

make the trip to Dayton or Cincinnati about 8 times a year. The VA has calculated that patients travel an estimated 60,000 miles a week for inpatient and outpatient care, with a total of 3.2 million miles traveled last year – all this at a cost of approximately 1 million dollars to the VA. The VA spends more than \$3 million a year taking veterans to other VA hospitals, admitting emergency cases to local hospitals, and paying for specialty care as necessary. It is unfathomable to think veterans must travel from Columbus, Chillicothe, and even as far as Athens, Ohio for over an hour to receive the care they deserve. When calculating the cost, miles traveled, and the burden on veterans, it is apparent that central Ohio veterans are the one's paying the price time and time again for inadequate health care.

To better illustrate this problem, let me call on the testimonies of some of my constituents. Mike Moehl is a 22-year veteran of the Air Force who served in both Vietnam and the Persian Gulf. Over his years in the service, he developed a debilitating ankle injury that forced him to seek treatment. To obtain the needed orthopedic care through the VA system, Mike has been forced to get up as early as 6 a.m. and travel by bus to Dayton, 75 miles away. The trip costs him a day's wages and adds stress to an already injured ankle.

Sadly, Mike is not alone. John Vaughn, a constituent of mine contacted my office on July 11, 2003 regarding his trip to the Dayton Medical Center for treatment for an arm injury. Mr. Vaughn took the a.m. shuttle to the Dayton Medical Center for a 1:30 p.m. appointment. After traveling over an hour and waiting several more hours when he arrived at the Medical Center, Mr. Vaughn spent only a few minutes with his doctor before having to rush to catch the last shuttle back to Columbus at 2:30 p. m. Mr. Moehl and Mr. Vaughn are only two examples of the thousands of veterans that suffer under the current health care system in Central Ohio. My office, as well as my colleagues offices, hear countless stories from veterans and their families about the difficulty they have receiving treatment here locally.

Through the CARES process, my office has worked hard, alongside Mr. Hobson, Mr. Tiberi, my colleagues in the U.S. Senate, and the VA Healthcare System of Ohio, to develop a plan that meets the needs of Central Ohio's veterans. The proposed plan, one of two plans that were submitted by VISN 10 to the CARES commission, includes the construction of a 260,000-square-foot new and expanded VA outpatient clinic and ambulatory surgical center on the grounds of the federal Defense Supply Center in Columbus to replace the present clinic in Columbus that is simply inadequate to provide the services veterans need. The proposed clinic would provide veterans with the outpatient services they need here locally rather than being shuttled to Dayton or Cincinnati for treatment. The proposed Columbus facility has received the endorsement of the Jewish War Veterans of the U.S.A, the Franklin County Veterans Service Commission, USO of Columbus, and countless veterans and concerned citizens in my district.

The issue of localized inpatient care for veterans is of equal importance. The VA has made several efforts in the past to contract with local hospitals for inpatient care;

however, the previous 7 year contract with OSU East Hospital expired in September of 2002. Although this contract addressed the emergency and stabilization needs for veterans, it did not provide long term inpatient care. We share CARES's view that long term inpatient care contracts with a local hospital are imperative to fill the void in health care service for our veterans.

Today when a Central Ohio veteran is admitted to a local hospital for emergency care, the veteran is stabilized at the facility then transferred to VA facilities in Dayton or Cincinnati -- approximately 60 to 120 miles away from their loved ones. This creates an unnecessary and added burden to the veteran and his or her family, and raises patient safety concerns as they are shuttled to facilities over an hour away. Furthermore, there are many veterans who will not seek emergency care at night and on weekends, because the VAOPC is closed, and they are afraid to go to private hospitals with no prior guarantee that the VA will pay the private hospital expense.

Through the CARES process, VISN 10 has submitted a proposal for inpatient contracting with local hospitals, which I support and believe to be the right fit for Columbus veterans. Community based inpatient contracts can provide the needed flexibility, and the quality and long term care our veterans need. Such contracts would be beneficial not only for veterans and their families but for local hospitals as well. Hospitals throughout our community have empty beds which could be used to treat our veterans. Since the mid to late 1990's, the VA has achieved great success in inpatient contracting with private hospitals which has allowed the VA to provide quality healthcare locally to veterans and their families in a cost effective manner. This "everyone wins" strategy reflects the VA's commitment to provide the best access to care, resources, technology, and treatments for our nation's veterans.

