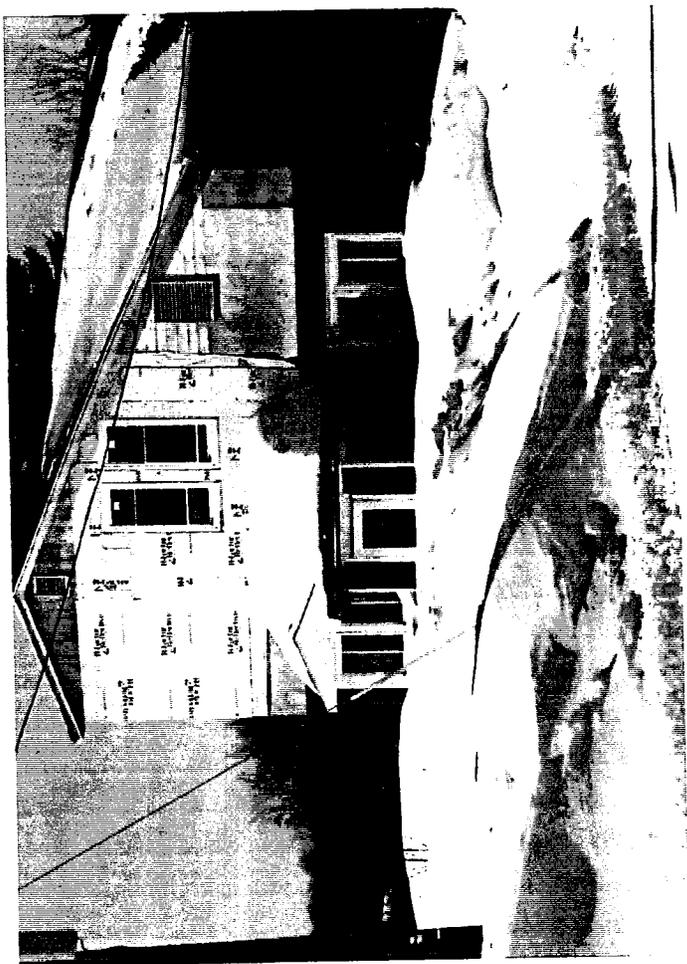
We in Visn#1 have already been asked ; If had to choose one item from our list what would that be. Well!!!! My answer is still the same. We are two years behind the rest of the VA system due to poor management on the first director's part. What we put in for is most needed , what we would like we know we would never see.

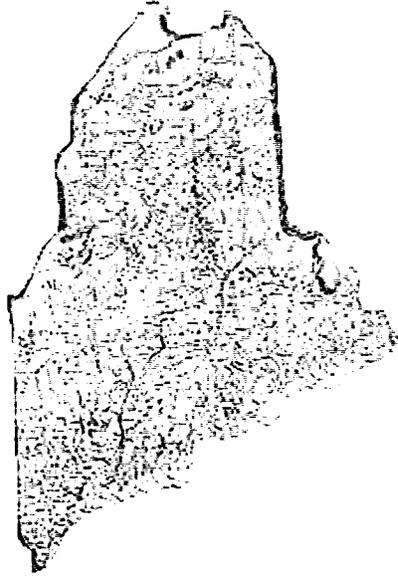
Already they came out with a proposal for Massachusetts facilities that we had not discussed at our big mac meetings. This shift in the healthcare centers will hurt the Veterans and their families in Massachusetts. On the other hand you have a Veteran of the present war with a still unknown illness having to use her senator to get into the VA now because she couldn't wait till mid-October. We need CARES YESTERDAY not ten years from now. It is our hope you go back to the secretary with a must have for the entire package for VISN#1. There are too many Veterans departing our ranks too early due to the long waits now in the VA system.

Our next battle, of which I will be out in front of; WILL BE GETTING CARES FUNDED. The most important thing I've left out is the employees on the front lines in the VA system. They can't be thank enough for there dedication to the Veterans of our Great Nation. WE need more of them now not ten years from now.

