

**New York State Division of Veterans' Affairs
Statement on CARES Commission Plan
October 20, 2003 – Canandaigua, New York**

Members of the CARES Commission, elected officials and guests. Thank you for the opportunity to address you today regarding the Draft National Plan as it affects New York State.

My name is George Basher and I am the Director of the New York State Division of Veterans' Affairs.

Nowhere has the Draft National Plan generated more attention than in New York State. The proposed closing of the United States Department of Veterans Affairs facilities in New York – particularly the historic campus in Canandaigua – has galvanized our State's veterans community, which rightfully feels betrayed by the VA -- an institution it has embraced and supported over the decades as it provided vital health and mental health services to untold numbers of veterans.

The New York State Division of Veterans' Affairs appreciates the challenge the Commission faces in developing a long-range national plan to meet the health care needs of our veterans well into the twenty-first century and understands that any proposal is bound to generate a negative reaction somewhere. The Division, however, cannot endorse, as presented, the Draft National Plan.

While the Division empathizes with the VA's struggles to create a comprehensive -- and acceptable -- national plan to better use its resources, we strongly urge the Commission to fully consider the impact any facility closure will have on accessible health services for veterans, employment opportunities for staff and the fiscal effect on the surrounding community.

No segment of the CARES Plan would have a more dramatic impact on a region than the actions recommended for Canandaigua.

The Division of Veterans' Affairs' primary concern is that veterans now served at Canandaigua and other targeted facilities in New York State continue to receive and have access to health care they need and deserve. Transferring health services to other VA facilities may disenfranchise those veterans who are unable to relocate or to access a distant facility on a regular basis.

Reutilization of space on the Canandaigua campus, the Montrose campus or the Manhattan campus should be addressed, as should the archaic regulations that tie the hands of those developing practical and realistic plans for utilizing empty or partially used buildings on sprawling campuses, such as Canandaigua.

Simply closing facilities as a cost-cutting measure does not guarantee improved access or care for veterans, and must not be the driving force of a comprehensive plan for the future of veterans' health care.

The Division urges the Commission to sort through and consider these concerns, and to forestall any action until these issues are fully addressed to assure veterans and their families, and the

community, that any action taken will produce improved quality of care and accessibility to services for veterans without destroying the community in which they live.

Thank you.

**STATEMENT OF
CHANEY L. TUPIS
NATIONAL SERVICE OFFICER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICE COMMISSION
SYRACUSE, NEW YORK
SEPTEMBER 19, 2003**

Good morning, members of the commission. I'm Chaney Tupis with the Disabled American Veterans. On behalf of the Disabled American Veterans in VISN 2, I'm pleased to have the opportunity to present testimony concerning the proposed Market Plans in the Western New York area.

As an organization dedicated to the welfare of our Nation's disabled veterans, we are particularly concerned about continued health care.

After several communiqués with VA Healthcare Network (VISN 2), the DAV was advised there would be no reduction of services in the Upstate VA Health Care System with reference to VISN 2. Services provided to our WNY veterans have been above average with attention paid to those veterans who require specialized care.

In stark contrast to the plan submitted by VISN 2 is Under Secretary Dr. Robert H. Roswell's Draft National CARES Plan to close seven VA hospitals, including the Canandaigua medical center, which has about 200 in-patients.

VISN 2 plan initiative was for campus realignment/consolidation of service for Canandaigua. Current services of acute inpatient psychiatry, nursing home, domiciliary and residential rehabilitation services at Canandaigua will be transferred to other VA Medical Centers within the VISN. Outpatient services will be provided in Canandaigua's market. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

This proposal will place arduous hardship on the veterans living in the community forcing them to seek treatment at the Rochester, Buffalo, Bath, or Syracuse medical facilities. Many of these veterans are World War II era veterans requiring transportation to these facilities in order to receive treatment.

Tailoring care for veterans should not include the closing of the Canandaigua hospital to meet 21st century care at the expense of our elderly veteran population who reside in the Finger Lakes/Southern Tier market.

We request that the Commission convey to the Secretary the deep concerns of the Disabled American Veterans and the impact the closing of the Canandaigua VA Medical Center would have on the veterans residing in the proximity of the Finger Lakes region.

To quote US Senator Charles E. Schumer, "At a time when many troops are overseas and coming down with new ailments, we want to bolster our veterans'

healthcare, not gut it". The DAV remains hopeful that the VA will do its utmost to meet its responsibilities to care for those who were disabled in defense of freedom. We will also remain vigilant to ensure the VA continues that care for our Nation's veterans.

Mr. Chairman, that concludes my statement. Thank you.

CARES COMMISSION HEARING
SYRACUSE, N.Y.
SEPTEMBER 19, 2003

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 2002.

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 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.

PVA 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, 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.

The Paralyzed Veterans of America supports the CARES construction plan for a 30-bed SCI Center with an additional 18 long-term care beds to be located at the Syracuse VAMC. We feel this new facility must be located on the Syracuse campus with easy access to all tertiary care services offered at the Syracuse facility.

We strongly oppose the construction of any SCI center with less than 30 beds such as VISN Two's first alternative for a 10-bed SCI center.

PVA is pleased to see that VA's recent CARES document for the

construction of a 30-bed SCI Center at Syracuse or alternatively at Albany.

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, 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 of VA 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 Paralyzed Veterans of America stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If we can be of further assistance please don't hesitate to contact me at PVA's Boston Service Office.

Thank you for listening to our concerns.



