

STATEMENT OF  
CLAYTON CLARK  
VETERAN SERVICES COORDINATOR  
STATE OF VERMONT  
BEFORE THE  
VA CARES COMMISSION

AUGUST 25, 2003

Mr. Chairman and Distinguished Commission Members;

I would like to thank the commission members and the Department of Veterans Affairs for engaging in an open and transparent process for determining the future of healthcare access for our veterans.

My testimony will only comment on the portions of the plan pertaining to the State of Vermont. Any statements of support for Vermont's portion of the plan should not be taken as an endorsement of the plan as a whole or for other states and markets.

I would like to begin by stating my agreement with the written testimony provided to the commission by the Governor of Vermont, Jim Douglas. The CARES plan for Vermont addresses three challenges facing our veterans healthcare system by recommending increases in inpatient, specialty care, and mental health care capacity. Furthermore, the plan calls for increasing capacity in areas where demand currently exceeds capacity and where local care is not available. This will have a dramatic improvement for many of the veterans who most need care and are not able to travel long distances to receive it. This will be especially important for treatments that require frequent, recurring office visits, as regularly traveling long distances for care is counter productive to the healing process. For these reasons, I support the CARES Draft National Plan and hope to see the portion of it pertaining to Vermont implemented in its current form.

The White River Junction VA Medical and Regional Office Center has a long history of providing outstanding care for our states veterans. We're proud to have them on our team and are eager to see how they will better serve our veterans when this plan is implemented.

I will be happy to respond to any questions from the commission regarding my testimony or any other matter pertaining to Vermont's veterans.

*Bedford*

Statement of Daniel J Evangelista

Associate Director

Rhode Island Department of Human Services

Division of Veterans Affairs

C.A.R.E.S.

August 2003

Chairman Alvarez and members of the Commission, the Governor of Rhode Island, the Honorable Donald Carcieri and the Director of Human Services, Jane Hayward thank you for inviting Rhode Island to the CARES hearing. My name is Daniel J Evangelista. I am the Director of Veterans Affairs in RI. I oversee the Veterans Home, the Veterans Cemetery, and the Office of Veterans Affairs. I've been in this position since April of this year but in Veterans Affairs for 30 years.

The federal and state partnership has never been any stronger. We thank you for this and look to the future. We will work with DVA to make the CARES process a success, especially when it comes to the health and well being of a national treasure --veterans. We feel that this realignment has been going on for years and intent to continue this good working relationship with DVA.

We ask for two things which as you would expect lead to a request for funding. One matter has to do with transporting our patients/residents from the RI Veterans Home in Bristol to a VA facility in Massachusetts. We have an aging fleet of vehicles in need of upgrading. In order for us to get veterans to appointments in DVA facilities in MA I would feel alot more comfortable with vehicles I can depend on. The DVA would be assured success in the CARES process if they helped RI with this request.

The other financial request has nothing to do with direct financial assistance to my Division but has to do with the care of all veterans in this proud country of ours. Mandatory funding for veterans healthcare is long overdue. I could carry on about why but you know this. The time has come for it, make the recommendation. CARES will work better with mandatory funding.

The Governor of RI, the Director of Human Services and I thank you for listening to my (our) comments and wish you well with the hearings.

*See comments on DWCP -*

*Input Med + yes 28 to 84 - want 100*

*Input ppch - 15 beds new - want up to 30  
against closing beds*

*renovations - for + in prog. - overlooked*

*Bedford*

CARES Commission Hearing 8/25/03  
Tom Kelley, Commissioner Massachusetts Veterans' Services

Members of the CARES Commission, I welcome the opportunity to appear before you on behalf of the nearly 540,000 veterans of the Commonwealth of Massachusetts. As stakeholders, the Massachusetts veterans' community has been represented and participated in every step of the way during the CARES process over the past year. The leaders of VISN-1 have taken their responsibility to listen to and involve stakeholders in determining the health needs of veterans very seriously. I believe our voices were heard in the assessment of needs and in the development of a market plan for this region, which would meet those needs in the years ahead.

With a couple of very significant exceptions, I believe the VISN-1 CARES process resulted in a fair assessment of the health needs of the veterans in this region and the positioning of resources to meet these needs.

It was our understanding from the outset that the purpose of CARES was to define the health care needs of veterans in VISN-1, and to catalog the response to meet these health care needs. The original VISN-1 Market Plan, in whose development we actively participated, largely achieved these ends. It recognized the urgent need that exists for continued long term care and expanded Spinal Care Injury (SCI) capabilities in the East Region, as well as the exceptional capabilities that exist across the health care spectrum. We are extremely fortunate in having nationally acclaimed programs in both these areas at the Bedford VAMC and the Brockton VAMC, and the initial Market Plan envisioned keeping these flagship programs intact.

