

STATEMENT FOR THE RECORD

Of

**Vietnam Veterans of America
New York State Council**

Submitted by

**John Rowan,
President
VVA New York State Council**

Before the

CARES Commission

Regarding

Draft National CARES Plans

Presented At

**VA Medical Center
VISN 3
Bronx, NY**

September 17, 2003

Good afternoon, my name is John Rowan; I am President of Vietnam Veterans America (VVA) New York State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the VA Medical Center, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 3 in Long Island, and Metro New York 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 so many buildings at various facilities that are expendable.

Vietnam Veterans of America (VVA), New York State Council believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan for VISN 3.

In particular, we are concerned about the proposal to eliminate all inpatient care at the Manhattan VAMC for several reasons. One, we do not believe the VA planners understand New York City’s geography and transportation options. This was obvious when an outpatient facility was opened in Woodside, Queens under the control of the Bronx VAMC, when everyone who would use this facility would prefer to travel to the Manhattan VAMC. There is a big difference in traveling into and out of Manhattan from anywhere in the city than traveling to the Brooklyn VAMC, which is not near public transportation. Two, if we must choose to eliminate a facility, why choose the one associated with a top medical school and located in proximity to the greatest medical facilities and the scholars associated with them, namely all of the facilities along 1st Avenue in Manhattan. This could mean life or death for some veterans, as it was noted in a recent article in

AARP's Bulletin that VA's cardiac care is so poor that veterans may be treated in outside facilities. When you need this type of service you don't want to travel to far.

However, this does not mean we are in favor of eliminating inpatient care at the Brooklyn VAMC either. We believe that there is now and will continue to be into the future enough of a veteran population in New York City to fully utilize both facilities. Unfortunately, the new wars will keep up the need for these facilities.

Additionally, we believe that some of the suppositions on which this proposal was based are flawed. For example, as noted above, we believe that while the population may diminish over the next several years, the veterans' medical problems will not. The WWII and Korean veterans have serious gerontology issues. As the Vietnam veterans age, they also will begin to have serious gerontology problems. We believe that this will be exacerbated by the effects of exposure to agent orange, as with the growing number of diabetics and their extensive debilitating secondary conditions, as well as the increase in Hepatitis C patients, needing extensive care.

Further, Mr. Chairman, the proposed National Draft CARES Plan, entitled "VISN 3 Special Disability Program Planning Initiatives", DID NOT include PTSD, Substance Abuse and Traumatic Brain Injury. VVA founding principle is "Never again will one generations of veterans abandon another", we do not want this commission to abandon these programs which are vital to the VA for the care and treatment of the brave military men and women who are returning home from the war in Iraq and to those who served this country in past wars.

One minor aspect of the report that is of interest is the possible use of vacant land for cemeteries. This is a long-term problem in the

New York Metropolitan area that needs to be addressed. We are wondering if any consideration was given to review St. Albans in this regard?

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise 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 submit our statement for the record before this commission on behalf of Vietnam Veterans of America (VVA) New York Council. I will be more than happy to answer any questions you may have.

DATE:
September 17, 2003

FROM:
PDC MURRAY RUNIN, National Action Chairman Jewish War Veterans USA
An active participant in Visn 3 Big Mac Meetings

TO:
Richard E. Larson, Executive Director
CARES COMMISSION
810 Vermont Avenue, NW
Washington, DC 20420 Fax# 202-501-2198

SUBJECT:
Your scheduled hearing re: closing of the NY VAMC at the Bronx VMAC

I don't believe, that this commission has considered, or even understands, what a loss of this facility would mean to the VA community of metro NY and NJ.

Families wanting to visit the current 160 patients that would be transferred to the Brooklyn VAMC will be forced to travel excessively. Most of these family members are also frail and elderly and traveling by any means is a definite hassle, as well as being an additional costly expense.

This NY VAMC was an enormous asset, with their participation, during the 9/11 attack.

Take this facility away and you will be removing an important asset that is part of NY City's plans for Homeland Security. Any attempt to close this facility will cause a financial disaster to the surrounding business community.

New York City and Manhattan is still recovering from the 9/11 attack. I don't think that this commission wants to delay NYC's recovery, in any way whatsoever. Closing this facility will throw more than just a little "monkey wrench" in the way of NYC's recovery from 9/11. Hasn't NYC suffered enough?

With our troops engaged in battles that appear to be never-ending, there should be no question that this facility will be needed for our returning veterans. In a recent article in the NY Times, a MAMC spokesman was quoted as saying "the veteran population is predicted to decrease in the next 20 years in Manhattan". This statement is completely off the track. Yes, current veterans are getting older but even though we may be dying off, more of us will be needing access to the care that we were promised. And again let me say, that no one can predict the number of veterans from Manhattan that

(2)

will be returning from the many conflicts that our Country has engaged in, or that the future will see us getting involved in.