The American Legion

DEPARTMENT OF NEW YORK

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**STATEMENT OF
R. MICHAEL SUTER, CHAIRMAN
VETERANS AFFAIRS & REHABILITATION
DEPARTMENT OF NEW YORK
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE NATIONAL CARES PLAN**

SEPTEMBER 19, 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) 3. 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.

VISN 2 – VA Healthcare Network Upstate New York

VISN 2 is an integrated health care delivery system composed of inpatient facilities, nursing homes, community clinics, and non-institutional long-term care programs and services provided through contracts and community agency referrals. VISN 2 provides acute inpatient and nursing home care services at five locations: Albany, Western New York, Syracuse, Bath, and Canandaigua. It also provides primary care at twenty-nine community-based outpatient clinics located throughout the region. The VISN serves an area of 42,925 square miles, encompassing 47 counties in New York State as well as two counties in northern Pennsylvania, with an estimated population of 573,546 veterans.

Eastern Market Area

The Stratton VA medical center, located in Albany is centrally located to 18 New York Counties. The Market area was constructed based upon an analysis of each county's referral patterns to CBOC's and inpatient facilities, and the proportional share of each County's veterans served. The 2001 veteran enrollment was 55,292. 85 percent of the veterans residing in this Market area meet the access guideline for primary care, 86 percent of the veterans meet the access guideline for acute care, and 100 percent of the enrolled veterans meet the access guideline for tertiary care. The projected 2012 veteran enrollment for this Market area is 65,123.

The draft CARES plan reflects increasing specialty care outpatient services for this Market. The VISN is proposing a combination of approaches including fee base, contracting for services within each county; and maintaining current existing space and renovating additional CBOC space. The VISN prefers contracting out and estimates contracting approximately 40,000 outpatient visits per year. The VISN anticipates that contract services will gradually diminish after 2012 until 2022, when the VISN will be contracting approximately 20,000 visits per year. The increased demand in-house will be addressed by more intense utilization of existing space, extending hours of operation for specialty clinics to handle evening

and weekend hours. The VISNs alternative option would be to contract out all of the increased workload.

Inpatient workload is to be met through a combination of in-house and community contracts. The American Legion is concerned with the extensive use of contracting care in this market. The community may not have the resources to provide these services. Is there an alternative in the event the community cannot provide these services? Extending the hours of operation for specialty clinics to include evening and weekend hours may provide additional clinic hours in the VA's eyes.

However, the transportation requirements will become a dispatcher's nightmare and most veterans who may have to drive 30-60 miles one-way to see a doctor at 7:00 pm are going to question just how serious the VA is about improving access.

Central Market Area

The Syracuse VA medical center is centrally located to 13 New York Counties. The Market area was constructed based upon an analysis of each county's referral patterns to CBOC's and inpatient facilities, and the proportional share of each County's veterans served. The 2001 veteran enrollment was 50,004. 80 percent of the veterans residing within this Market Area meet the access guidelines for primary care, 77 percent of the veterans are within the access guidelines for acute care, and 100 percent are within the guidelines for tertiary care. The projected 2012 veteran enrollment for this Market area is 64,686.

The draft CARES plan calls for building a new 30-bed spinal cord injury/disorders (SCI/D) unit at the Syracuse VA medical center. This appears to be a central location for the VISN. Those SCI/D VISN 2 patients currently located in other VISNs for care will be relocated much closer to their own communities. At the current time there is no priority for the national plan so the VISN must ensure that construction is completed prior to relocating any patients from their current care providers.

The American Legion fully supports the new construction plan for a SCI/D unit in VISN 2.

Western Market Area

The Western Market Area includes the city of Buffalo located in Erie County and five other sparsely populated counties. This market area consists of two healthcare facilities in Buffalo and Batavia. The Buffalo VA medical center provides a full

continuum of medical, surgical, mental health and long-term care services and is authorized 167 beds. The Batavia VA medical center provides geriatric and

rehabilitation medicine services, a residential care post-traumatic stress disorder unit, and outpatient services in a renovated primary care clinic and is authorized 106 beds. The 2001 veteran enrollment for the Western Market is 37,644. 90 percent of the veterans residing within the market area are within the access guidelines for primary care, 99 percent of the veterans are within the access guidelines for acute care, and 100 percent of the veterans within this market area are within guidelines for tertiary care. The projected 2012 veteran enrollment for this market area is 46,862.

Finger lakes/Southern Tier Market Area: This market area is divided into two sub-markets.

Finger Lakes Sub-Market

The Finger Lakes Region was identified, encompassing highly populated Monroe County as well as four more sparsely populated counties to the south and east of Rochester. The Canandaigua VA medical center is located in the heart of the Finger Lakes Region. The medical center provides long-term care and psychiatric care. Its medical specialties are long-term care, nursing home care, mental health care and alcohol/drug rehabilitation, respite care, the post-traumatic stress disorder clinic, the domiciliary program and the mental health intensive case management program and is authorized 276 beds. This market has a significantly high-enrolled veteran population of 24,124.

Increased inpatient medicine services are projected for this sub-market. The VISN proposes to transfer all medical service provided at the Canandaigua VA medical center to Bath, Batavia, and Syracuse VA medical centers within the VISN and close the Canandaigua doors to veterans.

The VISN also plans to move workload from the Western and Central markets to this sub-market and the Southern Tier sub-market and use contracts for services where the veteran resides. The draft CARES plan recommends a combination of approaches including fee basis, contracting for services locally, and maintaining the existing workload at the Bath VA medical center in the Southern Tier sub-market area and closing the Canandaigua VA medical center.