Once the original plan was developed here to reflect these needs and how to meet them, however, it appears that the ground rules were changed at Central Office, with the result that the current draft National CARES Plan now seems to be a simply a means of shutting the doors on facilities which are vital to meeting the health care needs in VISN-1. The inclusion of in-patient services at Bedford seems to be an afterthought on the part of the VA Central Office, since its reduction or closure were not included in the VISN-1 Market Plan. The vast resources needed to establish and expand these services at West Roxbury are not identified, would detract from the resources needed in other VA health care areas, and would not even be needed if the services at Bedford were left untouched.

It came as a devastating eye-opener to see that the VISN-1 Market Plan's conclusions were ignored at VA Central Office. CARES was touted to be a plan to properly site and allocate resources to meet the demand on services

to care for our veterans. Demand exists for long-term care and IS being met at Bedford. Closing the in-patient capability at Bedford looks simply like a way to save money, not to adequately meet veterans' health care needs in Massachusetts. In the same vein, there is a demonstrated need to expand, not shrink the SCI capability in Brockton.

Bedford VAMC has the premier long-term care and geriatric unit in the VA system. This is attributed to the trained and dedicated staff, and the prudent application of resources to the facility. To close this facility and try to duplicate this unique capability elsewhere (West Roxbury or Brockton) would be impossible. To shift the burden of caring for veterans to private long term care facilities is not practical due to the sharp reduction in the number of operating nursing homes across the Commonwealth over recent years, to say nothing of the abdication of the government' responsibility to care for these veterans.

Bedford has historically specialized in psychiatric services as well as long-term elderly services such as Alzheimer's treatment. It has proven to be an efficient system. Its Compensated Work Therapy Program (CWT) provides a step up towards self-sufficiency and dignity to hundreds of veterans who would otherwise be languishing in shelters at taxpayers' expense. To change the location of those services, or simply to split inpatient and outpatient care, would be a logistics nightmare that will surely create more of a quagmire at Brockton, that has already absorbed many of the services that J.P. previously offered. The Bedford Alzheimer's program as currently configured is viewed by many as the best in the country.

The Bedford VA does not exist in a vacuum but is an integrated part of a community and regional network of services for veterans that has been honed over the years. It is also accomplished at treating veterans as individuals with unique health care needs. The campus is staffed by a special group of providers who are there because they want to be there, performing a mission that they consider simple thanks to those who have served this nation in time of need. They are motivated by service, by love, not by financial rewards, and you will not find this level of commitment and service in the private sector nursing homes which is where the draft report suggests that veterans be shunted. In streamlining systems for a category of individuals, one must always keep in mind that the category is composed of individuals, not a homogenous entity.

There seems to be a perception in the draft CARES report that there is excess, vacant, and unused space on the various campuses in VISN-1. To this end, there is even a recommendation that space to

be gained by relocating nearly 500 in-patients at Bedford could then be leased out to non-VA entities, and that the revenues be used to help defray the cost of the VA health care system. In the draft report, there is a concession that closing hospitals is touchy in the extreme. "Disposition of capital assets traditionally has been a difficult process in the federal sector in general, and in the VA in particular." It says nothing about an even more critical and sensitive issue...the disposition of the veterans themselves who would be affected by such closures as the in-patient unit at Bedford.

In Massachusetts we have a unique program for our 100 per cent service-connected veterans. We award them a token annuity of \$1500 as a means of recognizing and rewarding the pain and suffering they have endured by their service to this nation. By means of this program, we have a good indicator of just how many veterans are in this category, and through zealous efforts on the part of the VA benefits side and our local veterans' services officers, we see this number gradually increasing. This is significant because, under the Millenium Health Care Bill of 1998, these veterans, and all who have a greater than 70 per cent service-connected disability rating, are entitled to long term care provided by the VA. The numbers will grow, not diminish here in Massachusetts and our primary location for providing this service is being shut down.

It is critical that the issue of inadequate funding for VA health care be the focus of a related process. There is a strong perception on the part of the veterans' community that the services that our veterans need and deserve are being compromised or eliminated because of insufficient funding for these services. If the CARES process comes down to a question of what can the nation afford in caring for its veterans, then the process has failed and our commitment to care for veterans rings hollow.

Members of the Commission, you should be made aware that the correct title of the Bedford VA Medical Center is the Edith Nourse Rogers Medical Center. For those who may not remember, Mrs. Rogers was the member of Congress from Massachusetts who was instrumental in pushing through the GI Bill near the end of World War II. The GI Bill which opened the doors of opportunity for the millions of returning veterans in the areas of education, home ownership, and job opportunities. What would Edith Nourse Rogers think about the plan to close down that portion of the Bedford VAMC which is particularly populated by those very veterans whom she had championed?



