

Statement of U.S. Senator Mike Enzi
VA CARES Cheyenne hearing
October 23, 2003

First, I would like to thank the CARES Commissioners for holding this hearing today. I know that it was not on the original schedule and I appreciate the hard work of the CARES and Veterans Affairs staff in coordinating efforts to hold this hearing in Cheyenne.

As most everyone knows, the VA recommended a change for the Cheyenne Medical Center in its draft proposal for the CARES Commission. Unfortunately, few people seemed to understand exactly what change was proposed and how it would affect the veterans of Wyoming. I have heard from veterans across the state worried about the future of their health care services. Would they need to drive to Denver for every check up? Would families be unable to visit sick loved ones because of the distance to the Denver center? Would a veteran unable to travel to Denver be ineligible for any medical treatment in Wyoming?

These questions and the widespread misunderstandings are part of the reason I requested the CARES Commission hold a hearing here in Cheyenne. This is not just an opportunity for the veterans of Wyoming to have their concerns aired. I hope it will also be used to clear up any and all misunderstandings that might exist about proposals affecting Cheyenne. I don't believe that anyone at the Department of Veterans Affairs is out to get the veterans of Wyoming. I don't think anyone in Wyoming should believe that either.

The Cheyenne Medical Center is a small hospital facility. There is no denying the fact that the number of beds and the number of patients pales in comparison to hospitals in Washington, DC or New York City. Being a small hospital, however, does not mean it should be closed. Wyoming is a frontier state, and many of our citizens must travel long distances to visit their doctors, clinics and hospitals. Even in the private sector, services in some places of the state are too few and too far between.

The use of the term "Critical Access Hospital" in the VA recommendation clearly created a critical situation in Wyoming. I can't speak for every veteran, but I do know that the use of that term led many to believe that the changes at the Cheyenne center would be drastic, based on the experiences in some Wyoming communities whose hospitals converted to "critical-access" status.

The Cheyenne center provides good medical treatment for the veterans of Wyoming. Cheyenne currently has no waiting list for medical treatment and consistently meets the Centers for Medicare and Medicaid Services national averages for lengths of stay. The Center serves a considerably older population of veterans, but that may not always be the case. We have a number of Wyoming citizens currently serving in Guard, Reserve and active duty units who will be back in Wyoming and will expect the type of quality of medical care received by those who served before them.

Veterans in Wyoming are very concerned that reducing or limiting medical treatment in Cheyenne would require them to travel to the VA facility in Denver. Travel to Cheyenne is already a burden for many

veterans. Asking them to add on another 90 miles to travel to Denver would increase that burden significantly, particularly in harsh weather conditions.

Veterans have also expressed concern about contracting. If veterans services are to be contracted with local providers, such as United Medical Center in Cheyenne, I expect that there will be a clear agreement made between the facilities. Veterans worry about the paperwork required when they have treatment at a non-VA facility. If changes are made to the Cheyenne services and the services are contracted locally, I expect that local providers and the VA will work closely to ensure that veterans' health care is not delayed by paperwork or any unwillingness of either party. To ensure this, I also would suggest that the VA provide a liaison representative for veterans who receive care at these local non-VA facilities.

The lack of sufficient surgical volume is the main reason the VA has given for proposing to close the surgical intensive care unit in Cheyenne. I recognize that for some medical procedures, studies show a positive relationship between the volume of procedures performed and the quality of the outcomes for those procedures. I don't dispute the result of these studies.

However, studies like these are conducted in a vacuum, isolated from real-world considerations like access to care. Such studies would be more persuasive to me if they suggested closing a surgical unit at one hospital and transferring the cases to a hospital 9 miles away. But what we're talking about here is transferring the cases 90 miles away!

I'm not convinced that the process the VA used to develop the recommendation to close the surgical unit in Cheyenne gave enough weight to factors like reasonable access to services for veterans and their families. I'm not alone in being concerned that the needs of veterans in the remaining communities on the American frontier are being sacrificed to the need for VA officials in Washington to have a one-size-fits-all plan that avoids making the tough judgment calls that may be merited by local circumstances. I want to give the CARES Commission and the VA every opportunity to address these concerns, which is why I asked the VA to hold this hearing today.

I once again thank the entire CARES Commission and their staff for putting this hearing together. I believe that the testimony you hear today will reinforce the important role the Cheyenne VA Medical Center plays in this community and throughout the state, and I expect that you will give full and fair consideration to the viewpoints of Wyoming veterans who depend on the VA for quality health care services.

**Statement of
The Honorable Craig Thomas
U.S. Senator from Wyoming**

**Hearing on
VA Capital Asset Realignment for Enhanced Services Initiative
October 24, 2003
Cheyenne, Wyoming**

Mr. Chairman and members of the CARES Commission:

I thank you for this additional opportunity to comment on the CARES process and the draft report recommendations for VISN 19, the Rocky Mountain Network. I am sorry not to be there in person with you, but I am needed here in Washington to continue to work out the details of the Energy Bill, as well as the final decisions on the pending Medicare Conference Report. I certainly appreciate the Commission's receptiveness to the issue of the Cheyenne hospital in agreeing to hold another hearing.

There is little doubt that the VA Health Care system is in need of reform, and I commend the Commission in its continued efforts to streamline the system and make it more effective to better serve the needs of our veterans. I've talked with Secretary Principi several times on the matter, and as I have stated before the Commission in previous hearings, the current recommendations for VISN 19 and the Cheyenne VAMC are questionable for a number of reasons and should be revisited.