The Draft plan also predicts this sub-market will experience an increase in specialty care outpatient service needs. The VISN proposes that this increase will be met using fee basis and existing CBOCs, and renovating CBOCs. This area is

experiencing a medical crisis in the local communities. In many cases, there is a waiting list to get on with a general practitioner and specialty care is not better.

The VISN Director states that the savings from relocating the Canandaigua inpatient beds (276) would be \$53 million over the first five years, and \$20 million each year after that. While contracting out for care is necessary in some circumstances, the wholesale use of this tool must be avoided. VA should be planning to take care of this Country's veterans rather than paying someone else to do their medical jobs. Excessive contracting or fee basis medical care will lead to a vouchering and privatization that could lead to the closure of more VA medical centers and ultimately to the dismantling of the entire VA Healthcare System.

Enhanced use at the Canandaigua campus currently includes 2 fully successful children's day care centers renting space at approved VISN fees. The daycare centers have expanded into further space each year the leases are renewed. Building 34 is used as a Network storage facility for other medical centers in VISN 2. Closing Canandaigua would mean the Network would have to pay storage rental fees at other costly locations. The Syracuse and Bath VA medical centers' laundry is processed at the Canandaigua modernized laundry facility. Closing Canandaigua means the medical centers would have to contract out that service. Besides serving the VA campus, the Sewage Treatment Plant (STP) collection system serves 6 independent private homeowners and the Canandaigua School District Possibilities Center Housing. Closing the VA campus would require the City to take over the STP operations.

The American Legion believes the anticipated growth of both outpatient and inpatient services in this sub-market should be accomplished through a combination of current and new CBOCs with greater emphasis on specialty care, outpatient services. We believe the current services at the Canandaigua VA medical center, long-term care, nursing home care, mental health care and alcohol/drug rehabilitation, respite care, the post-traumatic stress disorder clinic, the domiciliary program and the mental health intensive case management program should be retained.

Southern Tier Sub-Market

The Southern Tier Region, consisting of seven counties, five counties in New York and two counties in Pennsylvania and contains a disproportionately high veteran market share at 50.3 percent. The Bath VA medical center provides acute

medicine, psychiatry, intermediate medicine, and extended care and is authorized 440 beds.

The American Legion supports the medical services provided in this sub-market and encourages additional CBOCs be located in the region.

VISN 2 is an excellent example of the old saying, “if it isn’t broke don’t try to fix it.” When Ms. Laura Miller, VA Under Secretary, sent a letter to all VISN Directors saying, “I am directing each network director to ensure that no marketing activities to enroll new veterans occur within your networks”, she was actually saying do not enroll anymore veterans. This VISN isn’t broke now and it wasn’t broke when the VA directed enrollment to stop. The VA Healthcare System is a national treasure; however, it has many moving parts. The focus should be on the parts that provide quality care, not geographic equality.

Veterans like Earl L. Fuller, WW II, U.S. Army, entered active duty February 25, 1941 and was discharged on April 24, 1946. Being stationed on Corregidor, he was taken prisoner by the Japanese on May 7, 1942 and liberated 1,221 days later. His feeling best expresses the feelings of the entire Canandaigua community when he said, “sixty-one years ago, we on Corregidor and Bataan, were the victims of circumstances. I hope this will not prevail here. We need this medical center here in Canandaigua.”

Thank you for permitting The American Legion an opportunity to present our testimony and concerns. We will continue vigilantly monitoring the CARES process and its impact on the veterans we serve.

**STATEMENT OF THE
EASTERN PARALYZED VETERANS ASSOCIATION
BEFORE THE CARES COMMISSION
CONCERNING THE CAPITAL ASSET REALIGNMENT
FOR ENHANCED SERVICES (CARES) MARKET PLAN
FOR VETERANS INTEGRATED SERVICE NETWORK
(VISN) 2**

Submitted by:

Joseph Russell
*Regional Administrator for Upstate New York
Eastern Paralyzed Veterans Association*

October 20, 2003

The Eastern Paralyzed Veterans Association appreciates the opportunity to comment on the Department of Veterans Affairs' ongoing Capital Asset Realignment for Enhanced Services (CARES) process and the draft National Plan for Veterans Integrated Service Network (VISN) 2, covering Upstate New York. We have closely monitored this process since its inception and are pleased with VISN 2's plan for Spinal Cord Injury (SCI) care, which calls for the creation of an SCI acute care center in either Syracuse or Albany. This new acute care center in upstate New York will offer SCI veterans the convenience of receiving their care closer to home rather than having to travel long distances to either Cleveland or the Bronx in order to receive care from neighboring networks.

While we are pleased with VISN2's plan for SCI acute care, Eastern Paralyzed Veterans Association is concerned with the network's apparent disregard for the SCI Long Term Care (LTC) projected needs. In fact, although the projected need for SCI Long Term Care services is even greater than the need for acute care services, VISN 2 made no attempt to address this growing need in their market plan. CARES data projects a need for at least 20 SCI acute care beds and 28 SCI long-term care beds by 2022.