**PRESENTATION TO CARES COMMISSION  
BY ROLAND M. LAPOINTE, Director  
Bureau of Veterans' Services, SHS #117  
Augusta, Maine 04333-0117**

**August 25, 2003**

I am Roland Lapointe, Director of the Bureau of Veterans' Services, Department of Defense, Veterans and Emergency Management, State of Maine. On behalf of Maine's 154,000 veterans, I thank you for the opportunity to speak to you on the CARES initiative in general, and most especially, as it relates to FAR NORTH MARKET as defined within the VISN-1 Market Plan.

The CARES initiative is a welcome one. Nationally, this effort has the potential to better serve our veterans within existing VA resources and identify actions and resources urgently needed to address the shortfalls that remain. From the perspective of Maine's veterans, the CARES initiative began on a solid foundation by designating Maine as its own market area, the FAR NORTH MARKET, within VISN-1. Maine's aging veteran population is geographically dispersed across a vast land area. There is a natural geographic boundary that prevents easy access from Maine to other VA facilities located in New Hampshire. The market plan developed in VISN-1 recognized Maine's unique geographic characteristics, limited transportation infrastructure and rural nature. These conditions together with the limited number of VA facilities available have long posed major challenges to Maine's veterans in their ability to obtain required healthcare services in terms of both access and capacity.

The VA Medical Center at Togus is the sole VA hospital facility within Maine. Veterans who reside in northern Maine must travel 260 miles to access the services this facility provides. Established during the Civil War, the Togus VA Medical Center is the oldest VA hospital in the nation. It urgently requires substantial expansion and renovation to meet the needs of its patients. In an effort to provide better access to primary healthcare services, the VA established community outpatient clinics in Caribou, Bangor, Calais, Rumford and Saco. Nonetheless significant numbers of veterans do not meet VA standards for access to the primary and inpatient health care services they require. Only 59% of Maine veterans have access to primary care services within the CARES access guidelines, and only 52% of veterans have access to inpatient hospital care within CARES access guidelines. Furthermore, demand gaps are projected in the clinical areas of Primary Care, Outpatient Specialty Care, Outpatient Mental Health Services, and Inpatient Services.

In implementing the CARES process in Maine, the VA staff held Town Meetings throughout the state, met with veterans and their families, and obtained input from veterans' service organizations. Through these collaborative efforts, planning initiatives were identified and incorporated into the network market plan dated March 3, 2003. These critical initiatives include d:

- a. To address the Access Gap for Primary Care:
  - An increase in the VA presence in the rural areas of Houlton, Lincoln, Dover-Foxcroft, Farmington and South Paris.

- A new community based outpatient clinic (CBOC) in Cumberland County to meet the needs of veterans who reside between and existing CBOC in Saco and the Togus VA Medical Center.
- b. To address the Access and Capacity Gap in Inpatient Hospital Care:
- Contracting for additional hospital beds in York County (6 beds), Aroostook County (4 beds), Cumberland County (8 beds), Androscoggin County (5 beds), and Penobscot County (2 beds).
  - The addition of 6 hospital beds in Togus upon completion of an approved Ambulatory Surgery project.
- c. To address the Capacity Gap in Primary Care and Outpatient Mental Health Services.
- Increased capacity through use of the new VA locations in Houlton, Lincoln, Dover-Foxcroft, Farmington and South Paris.
  - Enhanced existing mental health care services at Togus.
  - Utilization of contract mental health providers as needed.
- d. To address the Capacity Gap for Outpatient Specialty Care.
- The addition of specialists to the existing staff at Togus.
  - Continuing referrals to the East Market.
  - Utilization of contract specialists within the community.
  - New construction of 70,000 square feet at the existing Togus VA Medical Center.

These specific initiatives outline the needs and desires of Maine veterans. They deserve no less.

At this juncture, the task of finalizing the National Cares Plan is a daunting one. The issues are complex. The identified needs will require careful analysis and ultimately a prioritization of limited resources in order to maximize the benefits to veterans nationally. The relative merits of each planning initiative identified when analyzed on a national level will certainly be a topic for debate.

Nonetheless, from a stakeholder perspective it is absolutely critical that the detailed initiatives identified above be included in some form within the National Plan even if it is determined that they cannot be resourced immediately. To do so will acknowledge the value placed on stakeholder input and support the integration of CARES into the VA strategic planning process. To do otherwise will seriously undermine the hard work of the local and regional VA staff and their stakeholders.

In conclusion, the CARES initiative in Maine began on the solid foundation of collaboration and stakeholder input. It should end in similar fashion. The National CARES Plan you recommend for approval by Secretary Principi will offer improved healthcare services to veterans only if it embraces the detailed initiatives developed within VISN-1 for each of its market areas and permits these initiatives to compete on their merits for the due consideration they deserve within regional and national priorities.

I thank you for this opportunity to address the CARES COMMISSION today on this important issue.