Current recommendations in the draft CARES reports suggest downsizing the Cheyenne VAMC to a Critical Access Hospital, and that inpatient surgical services provided by the Cheyenne VAMC be cut and either transferred to the Denver VAMC or contracted to private facilities. In making these recommendations, the VA Undersecretary for Health has failed to take into account several factors of significance.

The Cheyenne VAMC plays an integral role in a medically underserved and generally rural area. The facility services not only veterans from the State of Wyoming, but also northern Colorado and western Nebraska – a geographic area of over 143,000 square miles. The volume of inpatient medical and surgery case handled by Cheyenne is growing and is sufficient to necessitate the continuation of these services. In fact, if enhanced access to health care is indeed a priority, services provided in Cheyenne should be increased rather than cut.

The staff in Cheyenne continues to do an outstanding job to accommodate the growing work load, including developing and maintaining partnerships with local hospitals and clinics to more effectively serve the veteran community of this tri-state area. These partnerships allow the valuable access to the necessary technology and services required for a top notch surgical program. Additionally, through its internal medicine program the Cheyenne VAMC is a training site for the Cheyenne University of Wyoming family practice program, which trains doctors for this medically underserved area.

Elimination of inpatient surgery would lead to many problems down the road. The absence of complex surgery at Cheyenne will result in the loss of surgeons and impede the ability to recruit qualified surgeons who would handle only outpatient surgery. The removal of inpatient surgery would result in a loss of specialized nurses in the surgery and intensive care unit, and eventually diminish the high competency level of those caring for only “low risk” patients. The elimination of complex gynecological services results in the loss of care for female veterans. With the transfer of these vital services, many other minor, but no less important, services fall by the wayside. If a goal is enhanced access to quality health care for veterans, the current recommendations of a transfer of services fall short.

One must consider the impact of the recommendations on the aging and ailing veteran population. Veterans from underserved areas already traveling great distances to the Cheyenne VAMC will be forced to travel even further to Denver. Increased driving distances coupled with harsh weather conditions through the better part of the calendar year, and incurred family expenses associated with travel and extended stays place unfair and unnecessary burdens on the veteran population. When patients are transferred from Cheyenne, cost effectiveness for the VA system suffers as a result of the expenses associated with moving patients over one hundred miles to the facility in Denver.

The Denver VAMC is over loaded and unable to accept the influx of patients presently served in Cheyenne. If the current recommendations are accepted, the results for veterans would inevitably include longer waits for care in a back-logged system and a subsequent decline in prompt, quality care they deserve. I say to you once again, that if better access to health care for our veterans is a goal of the CARES process the current recommendations fall short.

Mr. Chairman and members of the Commission, the goals laid out in the CARES process are admirable, and I sincerely appreciate your efforts to attain them. There is no doubt that difficult choices need to be made. However, the draft plan as recommended is indeed flawed in its approach to the Cheyenne VAMC. I thank you for your continued openness in this process in regards the situation at in Cheyenne, and I would encourage give more attention to the original VISN 19 market plan. I believe that in doing this would be the best way to provide access to quality care to our nation’s veterans, while spending American taxpayer dollars wisely.

Statement of U.S. Representative Barbara Cubin
Hearing before the Capital Asset Realignment for
Enhanced Services (CARES) Commission
Cheyenne, Wyoming
October 23, 2003

Good afternoon Chairman Alvarez, VA Administrators, veterans' service organizations, and distinguished guests.

It is a pleasure for me to be here today to outline some concerns that I have regarding the Draft National Plan for the CARES process.

These concerns that I have are very serious in nature because, as I see it, any restrictions in VA services in Wyoming will ultimately result in hardship for this state's veteran community.

Before I outline these concerns, I would like to give you some idea of the geography of Wyoming, in case you are not familiar with it. Unlike most states, geography is a critical factor in Wyoming, whether we are talking about VA care or health care in general.

Wyoming has a population of roughly 500,000 people and covers over 100,000 sq. miles.

If you stop and think about that, we are talking about a vast area, of particular harsh terrain and climate, with a small population. Wyoming is a “frontier” state, which means that it has a population of six people or less per square mile.

We have roughly 57,000 veterans in this state, all of whom rely on 2 VA medical centers and 5 community-based outpatient clinics for their care.

As I understand it, the Draft National Plan for CARES calls for converting the Cheyenne facility to a Critical Access Hospital and transferring inpatient surgery services to the Denver VA Medical Center or through a local hospital under contract.

I have a problem with this on several fronts. Patients needing surgery would have to drive an additional 100 miles roughly to Denver, in harsh weather, at their own expense, to a facility that, as I understand it, is already back-logged.

Medical facilities in Wyoming are sparsely situated in general, and veterans from around the state rely heavily on the services at the Cheyenne VA Medical Center.

The Cheyenne facility is expected to serve 13,000 veterans this year, and provides inpatient services in 7 different surgical specialties.

Moreover, the Cheyenne facility does an excellent job in maximizing its resources for the care and treatment of its veterans.

The VA owns over 5,000 buildings with over 118 million total square feet. According to the Government Accounting Office, both space and money are being wasted in those facilities, to the tune of about \$1million per day. Certainly that wasted space needs to be addressed.

I am all for eliminating waste to maximize efficiency, but that is just not the case at the Cheyenne VA.

So often, the federal government relies on a one-size-fits-all approach to problem solving, and I am here to say that simply does not work in Wyoming. Furthermore, the Draft National plan for CARES would not achieve its intended results of cost savings and improved access.

On the contrary, it would provide greater obstacles for veterans in receiving the care they need and deserve.

I hope this Commission will carefully evaluate the rather unique situation we have here in Wyoming when it comes to VA care, and refrain from restricting VA services here in Cheyenne.

Thank you, Mr. Chairman. I would be happy to answer any questions you may have.