May I ask why a hearing re: the closing of the NY VAMC was held in the Bronx instead of at the facility under consideration? Also, this hearing was not listed on your Web-Site as was your other hearings. It appears to me that these hearings are being rushed, so that you can render your reports on schedule.

Please forget the schedules, slow down, and get your facts straight. When you do I am certain you will remove the NY VAMC from your suggested closing list.

Thank you for listening.

Members of the Commission, 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 PVA Chapters have been seriously involved with the CARES process since its inception, attending local CARES meetings, and providing 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 PVA 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.

PVA is concerned that as the CARES process moves forward the maintenance of SCI service at the Castle Point facility will not continue until the Bronx expansion is fully operational. Recent VA documents do not call for the continuation of SCI services at the Castle Point facility.

We continue to support the VISN Three Market Plan for the future consolidation of SCI acute medical services to the Bronx VAMC. However, we feel that until the Bronx expansion plan is fully operational the Castle Point and East Orange facilities must continue to fulfill their current SCI mission. We also believe that once the Bronx consolidation is complete that both Castle Point and East Orange should be converted into comprehensive SCI outpatient clinics to meet local SCI medical care demand.

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 PVA 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 PVA 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 the PVA National Service Office at the New York Regional Office.

Thank you for listening to our concerns.



BLINDED VETERANS ASSOCIATION, NEW YORK, INC.

NEW YORK REGIONAL GROUP

**245 WEST HOUSTON STREET
NEW YORK, N.Y. 10014-4805**

**TELEPHONE (212) 807-3173
FAX (212) 807-4022**

The Blinded Veterans Association (BVA) is the only national Veterans Service Organization exclusively dedicated to serving the needs of our nation's blinded veterans and their families. Organized in 1945, BVA was Congressionally Chartered in 1958. Our Congressional Charter designates BVA as the organizational advocate for all blinded veterans before the executive and legislative branches of government. BVA was instrumental in the establishment and growth of Department of Veterans Affairs (VA) Blind Rehabilitation Service (BRS). Our organization closely monitors the effectiveness of the BRS program and VA's capacity to provide comprehensive services.

VA currently operates ten comprehensive residential Blind Rehabilitation Centers (BRCs) located across the country. Historically, the residential BRC program has been the only option for severely visually impaired and blinded veterans to receive services. As the Veterans Health Administration (VHA) transitioned to a managed primary care system of health care delivery, BRS failed to make the same transition for rehabilitation services for blinded veterans. BVA believes it is imperative that VA BRS expand its capacity to provide blind rehabilitation services on an outpatient basis when appropriate. Over 2,600 blinded veterans are waiting entrance into one of the ten VA BRCs. Many of these blinded veterans do not require a residential program. If a veteran cannot or will not attend a residential BRC – they do not receive any type of rehabilitation.

Phase II of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative provides VA with an excellent opportunity to review currently unused infrastructure for the implementation of more cost effective and innovative approaches to delivering desperately needed services to a rapidly aging veteran population. A program already operational at one local facility – the Visual Impairment Service Outpatient Rehabilitation (VISOR) program at Lebanon, Pennsylvania- is an operational model that could be replicated. While this new model is outpatient in concept, it does require teaching space and the establishment of hoptel beds. Only two blind rehabilitation planning initiatives were identified by the National CARES Program Office (NCPO) calling for establishing two new traditional BRCs: one in VISN 16 and one in VISN 22. The Rehabilitation Strategic Healthcare Group (SHG) provided several recommendations to all VISN planners that would expand VA capacity to provide services on an outpatient basis. These recommendations have been [REDACTED]

*edited at direction
of Dennis O'Leary
July
1-17*



BLINDED VETERANS ASSOCIATION, NEW YORK, INC.

NEW YORK REGIONAL GROUP

**245 WEST HOUSTON STREET
NEW YORK, N.Y. 10014-4805**

**TELEPHONE (212) 807-3173
FAX (212) 807-4022**

added request Dennis O'Connell - Joe 9-17-03

VA [REDACTED] VA is currently failing to meet its statutory requirement to maintain its capacity to provide specialized rehabilitative services to disabled veterans, i.e. blinded veterans.

CARES Phase II has clearly failed to assure ENHANCED SERVICES, especially with respect to blinded veterans. How can VA plan for better utilization of space or new construction projects without considering the services that will be provided and for whom? BVA has repeatedly asked NCPO this question and hopes you will do the same. We have been told patient services issues will be addressed in the VA Five Year Strategic Plan. BVA National was offered the opportunity to comment on the VA's 2003-2008 Strategic Plan. No "secondary phases" to CARES were mentioned. The time to address these issues is now. If VA chooses to ignore the needs of blinded veterans and other core populations, these veterans will continue to go without essential services. If CARES refuses to address these crucial needs, blinded veterans will be forced to continue waiting up to one year to gain access to comprehensive blind rehabilitation services. In the view of the Blinded Veterans Association, this approach is completely unacceptable.