Eastern Paralyzed Veterans Association calls upon the VISN to address this growing segment through the creation of a long-term care unit co-located with the new SCI center. Without a new SCI LTC center, we fear that the VISN intends on disbursing SCI long-term care beds onto the Geriatric and Extended Care unit, offering the same non-specialized level of care to a veteran with specialty care needs. We strongly believe that there is a

major difference in the quality and range of services that can be provided in an SCI LTC unit and that these differences are borne out by the existence of two specialized SCI extended care centers (Hampton and West Roxbury). Just as with separate and distinct SCI acute care centers, these LTC centers have mandated staffing levels and a concentrated patient population with special health care needs that allow for the expertise necessary to offer high quality SCI care. From acute injury through the end of life, an SCI patient always requires specialized services. In order to maintain an adequate level of SCI care and specialized training, a constant SCI patient concentration is necessary. We therefore oppose the disbursement of SCI LTC beds onto the Geriatric and Extended Care wards.

It is the position of the Eastern Paralyzed Veterans Association that a Spinal Cord Injury LTC unit must consist of a minimum of 20 contiguous extended care beds, and that these units must be co-located with tertiary care facilities. SCI designated extended care beds should not exist outside of an SCI LTC unit. Additionally, as mandated by VHA Directive 2000-022, all 260 SCI extended care beds must comply with all staffing requirements in this directive. Finally, there should be no difference in the quality of care provided at an extended care unit co-located with an SCI Center of Excellence or those units simply co-located with a non-SCI specific tertiary care facility.

Finally, there has been much controversy over the proposed closure of the Canandaigua VA Medical Center. Eastern Paralyzed Veterans Association is concerned that of the 14 facilities nationwide slated for closure or discontinuation of in-patient services, 12,

including the Canandaigua VAMC, have a major psychiatric service component. This targeting of mental health facilities is of particular concern to our organization as many of our members are “dual diagnosis” patients who suffer from a variety of mental illnesses in addition to their spinal cord injury or disease. VA has not run any mental health data to project future need and claimed that, as a result, CARES would not adversely impact on VA’s mental health capacity. This claim is false and the systemic targeting of VA’s mental health program begs this Commission’s attention.

An additional concern with regard to the Canandaigua VAMC is that the facility currently administers the VISN’s fee basis program for all of upstate New York, including Albany, which is located 4 hours away. The fee basis program is especially significant to spinal cord injured veterans and other severely disabled veterans who are unable to travel long distances to receive care at the nearest VA. In these instances, the VA pays for the veteran to receive his/her care in a local non-VA facility or from an in-home caregiver.

Although VA officials have not officially stated what will happen to the fee basis program once the Canandaigua VAMC is closed, it has been hinted that VA will return to a more decentralized approach of administering the program at each individual hospital, as it was years ago.

Eastern Paralyzed Veterans Association supports the administering of the fee basis program by each individual hospital, as it is more convenient to handle matters on a more

local level. Additionally, administering the program at individual hospitals would not only benefit our membership but would strengthen VA's relationship with its contracted providers as issues could be handled in a more expedited manner.

Eastern Paralyzed Veterans Association fully intends to continue monitoring the CARES process as it continues so as to ensure that the Special Emphasis programs remain intact throughout the years to come.

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THOMAS PENGELLY

October 20, 2003

Members of the CARES Commission

Thank you for the opportunity to express concerns and observations I have regarding the proposed closing of the Department of Veterans Medical Center located in Canandaigua, N.Y. As a service connected combat veteran and Director of the Veterans Service Agency of Yates County I am honored to be here today.

I have worked as a Veteran's Counselor for nine years. My accreditation through The American Legion and The Veterans of Foreign Wars allows me to process claims on behalf of my fellow veterans before the Department of Veterans Affairs.

During the past nine years I have witnessed the Veterans Health Administration go through many changes, some beneficial and some not. I cannot understand how this proposed realignment by the CARES Commission will enhance services, especially to veterans suffering mental illness.

The proposed action that we are discussing today came as a complete surprise to many including me. I have attended meetings related to the CARES mission and never was the closing of any medical facility in VISN 2 ever suggested. In fact my first knowledge of this was the announcement on the 11:00 PM news on either a Friday or Saturday night in early August.

I have been told that there are parties interested in the purchase of this Medical Center campus and that the long range plan is to establish a community based outpatient clinic (CBOC) in the Canandaigua area after the Medical Center is closed. The Canandaigua area encompasses a large geographical area. If the same amount of time is expended finding a location for the CBOC that was spent on preparing the release of information announcing the proposed closing of Canandaigua I have doubts concerning the plan.

The closing of a facility which provides services to veterans suffering from a variety of mental health issues is not what I believe to be the mission of CARES; I wonder how does this enhance services.

Let us look at some numbers that reflect the care that these dedicated health professionals at this Medical Center deliver every day to some of our most needy and fragile veterans. During Fiscal Year 2002, 744 veterans with serious mental illness were cared for at the Canandaigua Medical Center. These people live in Ontario, Yates, Seneca, Livingston and Steuben Counties. An additional 342 veterans who live in Monroe and Wayne Counties were treated at the Rochester Outpatient Clinic in Monroe County.

There are another 342 veterans living in the Canandaigua community that can remain out of the hospital because of their participation in the Day Treatment Center Program. 105 of these people require additional case management to insure their continued health and successful participation in the community.

205 veterans are living in supervised residential homes in the communities surrounding the Canandaigua Medical Center. 75% of these people have a diagnosis of schizophrenia and most are between the ages of 54 and 86 years old. These people depend on out patient services that come to their home as well as those provided at the Medical Center.

The Domiciliary Program assisted 171 veterans, many who are homeless, to learn to function without substance use and return to productive lives in the community. This was accomplished through the Vocational Rehabilitation Services at Canandaigua.