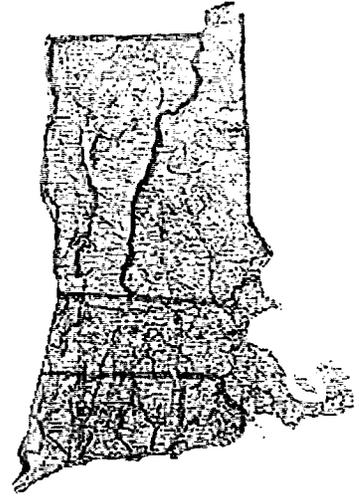
In closing I know you will keep an open mind. I would like to thankyou for the thankless task you have been handed.

Maine State Council President
Vietnam Veterans of America
JOHN W. WALLACE
Life Member VVA,VFW,DAV,AL





MAINE
35,387 SQ MILES



VT,NH,MA,CONN,RI
36,610 SQ MILES

MY NAME IS JAMES WILLIAMS; I AM THE VFW ASSISTANT STATE HOSPITAL CHAIRMAN FOR THE STATE OF MASSACHUSETTS. I AM HERE THIS AFTERNOON TO SPEAK ON BEHALF OF THE VFW STATE COMMANDERS FROM THE SIX STATES THAT COMPRISE THE NEW ENGLAND HEALTHCARE SYSTEM, VISN 1. THEY INCLUDE THE STATES OF CONNECTICUT, MAINE, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND AND VERMONT. THEY APOLOGIZE FOR NOT BEING HERE TODAY FOR THEY ARE ATTENDING OUR VFW NATIONAL CONVENTION THAT IS CURRENTLY IN PROGRESS IN SAN ANTONIO, TEXAS.

THE NEED FOR NURSING HOME CARE AND DOMICILIARY SERVICES STILL REMAIN A MAJOR ISSUE OF VETERANS IN VISN 1. HOWEVER, THESE COMPONENTS OF VA HEALTHCARE ARE NOT

ADDRESSED IN THIS CARES CYCLE, THEREFORE, NEITHER LONG-TERM CARE OR MENTAL HEALTH SERVICES WILL BE CONSIDERED IN MARKET PLANS FOR REUSING VACANT SPACE THAT HAS BEEN ACHIEVED AS A RESULT OF PROPOSED CARES REALIGNMENTS.

WE REMAIN CONCERNED THAT MANY OF THE MEDICAL CENTERS WITHIN VISN 1 ARE DETERIORATING RAPIDLY. THESE POORLY MAINTAINED SYSTEMS INCLUDE BUT ARE NOT LIMITED TO ARCHITECTURAL, ELECTRICAL, PLUMBING, STRUCTURAL, ELEVATORS, HEATING AND AIR CONDITIONING. PATIENT ROOMS AND NURSING STATIONS ALSO REQUIRE RENOVATION FOR PROVIDING STATE OF THE ART HEALTHCARE TO PATIENTS IN TODAY'S MEDICAL ENVIRONMENT. THERE ARE ALSO MANY ENVIRONMENTAL AND SAFETY DEFICIENCIES DIRECTLY

AFFECTING PATIENT CARE THAT REQUIRE IMMEDIATE
CORRECTIVE ACTION. IT IS OUR OPINION, IF ACTION IS NOT
TAKEN SOON, THE DETERIORATING INFRASTRUCTURES AT THESE
FACILITIES WILL LEAD TO THE VISN'S INABILITY TO SUPPORT
PROJECTED INCREASES IN WORKLOAD. WE FEEL THAT THE
CARES PROCESS IS BEING USED AS AN EXCUSE TO DELAY MAJOR
CONSTRUCTION, WHILE THE AGING VA INFRASTRUCTURE
CONTINUES TO DETERIORATE EVERY DAY. THERE ARE A LARGE
NUMBER OF URGENT PROJECTS WITHIN THE VISN THAT MUST BE
ADDRESSED, PARTICULARLY THOSE THAT AFFECT PATIENT AND
WORKER SAFETY. WHILE WE APPRECIATE AND SUPPORT THE
IDEA OF CARES, WE STRONGLY BELIEVE THAT CARES CANNOT
PRECLUDE VA FROM MAINTAINING THE CURRENT BUILDINGS