Furthermore, the VA administration at the Chalmers P. Wyle Outpatient Clinic has been working with area hospitals on proposals for inpatient contracts. To date the Ohio State University Hospital has submitted an inpatient contract proposal to the VA for consideration. The relationship between the VA and OSU has been positive and longstanding. OSU East hospital currently has an ongoing contract with the VA for disability evaluations for Columbus veterans as well as working together to provide the clinic with needed doctors and specialist to alleviate the backlog for appointments. The proposal put forth by OSU is committed to offering exceptional access to inpatient and emergency care to veterans in the Central Market. The proposal includes dedicating a floor in the hospital as well as a registration desk for veterans use only. In addition, a contract with OSU could provide the VA clinic with research, education and patient care relationships which could increase the number of primary and specialty care teams and provide ongoing educational opportunities for VA physicians. When considering the overwhelming benefits for both the VA, local hospitals, and most importantly for veterans, it is clear that contracting inpatient care is the right thing to do here in Columbus.

After analyzing the data provided by the CARES process it is clear that VISN 10's Central Market has a significant and overwhelming gap in inpatient and outpatient care

access. My colleagues and I have been working with the VA to ensure these issues receive suitable attention.

In closing, again, I would like to thank the CARES Commission and the VA for their dedicated work over the past year. Through this process, I think everyone realizes that this is the best opportunity to give the veterans of Central Ohio the care they and their families deserve.

PATRICK J. TIBERI
12TH DISTRICT, OHIO

MEMBER:
COMMITTEE ON EDUCATION AND THE
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Congress of the United States
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August 8, 2003

Mr. Evertt Alvarez, Jr. Chairman
CARES Commission
Department Of Veterans Affairs
Washington, D.C. 20515

Dear Mr. Alvarez:

Enclosed you will find my written comments for the CARES Commission hearing scheduled in Columbus, Ohio on August 19, 2003. Please add them to the public record of your proceedings.

Also, I will be present at the hearing to present oral testimony and elaborate on my comments.

Thank you for your service to our nations veterans, and your work on this important endeavor. If you have any questions regarding this matter, please contact Mark Bell in my district office at 614-523-2555.

Sincerely,



Patrick J. Tiberi
Representative to Congress

PJT/mb

Enclosure



PATRICK J. TIBERI
12TH DISTRICT, OHIO

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Congress of the United States
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Good morning Commissioner Alvarez, Commissioner Pell, Commissioner McCurdy and Commissioner Vogel. Welcome to Columbus, Ohio. It is a pleasure to have you here in central Ohio, the heartland of America and the home of the 2002 National Championship football team, my alma mater, The Ohio State University Buckeyes. I am pleased to have this opportunity to share with you the health care needs of veterans here in central Ohio, and express my strong support for the proposals before you today. I am pleased to see so many friends from the veteran's community in the audience today, as well as my colleagues from the house, Congressman Hobson and Congresswoman Pryce.

I have been deeply and personally committed to improving health care for veterans for nearly twenty years, going back to my days as a congressional staffer handling veteran's casework. I know first hand the difficulties our veterans have had receiving the level of care they earned through their service to our country. I would like to give you some background on this important issue.

Columbus is the 15th largest city in America. Central Ohio, a metropolitan area of 1.2 million people, has over 135,000 veterans who reside here. We have more veterans than most communities have residents. Yet we have never had a VA hospital, and our clinic has always been too small to provide the services needed for our veterans. As one of the fastest growing areas in the country, we continue to see the number of veterans in Central Ohio increase each year.

On the day it opened in 1995, our existing clinic was already too small to meet all the health care needs of our veterans. It was designed to handle 135,000 annual visits. Last year there were 192,000 visits, and this year the clinic is handling 823 visits per day, which will total approximately 205,000 visits in 2003. Our veterans are forced to travel long distances for inpatient and specialty care, and also experience unacceptably long waits for routine appointments. Additionally, data from the CARES initiative indicates the VAOPC in Columbus will require 125,000 additional square feet of outpatient clinic space today to meet the needs of local veterans. Furthermore, CARES shows there is a need for primary care, ambulatory care, specialty care, and inpatient care facilities in central Ohio.

Also, as I am sure you are aware, the current CARES veterans population projection data does not account for veterans of Operation Enduring Freedom, Noble Eagle or Iraqi Freedom. In Ohio alone we have mobilized over 6000 National Guard and Reserve Forces who are now eligible for health care, as well as the hundreds of thousands of active duty soldiers of those operations who will be returning home in the near future. These new veterans will dramatically swell the rolls at our local facilities.