In Fiscal Year 2002 the Psychiatric Residential Rehabilitation Unit at Canandaigua assisted 142 veterans regain their emotional stability, learn to function without use of illicit drugs or alcohol and return as productive members of society.

Canandaigua Medical Center has an Acute Psychiatric Unit that serves 300 outpatient veterans and has a 20 bed inpatient capacity. Many of these veterans have been referred by the courts to the Canandaigua Medical Center for treatment.

As the Residential Care and Support Programs have become more successful the need for a Long Term Care Unit has been reduced. There is a 20 bed unit for veterans in need of long term care until they can be discharged or transferred to a residential or nursing home. This service must be maintained as not all of the veterans will be eligible to be sent to nursing or residential homes due to the symptoms of their illness.

Reviewing the proposed timeline for the closure of V.A.M.C. Canandaigua I urge you to always keep in mind that the Domiciliary, Nursing Home and Psychiatry beds that will be relocated to Bath, Batavia, Buffalo or Syracuse are occupied by people. The relocation of outpatient services to the other Medical Centers will impact not only the veterans of the surrounding counties but their families and care givers. The Full Time Employees referred to as FTEs that will go through a Reduction In Force called a RIF are not just an acronym but real people with families to support. It may make some people more comfortable to refer to staff cuts as a RIF to eliminate the human aspect but the bottom line is the same a lost job and no pay check.

I realize this is all done because of lack of funding for the Veterans Healthcare Administration. As I remember my time in Vietnam with an Army Infantry Company of the Americal Division I cannot recall a shortage of supplies due to a lack of funding. There has always been adequate funds to send us into conflicts or wars but now as veterans we must understand our healthcare is impacted by the budget. Should we reassess our priorities as a nation?

During your deliberations I hope you will remember these people were at one time ready to defend us with the last measure of their devotion and now need us to be equally as devoted to them.

Respectfully Submitted,

P. Earle Gleason, Director

REVISED¹ - Testimony to be given by Senior Master Sergeant Theodore M. Fafinski, United State Air Force, Retired, 5829 Mountain Ash Drive, Farmington NY 14425 at the Capital Asset Realignment for Enhanced Services Committee, Public Hearing on October 20, 2003, in Canandaigua, NY.

Honorable members of the CARES Commission, Thank you for the opportunity to testify.

For the record, I am a service-connected veteran, who served for 22 years on active duty in the US Air Force; I also serve on Canandaigua Veterans Advisory Committee. I am a member of the Air Force Association; the Air Force Sergeant's Association and the American Legion Post 256. I understand the plight of the veteran.

The purpose of my testimony is to point out how the information in the Capital Asset Realignment for Enhanced Services Report and the VISN 2 Recommendations may have overlooked factors in relation to providing important services to veterans.

INFORMATION I LEARNED ABOUT PATIENT CARE:

- Continuity of care is directly related to patient spending. "...higher per-patient spending on outpatient mental health care is an important factor in the continuity of care... Cost per patient may not be the issue. The questions to ask are: Is care coordinated, and are outcomes consistent?² At the Canandaigua (VAMC) the answer is yes..."
- Patients need care in the community where they live. "...VA patients are not likely to travel long distances for care. According to a 2003 study in the journal Addictive Behavior, distance is absolutely associated with accessing care. How much does distance matter? Patients living 50 miles or more from after-care are 260% less likely to access service than those living within 10

miles of care. In fact, 60% of patients who lived more than 25 miles from services did not obtain after-care at all...".³ The conclusion is that VA hospitals were placed in the communities where veteran's can access them. I heard veterans say in a meeting at the Canandaigua VAMC on August 6, 2003 that they visit the VAMC 3 to 4 times per week for services and they do not, nor could they afford to travel 50 miles for those same services.

- It is my understanding that the Canandaigua VAMC provides services to about 240 seriously mentally ill veterans who reside in supervised housing in the community. These veterans require periodic admissions to acute inpatient psychiatry for readjustment of their medications. It is unreasonable to expect that they be transported by ambulance often in restraints, to a VAMC in Buffalo or Syracuse when admission is required. I recently learned that a Canandaigua VA patient with bipolar disorders with a history of seizures had a four-hour wait for an ambulance to transport him to Buffalo. The wait is quite common because ambulance companies do not consider hospital transports as a priority. I also understand that the CARES market analysis did not indicate a need for 30 additional psychiatry beds in either Syracuse or Buffalo. Based on this information the VISN 2 recommendations appear to be seriously flawed.
- Some of the VISN 2 recommendations are flawed one of which recommends that Inpatient nursing home workload be absorbed by the Bath VAMC (90 Beds) and Buffalo (30 Beds). Under this proposal based on CARES Data, the Southern-tier submarket (Bath) shows a significant decline in veteran enrollment between the present and 2012 (25%). Based on current and future demand there is not justification to add 90 nursing beds to Bath. I also understand that Canandaigua could absorb the entire nursing home workload from Batavia almost immediately. There would be no capital investment

required and patients would benefit immediately from an improved environment (fully air conditioned wards). The Canandaigua facility currently has two dual board certified physicians with certifications in Gerontology and Psychiatry these unique qualifications further enhance Canandaigua's ability to serve this class of patients. If the intent is to truly improve care and efficiency then this is a clear case in which the recommendation from VISN 2 is flawed and indicates a possible bias against the Canandaigua facility. **Bias has no place in objective studies.**

CONCLUSIONS:

Is the Commission only concerned with a financial model that is solely motivated by dollars? Are you concerned about the 82 year old vet in Canandaigua, who is living out his final days with quality care as you up root him and move him away from his family and/or his established support system at the Canandaigua facility.