WITHIN THE SYSTEM. AFTER ALL, THE CARES PROCESS HAS
TAKEN THREE YEARS ALREADY. WHO KNOWS HOW MUCH
LONGER IT WILL TAKE. WE FEEL THAT HOSPITAL
DISCREPANCIES MUST BE CORRECTED BEFORE PATIENT
SERVICES CAN BE EXPANDED OR RELOCATED TO MEET FUTURE
DEMAND.

THE VISN IS PLANNING TO RESPOND TO PATIENT DEMAND FOR
INPATIENT AND SPECIALTY CARE SERVICES IN THE RURAL
PORTIONS OF THE NETWORK BY CONTRACTING WITH LOCAL
PROVIDERS. EVEN THOUGH WE SUPPORT PROVIDING CARE TO
VETERANS LOCALLY, OUR CONCERN LIES WITH THE VA'S
HISTORICAL INABILITY TO CONTRACT WITH COMMUNITY
HEALTHCARE PROVIDERS AT ACCEPTABLE RATES FOR INPATIENT

BEDS AND FOR SUBSPECIALTY CARE SERVICES IN OUR RURAL COUNTIES. CONTRACTING VERSUS USING VA STAFF TO PROVIDE SERVICES ALSO CREATES PROBLEMS WITH COORDINATION AND CONTINUITY OF CARE, PARTICULARLY WHEN PROVIDING SERVICES FOR VETERANS WITH SPECIAL NEEDS, SUCH AS UNDIAGNOSED ILLNESSES, SPINAL CORD INJURY AND PTSD. HISTORY HAS SHOWN THAT CONTRACTING FUNDS BECOME THE FIRST "CASUALTY" DURING TIMES OF LIMITED RESOURCES CAUSING ACCESS DELAYS DUE TO UNEXPECTED WORKLOAD BEING DIVERTED TO EXISTING VA FACILITIES. WE WOULD RATHER SEE VA MAINTAIN THE EXPERTISE OF PROVIDING THESE TYPES OF SERVICES TO VETERANS LOCALLY WITH VA STAFF WHO HAVE A COMMITMENT TO VETERANS AS WELL AS THE PATIENT.

ANOTHER CONCERN WE HAVE PERTAINS TO THE POSSIBLE MISSION CHANGE AT THE BEDFORD VA MEDICAL CENTER. TO CHANGE BEDFORD TO AN 8 HOUR A DAY OPERATION WOULD ELIMINATE ALL INPATIENT CARE SERVICES AND SUPPORTING PROGRAMS THUS DESTROYING THE EXCELLENT CONTINUITY OF CARE THAT IS CURRENTLY BEING PROVIDED TO VETERANS BY THE STAFF AT THE BEDFORD VA. IT DOESN'T MAKE SENSE TO CONSIDER TRANSFERRING SUCH EXCELLENT RUN INPATIENT PROGRAMS TO THE BROCKTON DIVISION OF THE VA BOSTON HEALTH CARE SYSTEM THAT IS ALREADY HAVING PROBLEMS MAINTAINING SERVICES THAT WERE AVAILABLE PRIOR TO THE PAST CONSOLIDATION OF THREE OTHER VA FACILITIES. IT APPEARS THE MAJORITY OF THE FUNDING GOES TO TERTIAR

**CARE AT BOSTON CAUSING PROGRAM REDUCTIONS AT THE LONG
TERM CARE DIVISION AT BROCKTON. WE CANNOT JUST SIT BACK
AND ALLOW THIS TO HAPPEN TO BEDFORD.**

**I CONCLUDE BY THANKING THE COMMISSION FOR ALLOWING
THE VFW THE OPPORTUNITY TO PROVIDE COMMENTS ON VISN 1
CARES INITIATIVES.**