While our local VA officials do the best they can with the resources they have been given, the existing facility is simply too small to meet our current needs, much less the growing needs of the future. Recently the local VAOPC remodeled existing space in an effort to improve treatment times. Because the current facility is extremely limited in the ability to expand, the additional space for new outpatient services was created by moving support staff to temporarily leased off site office space. I am convinced that as more and more office functions are scattered to different locations around the state, the ability of the VA to provide quality service to our veterans will suffer. Moving the support staff to temporarily leased space is expensive and will lessen the ability of veterans to interact with these key employees, such as billing and patient utilization staff. Even with this new clinical space, the Columbus VAOPC does not remotely meet the current health care needs of our local veterans, let alone the growing needs for the future. Finally, the current facility is leased, and the lease will expire in just over ten years. I believe it is not a good use of taxpayer money to invest dollars in a facility the VA will not control over the long term.

Currently, the Columbus VAOPC is forced to ship veterans who require inpatient care to Dayton, Cincinnati, Cleveland or Chillicothe VA hospitals. The CARES study shows these facilities will need to expand to meet the long-term needs of their local veteran population. Does it make sense to further expand these facilities, while requiring central Ohio veterans to travel far from home, or would it be far better to provide facilities were the veterans actually live? Making veterans travel far from home for health care is a hardship for them and their families, and puts lives at risk.

I want to tell you about a veteran I know who lives in Pataskala, here in central Ohio. Mr. Stanley Folk is 78 years old, and is a 60% service connected World War II veteran who is forced to travel to the Cincinnati VA hospital twice a month. He gets up at 4:30 am to catch a shuttle down to Cincinnati to get the treatment he needs. He is forced to stay there all day until the shuttle returns him to Columbus. He does not get home until well after 7:00 pm. The strain of this trip makes him so tired and ill that he is in bed for several days after to recover. This would be a hardship on anyone, but is doubly so for the elderly and disabled. It is unconscionable that veterans must go through this to get the care they deserve. The sad part is Mr. Folk is not alone. I could go on and on with stories of veterans who have faced similar hardship.

Furthermore, there are many veterans who will not seek emergency care at night and on weekends, because the VAOPC is closed, and they are afraid to go to private hospitals with no prior guarantee the VA will pay the private hospital expense. These veterans have no health insurance and they are afraid they will be stuck with a large bill they cannot pay, so they delay treatment at risk to their health.

Under the CARES process, a plan has been developed that addresses these needs. First, it has been proposed that a facility be constructed on existing federal land at the Defense Supply Center Columbus. Phase I of the project will provide a 260,000 square foot facility, which would house much needed services including outpatient, ambulatory, and specialty health care services, as well as office space and training and vocational services. Phase I has been proposed for 2005, and would replace multiple leased facilities. Building this consolidated new facility will improve care to our veterans, and allow the creation of joint use arrangements with the Department of Defense, which can be beneficial to both parties. There currently exist a number of facilities at the DSCC site, such as conference and training facilities, day care and physical fitness facilities, telecommunication, printing, and computing facilities, and fire and police protection which could be used by the VA through joint use agreements. This eliminates the need for the VA to build such facilities, saving substantial dollars. Additionally, co-location with a DOD activity gives veterans and retirees a "one stop shop" for multiple services such as ID cards and PX in addition to their VA health care.

As mentioned above, there is a need for inpatient care in central Ohio. Under cares, VISN 10 proposes using contracts with local health care providers to supply needed inpatient services for our veterans allowing them to be treated near their homes and families. Community based inpatient contracts can provide the needed flexibility, quality, and long-term care our veterans need. Such contracts would be beneficial not only for veterans, but for local hospitals as well. Hospitals throughout our community have a large number of empty beds, which could be used to treat our veterans locally. In addition, contracts could establish research, education and patient care relationships between the VA and hospitals, which would increase the number of primary and specialty care teams and provide ongoing educational opportunities for VA physicians.

A continued piecemeal approach to veterans' needs both wastes taxpayer dollars, and provides substandard care to the central Ohio men and women who have given so much to our country. The data contained in the CARES study shows that developing proper specialty and inpatient facilities could save the government substantial travel dollars. The VA spends nearly 3 million dollars a year shipping our veterans around the state, admitting emergency cases to a local hospital, and paying for outpatient specialty care because they lack adequate facilities. Additionally, eliminating multiple costly short-term leases can save the VA many dollars. These combined savings could substantially pay for the cost of increasing services to veterans.

I believe the facts clearly show that these facilities and services are desperately needed to meet the health care needs of veterans in central Ohio. I am pleased to join my fellow members of congress as well as numerous local veterans in urging you in the strongest terms to support the VISN 10 CARES proposal to build a new facility at DSCC and to implement contracted inpatient care.

Thank you for your kind attention during these proceedings, and for your sincere desire to improve health care for our nations veterans.

Sincerely,


Patrick J. Tiberi
Representative to Congress
August 8, 2003