Is the commission concerned about the troops in Iraq who are made up of many citizen soldiers who are facing a war that will go on for some time? How about the 13 military personnel who committed suicide in Iraq that the media recently reported? We learned from the Vietnam War that PTSD followed them home and for many years as evidenced by the patients being treated daily here at Canandaigua. Is this the time to close facilities that provide quality care, and have consistent results in the mental health arena?

Honorable members of the Committee, I ask you to consider keeping the Canandaigua VAMC a viable medical facility in serving our community based on fact and not any bias it would be a tragedy to close this facility. Have faith in Mr. David Smith the Canandaigua Director; he is truly a strong manager, who has not lost sight of the purpose of providing quality care. He has not forgotten who his

customer is, the living, breathing person the VA was created to serve, The Veteran.

Thank you for allowing me to testify today.

Theodore M. Fafinski

Senior Master Sergeant, United States Air Force, Retired

¹ Revised to meet the Five-Minute time allocated for testimony at the hearing.

² Article, August 10, 2003, Sunday Messenger, Guest Essay, Virginia Tyler Homsey, former Vice President of strategic planning and business development for Thompson Health and Former project director for the Health Care Association of NYS

³ Article, August 10, 2003, Sunday Messenger, Guest Essay, Virginia Tyler Homsey, former Vice President of strategic planning and business development for Thompson Health and Former project director for the Health Care Association of NYS

**JAMES CARRA STATEMENT BEFORE CARES COMMISSION HEARING ON
CANANDAIGUA VETERANS ADMINISTRATION MEDICAL CENTER
OCTOBER 20, 2003, CANANDAIGUA, NEW YORK**

Thank you to Chairman Alvarez for the invitation to comment on a very important issue.

The issue is "Caring for Him Who Has Borne The Battle, For His Widow And Children", to paraphrase a motto we have all come to know. In fact it appears on a sign as you enter the Canandaigua VA Medical Center campus.

What does this motto mean? To me it means that for answering the nation's call to arms and having prepared to fight and fought for our nation's ideals, should I be injured, suffer an illness or develop a disease related to such service, I will be cared for by my government. Should I die because of any of these, my government will care for my family. Actually, this is the promise given to me when I raised my hand and swore an oath to protect, and defend the constitution of these United States upon entry into the United States Army. It is the promise made to countless thousands of men and women in the past and now. Thousands of veterans are being made every day. In Iraq widows are being made, someone loses a Daddy or mother loses a son just about every day for the past several months. In some cases we have lost wives, mothers and daughters in Iraq and all around the globe where our military are serving. Those service persons who are injured physically or mentally each day around the world soon will be our new veterans. Will our government live up to the promise for these new veterans and their families?

If you close Canandaigua VA Medical Center and others being proposed, it is my opinion our government cannot live up to the promise. What does it say to future service people and what does it say to our service people now serving?

I have had about a 25-year history with the VA Medical Center here in Canandaigua. My Dad, a WWII veteran received care here. Many of my friends have received care here. Many of the veterans I have assisted over the years have been cared for here. I began my career as a County Veterans Service Officer here in Canandaigua, Ontario County in 1979. Later I became the Director of the Veterans Service Agency. Currently I am the Director of the Monroe County Veterans Service Agency. Since the time I began my career, I have had many interactions with patients, staff and leaders of this facility. I have experienced what this facility and its employees have meant to the veterans who have been cared for and are being cared for here and to their families. I have never hesitated to refer veterans for care to this facility. I know what negative impact it will have on the Canandaigua community, having lived and worked here for many years. I still have many friends here who I have frequent contact and make periodic visits to the facility and work with employees of the facility in partnering to produce events for veterans in Monroe County.

Since I only have a few minutes to address you, my full remarks are contained in my written submission provided to you ten days ago.

Carra Statement

It will be a negative emotional and potentially negative physical impact on those veterans who will be uprooted by the proposal to close Canandaigua. It will be a negative impact on those family members who will have loved ones displaced to distant facilities. All the reasons that are state by VISN 2 officials for closing Canandaigua VAMC do not take into consideration the human element of this decision. The VISN 2 Director and his representatives have affirmed on at least two occasions that the proposal to close Canandaigua is only a dollars and cents recommendation to the Secretary. The VISN 2 Director stated at a MAC meeting in Syracuse recently that he did not propose closing Canandaigua. However, closing Canandaigua was heard loud and clear by the public. Incidentally, he also blamed the media on spreading this "rumor" of Canandaigua closing. Don't blame the media. This has been a PR nightmare for the VA from the beginning. The VA is only to blame for it.

Recently, congress has debated whether to spend 87 billion dollars for the rebuilding of Iraq. At the same time congress have been arguing over slightly less than 2 billion dollars for the entire VA budget. What is wrong with this picture? Veterans are being made every day, many injured, many suffering illnesses or diseases and are entitled to VA care. Many of these veterans will be suffering from PostTraumatic Stress Disorder (PTSD) and other psychiatric issues because of their service. If Canandaigua is closed, you will be shutting the doors to the care they need. Canandaigua is a model for PTSD care. Substance abuse and dual diagnosed veterans treatment programs along with premier Homeless Veterans and Domicilliary Programs are conducted here in Canandaigua. All of these programs are interrelated and critical to the treatment and recovery of veterans so afflicted. You cannot duplicate what Canandaigua currently has for these veterans, in my opinion.

