

Congressman Jeff Miller
First Congressional District, Florida
Statement before the CARES Commission
Biloxi, Mississippi
August, 2003

I would like to thank the CARES Commission for implementing its public review and hearing schedule following the release of its draft report. I commend you for fourteen months of hard work, and I am pleased to extend my overwhelming support to the recommendations outlined for Veterans Integrated Service Network Sixteen, Eastern Southern Market.

Florida's First Congressional District represents what is arguably the most striking example of access to care challenges in the nation. Nearly twenty-four percent of my constituents are eligible to receive health care through VA. That is 110,000 veterans, or one in four Panhandle residents. Pensacola ranks in the top ten veterans' populations in the nation, and Fort Walton Beach tops that same list.

Despite these numbers, the Pensacola community-based outpatient clinic treats twice the number of Panhandle veterans than it was designed to accommodate. Veterans in Fort Walton Beach and farther east must travel to the other side of Eglin Air Force Base, which spans over 700 square miles in the middle of the district, in order to even *reach* the Pensacola CBOC. For VA inpatient care, all of my veterans must get to Biloxi, a trip upward of 200 miles for some residents.

There is no question that the timing is right for improved capital asset planning. Clearly the size and distribution of VA facilities and services are critically mismatched, and the veterans in my district know this all too well. I commend the CARES Commission for its recognition of the access to care gap in the Eastern Southern market.

I am pleased that an Eglin Air Force Base CBOC has been included in the highest priority CBOC investment group. Of the forty-eight CBOCs recommended, only ten are slated for a 2004 opening date, and the Eglin clinic is amongst them. The veterans' community of Fort Walton Beach and Okaloosa County are encouraged by the CARES recognition of this critical need.

I am pleased that CARES recognizes the federal medicine partnering opportunities that already exist in my district, and the potential savings through sharing by the expansion of current co-sharing agreements. Two of the Department of Defense's 75 military hospitals are in my district. Resource sharing between VA and DoD facilities has been increasing for over two decades, and has steadily become a priority. In response to the President's aggressive strategy for improving coordination of VA and DoD programs and

systems, the two Departments established a Joint Executive Council. As the result, they have undertaken unprecedented efforts to improve cooperation and coordination. Congress articulated its support for such initiatives via the Fiscal Year 2003 Defense Authorization Act. Most recently, the House Committee on Veterans Affairs reported H.R. 1720, a capital construction authorization of major medical facility projects, including a joint VA-DoD facility adjacent to Naval Hospital Pensacola.

As the result, VA and DoD have undertaken unprecedented efforts to improve cooperation and coordination. I am proud that Naval Hospital Pensacola and the 96th Medical Group at Eglin Air Force Base have been ahead of the bell curve on the implementation of co-sharing agreements. Both facilities have the potential to set the pace for the rest of the nation on the issue of VA-DoD resource sharing. The CARES report acknowledges this in its “highest-priority project request” for land to build a replacement Pensacola CBOC at Naval Hospital Pensacola, with the Navy to provide contract hospitalization for medicine and surgical care.

As the CARES Draft Report indicates, you have my support and commitment to the planned expansion of inpatient and outpatient services and joint VA/DoD sharing agreements that preceded CARES but are now integral to its Market Plan. I am pleased to report that one week ago today, Undersecretary of Health Dr. Robert Roswell and House Veterans Committee Health Subcommittee Chairman Rob Simmons pledged their support for the sharing initiatives. VISN 16 leaders, the commanding officers of both DoD hospitals, and representatives of virtually all non-government health care providers in the First District made public their commitment to these initiatives. I will supplement my comments today with documents that support the solidarity amongst stakeholders, a rare meeting of the minds that align with the Commission’s recommendations.

VA and Congress will undoubtedly join forces during the implementation phase of CARES. As a member of the House Veterans Affairs and Armed Services Committees, I look forward to working closely with VA on the development of its Capital Plan for the Eastern Southern market. As I have said before, nothing makes me prouder than representing the fine servicemen and women of America’s past and present. We are focusing on veterans’ health care in Northwest Florida, and we are right on the cusp of some significant improvements that have been needed for a long time. The CARES Commission has done its part in the Draft Plan it has developed, and I stand ready to partner with you in realizing our goals.

Thank you.



United States Senate

WASHINGTON, DC 20510-0905

BILL NELSON
FLORIDA

September 10, 2003

The Honorable Everett Alvarez, Jr.
Chairman
CARES Commission
Department of Veterans Affairs
810 Vermont Avenue, NW,
Washington, DC 20480

Dear Chairman Alvarez:

I appreciate the opportunity to provide comments to the CARES Commission on the draft national CARES plan and its impact on Florida. Florida has the second largest veterans population in the country; therefore any change in the services provided by the Veterans Administration has an enormous impact on our Florida communities.

I support this process that the VA is using to take a critical look at the current use of infrastructure and staff, while balancing the need to provide veterans with adequate and accessible service. The draft national CARES plan has recognized the needs of an underserved veterans population in Florida. Two problems stand out in particular: veterans in the Panhandle lack access to primary care facilities, inpatient services, and specialty care within an acceptable driving range; and, Orlando is a major metropolitan area without a VA hospital. The CARES plan addresses both these problems, but concerns still remain over whether the VA will be able to implement the proposed solutions for these areas.