Concerning the CARES Commission Executive Summary in regards to moving the inpatient care from Manhattan to Brooklyn is just putting an additional transportation hardship on veterans. The only way a Queens County veteran can reach either the Brooklyn VAMC or the Bronx VAMC by subway is by traveling through Manhattan. Traveling and making additional subway changes is not only a hardship for blind, hearing impaired and wheelchair veterans but also can be extremely hazardous to their well being.

Stated in the VISN III Executive Summary "Maintain a significant outpatient primary and specialty care presence in Manhattan at the current site or another appropriate location in Manhattan." Who decides where this site is? Will it be just cost effective for the VA, or will the location be centrally located so a veteran can easily locate and reach it? The number of blinded veterans is increasing due to the many vision problems that can be related to the aging process. I hope the CARES Commission has the vision and compassion to include this into their decisions.

Dennis J. O'Connell, President

We have been poked, prodded and studied. We have been weighed and measured. We have been commissioned literally to death and now we have been asked to offer testimony regarding the findings of another commission euphemistically called Cares: Capital Asset Realignment for Enhanced Services. This inept acronym is being used to camouflage the true meaning of this commission which is to continue the process of shutting down the veteran's health care system. A shut down that has been going during the almost 20 years that I have been involved in veteran's issues and I dare say that it has been going on for many years prior to my brief involvement. There has not been a year that has gone by since I became involved that we as veterans have not had to go hat in hand to congress to the secretary of Veterans Affairs or to some commission to beg for scraps to keep the veterans health care system viable.

There are many things that I could speak of today. I could remind you that none of the members of this commission would be here today if it were not for the sacrifices of my fellow veterans. I

could speak of the 10,000 plus New Yorkers in Iraq facing real danger who may have to access the diluted New York veteran's health care system you are designing. I could speak of the increased reality of casualties we face since we were attacked by faceless cowards on September 11th. I could give testimony using a host of clichés like do not balance the federal budget on the backs of our veterans. I could compare the veteran's health care to the welfare system where those who contribute little to nothing to our society are treated better than our veterans in that they do not have to face a discretionary health care system but have a mandated system. I could speak of our aging veteran's population who will need more care rather than less. However I will speak about none of those important points I will leave that type of testimony to those more versed on the facts than myself.

In 1968 in Hiep Duc province South Vietnam there was a mission to help extract a company with the 196th Light Infantry Brigade that had been pinned down for 3 days. It was in an area that we called "Death Valley" and it was living up to its nickname.

I was with the extraction company and as you further deliberate I would like you to have the image of my experience in “Death Valley” on your mind as it has been on mine virtually every day since. It was night in triple canopy jungle with no stars or moon visible. It was dark. We had several men on make shift stretchers trying to get them to a medical evacuation landing zone we had just cleared. There we also several bodies of American troops wrapped in ponchos in various stages of decay along the trail to the LZ. We were carrying a severely wounded platoon sergeant along that dark trail. We placed him on the ground to reposition our grips and take a short breather. He reached up and grabbed me by my fatigue jacket and with surprising strength pulled me toward him and himself up from the stretcher. In a hoarse whisper with blood bubbling from his mouth he said something that is indelibly etched on my heart and mind. “You smell that? That’s the best smell in the world, I can always tell that smell. That’s the smell of dead dinks”. He released his grip and fell back on the stretcher gasping for breath. There was no way I was going to tell him that

the stench came from the decaying bodies of his men not from the
dinks a name we used for the enemy. I do not know if he survived,
or his name but he was alive when we placed him on the chopper
bound for a hospital in Chu Lai. It is that man who this system is
for and others like him. It is people like me who have never asked
the VA system for anything but may not be able to live with that
image one day and will have to seek help. It is not a system for
you to use as a political or economic ping pong ball.

Please keep this image in mind as you further deliberate. Please
keep in mind Lincoln's words on the nature of the VA "To help he
who has borne the battle and his widow and orphan".

Please keep in mind the Veterans of Foreign wars motto:
"Honoring the dead by helping the living".

Rather than solving perceived problems of the future solve
the realities of today. The VA System is there to help those who
have made this the greatest country in the world. We need more
care not CARES. Just do it.



Veterans of Foreign Wars
of the United States

40 Schuykill Court
Carmel, New York 10512

Phone: 845-225-9194
Fax: 845-225-2526
E-mail: Karlvfw@yahoo.com

Karl R. Rohde
All-American State Commander 2002-2003
state legislative
chairman
03/04