How about this? Let us suggest to congress that the 87 billion dollars be split in half with half going to Iraq and the other half for the VA. The half for the VA will be used to care for veterans currently needing care and there will be plenty left to care for future veterans or at least for the next several years. This will also allow time to really examine where cost savings may be made without putting veterans health care at risk. Thus helping to live up to the promise of caring for veterans.

Closing Canandaigua VAMC is just wrong.

I urge you to consider the human aspects of such a proposal and not recommend to the Secretary the closing or changing of the mission of the Canandaigua VAMC. Truly be a commission that CARES.

Carra Statement

CARES, as I understand it is not supposed to be driven by simply saving dollars. Access to services needs to be taken into account. For example, the proposal states that the savings associated with closing Canandaigua could be used to enhance access to other services. However, this does not account for the decline in access to nursing home and psychiatry beds for those veterans in this region, the Finger Lakes Region. This region includes the counties of Monroe, Ontario, Wayne, Seneca and Livingston.

The VISN 2 Director states that the plan is not a closure plan but a plan to change the mission of Canandaigua. However, in his written proposal to the Secretary, he states; “Suggested Strategy for Mission Change: Close the existing VAMC Canandaigua campus.”. He further states that “a significant cumulative cost savings estimated at 53 million dollars will be realized by FY 2008”. What he does not include are the costs of closing Cananadiagua VAMC. In a recent meeting the VISN 2 Director stated that the cost of building a Community Based Outpatient Clinic (CBOC) somewhere in Canandaigua would be about 30 million dollars. This cost I don’t believe is included in the projected 53 million-dollar savings. In addition the transfer of programs from Canandaigua to other facilities will cost more because these facilities are not prepared physically to accept patient transfers. Retooling costs are not included in the projected savings. Psychiatry beds in Syracuse will have to be leased as that facility is not prepared for the transfer of psychiatric patients according to an independent study. The reopening of psychiatry services in Bath and Batavia similarly will cost additional funds to prepare these facilities for accepting transferred patients. Again in my opinion, these costs are not included in the projected savings. The proposed closing of Canandaigua also includes adding specialty services to the Rochester Outpatient Clinic thereby expanding the Rochester facility. Again, additional costs that are not included in the savings projection. However, I can tell you from personal knowledge as my office is located near the ROPC, that there is no room to expand at that facility. In fact the Day treatment program was relocated because of the need for their space at the facility for medical services. In any event any expansion costs certainly were not included in any savings projection.

I have stated before, the programs at Canandaigua VAMC cannot be duplicated. The reason is that one or more of the elements of each program is missing at the other facilities. For example, the dual diagnosis, mental illness/substance abuse program at Canandaigua treats both issues. At other facilities the substance abuse program may exist, however the psychiatry program does not. Additionally, as part of the treatment regimen for these patients, a stay in the domicilliary on campus is included. At Canandaiuga this allows patient access to clinical care on site, further enhancing the ability of these veterans to successfully complete the program. No other facility including Batavia, Bath, Buffalo, or Syracuse can duplicate this without spending lots of money to add these additional elements. A cost that will certainly eliminate or at least significantly lessen any projected savings.

Carra Statement

The Canandaigua VAMC is unique and should remain, as it is to serve those veterans who need what Canandaigua provides. Currently 240 severely mentally ill veterans reside in supervised housing in the community. Periodically these veterans require admissions for acute inpatient psychiatry for treatment or medication adjustments, etc. Where will they be treated if Canandaigua VAMC is to close? Will the VA pay ambulance costs to Buffalo or Syracuse when admission is required? Of course, if you displace these veterans from their homes in the Canandaigua community to homes near these other facilities that will answer the question. However, what will this uprooting do to these veterans? I believe studies done have shown that a higher mortality rate for those moved from familiar surroundings will occur. Certainly the effect on these veterans will be dramatic probably causing inpatient treatment for which the other facilities are not ready. Let's have some compassion. It would truly be unreasonable to uproot these fragile people to unfamiliar surroundings, from those who care for them and they trust, just to save a few bucks. If in fact there would really be a cost savings. I don't believe there would be as I have stated previously. Again, this is the human element to consider before you make your decision.

One final point. There is a lot of talk about outside entities interested in using the vacant buildings, land or other space on the Canandaigua VAMC campus. This may be true. However, the VA lost an opportunity to provide low cost permanent housing for veterans utilizing the vacant buildings on campus. Two or three years ago a not for profit group offered to lease these buildings, rehab them and provide this needed housing for veterans in this region. It would have provided housing for approximately 300 veterans. This would have further enhanced programs like the Homeless, Substance Abuse and Domiciliary Programs at Canandaigua. Thereby offering permanent housing, jobs and availability of health care on site. Included in the proposal were agreements with local governments of support including economic development agencies to help with locating jobs. Included in the proposal were agreements with two transportation agencies to provide the means to get to and from jobs. It included agreements with the Canandaigua VAMC to be available for health care for these veterans. The VA could not get out of its own way to give the approval. The not for profit group had to pull out. It could no longer afford the costs associated with the efforts in pursuit of this proposal. This not for profit group has a successful history in providing and operating this type of venture for veterans. The proposal had wide spread support in the community, with veterans, with local government and local VA officials. One of the most important elements in this proposal was the availability of healthcare for the 300 veterans who would have resided in this housing. Critical elements I believe makes this type of proposal a viable one. I believe a similar proposal could come again if the certainty of the Canandaigua VAMC as it is exists. A personal hope and belief.