I wholeheartedly endorse the placement of a new VA hospital in Orlando. This is a central location that would provide care within an acceptable driving distance to the largest number of veterans. Requiring sick and elderly veterans to travel hundreds of miles for care is simply unacceptable. With my endorsement of the hospital in Orlando, I pledge my full and focused support when the hospital's construction is requested by the Department of Veterans Affairs and approved by Congress' authorization and appropriations processes. I also think that the veteran population in Southwest Florida will demonstrate the need for an additional hospital in the Fort Myers area.

The preliminary analysis behind the draft national CARES plan gave considerable attention to the Lake City VA Medical Center. The services provided by the Lake City facility are absolutely essential to the veterans in that community. I recently visited Lake City and heard about the apprehension felt by these veterans as they faced the potential loss of services. Although there is a VA facility in Gainesville, Lake City provides care to veterans across a large area of North Florida and South Georgia. Adding forty miles to the commute of those veterans, who already travel long distances to Lake City, would be contrary to the purpose of the CARES process. We must preserve the Lake City facility because of the needs of the large number of veterans that it serves.

A large portion of the draft CARES plan focuses on the creation, growth, or enhancement of DOD/VA facilities and services sharing agreements. These sharing agreements are intended to meet the majority of veterans requirements in the Florida Panhandle, which falls under VISN 16, as well as outpatient services at McDill AFB in Tampa and inpatient services at the Jacksonville Naval Hospital, both in VISN 8. DOD/VA sharing agreements allow the VA to more quickly address needs in underserved communities through the use of existing federal medical facilities. Unfortunately, as became apparent at the VISN 16 CARES hearing in Biloxi, Mississippi, there is a lack of direction from the Defense Department as to their commitment to and understanding of sharing agreements. I intend to write a letter to the Defense Department in support of DOD/VA sharing agreements and request an official policy directive or regulation that will explicitly establish the DOD's commitment to and plan to implement these agreements. The draft CARES proposal relies heavily upon these agreements in Florida, and I want to work with the VA, the Commission, and the Department of Defense to ensure that we achieve the objective of adequate health care for our veterans.

The issue that demands the attention of the commission in regards to DOD/VA sharing is any impact that Base Realignment and Closure of military installations outside of Florida would have on Florida's military medical facilities and their ability to provide care to the veterans' community. Priority treatment at a military treatment facility must go to the service personnel at that base. However, we must also bear in mind the capacity of these facilities over time to also provide care to the veterans community. With the closure of Navy training facilities and installations in Puerto Rico, important military operations and exercises will relocate to Florida, potentially increasing the demand on existing military medical facilities. This trend could place pressure on the capabilities of the medical facilities at those installations, making it more difficult for them to meet the needs of veterans.

I support DOD/VA sharing agreements as a logical solution to the lack of medical care facilities for veterans in Florida. We need to ensure that the CARES Commission, the Department of Defense, and the Department of Veterans Affairs address these concerns.

Finally, I want to encourage the commission to continue to revisit the veterans population projections used in the draft national CARES plan. Twenty-year projections may soon be out of date, as our military commitments around the world create a new generation of veterans who will be turning to the VA system for quality health care upon their return to the United States.

I thank you for your consideration of these thoughts and I look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Bill Nelson". The signature is written in a cursive style with a large, prominent "B" and "N".

DAVID VITTER
1ST DISTRICT, LOUISIANA

414 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1801
(202) 225-3015
FAX (202) 225-0739

david.vitter@mail.house.gov
www.house.gov/vitter

2800 VETERANS BOULEVARD
SUITE 201
METairie, LA 70002
(504) 586-2753
FAX (504) 589-2607

APPROPRIATIONS COMMITTEE
SUBCOMMITTEES ON
COMMERCE, JUSTICE, STATE AND JUDICIARY
MILITARY CONSTRUCTION
DISTRICT OF COLUMBIA

Congress of the United States

House of Representatives

Washington, DC 20515

300 EAST THOMAS STREET
HAMMOND, LA 70401
(985) 542-9819
(800) 851-3973
FAX (985) 542-9577

HOUSE REPUBLICAN POLICY
COMMITTEE
CHAIR, SUBCOMMITTEE ON
POLITICAL, EDUCATIONAL AND LEGAL REFORM

August 26, 2003

To: VA CARES Committee

As an elected representative of the people of Louisiana and a strong supporter of veterans I would like to express my views, and the opinions of my constituents concerning the lack of availability and accessibility to a veteran's outpatient clinic in a large portion of my district.

Over 30,000 veterans live in St. Tammany, Washington, and Tangipahoa Parishes. These three parishes comprise the Northshore area of my district, and it is the fastest growing area in the state, attracting more veterans each year. I have heard countless stories from veterans on the Northshore who do not have transportation, or do not feel comfortable driving the lengthy distance to the VA Medical Center in New Orleans or to any of the facilities in the Mississippi Gulf Coast area. This drive can take up to an hour and a half.

Clearly, as the population of veterans continues to grow, the need for medical services for veterans will increase. Current service members returning home will add to those already living in the area.

As a result, I feel it is imperative to provide a centrally located outpatient clinic on the Northshore. This clinic could also serve veterans who live in the Mississippi counties that border Louisiana. A facility of this type is a "win win" situation. The VA would save money on travel reimbursement, and veterans would have close access to the medical care that they need and deserve.

In order to keep the promises to the men and women who put their lives on the line for freedom every day, it is important that health care for veterans not only be delivered, but also improved to the levels originally promised. Moving forward with a Northshore outpatient clinic will certainly be a step in the right direction and this is a goal I fully support.

Sincerely,



David Vitter
Member of Congress