Carra Statement

In summary, I don't believe it is in the best interests of serving veterans now or in the future to close Canandaigua VAMC or substantially change its mission. It is not in the best interests of the Canandaigua community or of the Finger Lakes Region. It is not a wise decision for VISN 2 or for the CARES commission to make.

Respectfully submitted,

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“WE ARE DEALING WITH VETERANS,
NOT PROCEDURES:
WITH THEIR PROBLEMS,
NOT OURS.”

Omar N. Bradley
Administrator of Veterans Affairs
194501947

Good Morning.

I am Jim Robinson, Deputy Chief of Staff, 13th District, Disabled American Veterans, Department of New York. I am also a retired registered nurse who spent 30 years at this facility. I am now working at a small hospital that provides inpatient mental health services. I am also a member of the National Alliance for the Mentally Ill. With this introduction complete, I would now like to talk about our concerns.

“Build it and they will come” and they did. Veterans with their stigma of mental illness came to Canandaigua in droves. Many finally settled here and like most mental health facilities, structures of community support developed. For 70 years this facility has provided much needed services to a population often shunned by society and made their lives meaningful. This facility continues to provide a structured system of therapies that are virtually unable to be reproduced unless one has 70 years!

I’ve reviewed literally pages of statistics which I am sure are most valuable but as we know can be skewed in any direction. One political figure once implied that 50 people did “such and such” and that this figure would double every year. If one were to look at this statistic it would be over 53,000,000,000 at the end of 30 years – this would be a lot of people! Statistics are of course valuable but of course for our veteran population especially that of this facility, they are meaningless. For the homeless (1/3 of the homeless population are veterans) and for the mentally handicapped, they have no voice or direction in their life. The “stakeholders” of this “market area” are needy veterans that are dependent on services that only Canandaigua can provide.

Imagine that you are 85 years of age and in need of mental health care, finding yourself in restraints in a commercial ambulance being transferred to another facility in another area and are cared for by people you do not know. It is a terrifying experience.

As I mentioned earlier, I work in a small private hospital that provides mental health services to a generic community. Most often all mental health beds are full in our area. The VA likewise can be full across the VISN. We depend on Canandaigua for placement.

The mission of the Canandaigua VA Medical Center is well established and has been incorporated into this community. To close this vital system is to disrupt the lives of those who "bore the burden." The veterans with substance abuse issues, PTSD, long term mental health problems and homelessness depend on this institution to stabilize their lives.

In closing, I am aware that statistically, I have offered no new numbers, but you already have those to work with. One need only look at the cost of the B1 bomber, and that has a line of 1.1 billion dollars, to realize that our financial condition is minimal in comparison. We need to focus on the soldier veteran.

Change is often without realized cost until years later when we acknowledge sadly our mistake. Please carefully consider the consequences of closing this facility.

Thank you for the opportunity to address the CARES Commission.

Mr. Chairman and Members of the Commission,

Good Morning...My name is Lawrence Schulman. I am a National Executive Committeeman of the Jewish War Veterans of the United States of America.

I am here representing our National Commander, Paul Bernstein, Our New York State Commander, Saul Rosenberg and our Post Commander, Lee Kauffman, David J. Kauffman Post Number 41.

It was said by Abraham Lincoln that "Caring for those who shall have borne battle" represent a single constant, surrounded by constant change. The one, unchanging feature attending Mr. Lincoln's charge to provided health care for American's veterans is that the nation regards it as a duty of the highest priority. If this sounds familiar, it is because it surrounds the VA's mission.

Is saving 53 million dollars over the next five years worth the hardship our veterans endured? The services provided by this facility spans many disciplines. The service area is broad and wide as it covers six counties. With most of the "old timer" veterans, distance is a real concern. This commission's charge was to "realign the capital assets of the veterans health care system."

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Are we not thinking about all the new veterans coming into the system? Do you think somehow everyone will be able to tolerate travel times of up to 90 minutes each way? Why is it that of the seven evaluation questions, none addressed if or how our veterans could travel to the realigned sites? Most all of the questions pertained to money. Can we save money? Can we absorb workload at other VA facilities?

If this proposal was in the works for the last several years, can you honestly tell me that you figured into it, the action our military is now involved with? What about all of our new veterans? With the institution of Home Land Security, there is no doubt that many more military people will be utilized to their limits. This obviously will create more need for health care facilities in strategic areas. Instead of the all or nothing attitude, closing the facility, how about utilizing the space differently? You have 14 buildings that cover over 150 acres. Has anyone talked about consolidating without cutting services? Look at what you are doing at another large facility, Jamaica Plain in Boston.

Ladies and Gentlemen of the Commission:

The men and women of our military daily put their lives on the line, to preserve liberty and freedom for America and her people. At the very least, The United States of America, should provide everything under its power to preserve the health of her veterans who have unquestionably paid with the loss of their good health. Many have paid with limbs, some ultimately their lives. In fact, without our veterans, where would America be today? It is totally unacceptable that the United States of America, the great country that it is, seemingly is turning away from the very people that fought and continues to fight for our rights to liberty and freedom for all. We must provide appropriate and accessible health care for our veterans.

I would like to leave you to ponder this question...Do any of you sitting on this Commission have to travel one to one and one-half hours to go to the hospital?

Thank you for your time and effort as well as the opportunity to address you on this important matter.

Lawrence Schulman