
TESTIMONY BEFORE THE *CARES COMMISSION*
DEPARTMENT OF VETERANS AFFAIRS
VETERANS MEMORIAL AUDITORIUM
COLUMBUS, OHIO
AUGUST 19, 2003

Credentials

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Frank has worked in public health, health care planning and administration for over twenty-five years. Frank has two Master's Degrees from The Ohio State University: one in Zoology/Animal Behavior and the other in Preventive Medicine/Public Health.

Recently appointed as Health Commissioner for the Fairfield Department of Health, Frank has served for the past two years as Health Commissioner of the Ross County Health District, the tenth largest health department in Ohio. Prior to that, he was Executive Director of Scioto Valley Health Systems Agency which, among other things, focused on issues in public health, health care services delivery, health planning, data management and analysis, project review (Certificate of Need) and long-term care.

Previous to this, Frank was Vice President, and later President and C.E.O., of The Health Coalition of Central Ohio. Based in Columbus, Ohio, the Coalition's mission was to ensure that affordable, high quality, and accessible health care remained available to the central Ohio community, especially businesses.

In both Indiana and Ohio he worked in various other positions in public health as a Health Planner for the Indiana State Board of Health, and the Executive Director of two different statewide voluntary health agencies, the Arthritis Foundation and the Leukemia Society.

He has been a pioneer in community organization around health care issues, having developed a community profiling and development system early in his career. He has organized many different public health self-help groups. He has written numerous articles, papers and studies, from individual certificate of need analyses on specific aspects of the acute care system to entire health plans. Some of the specialty areas he has investigated include mental health and public health, dental public health, community-based rehabilitation services, the effects of electromagnetic radiation on health, county-specific mortality and morbidity mapping, and community needs assessments on many different aspects of health care and public health. He is accomplished in data and information systems, especially in the collection, analysis, and dissemination of data on health care status, services utilization, and costs.

Testimony

MR./MS. CHAIRPERSON, MEMBERS OF THE COMMISSION, LADIES AND GENTLEMEN IN THE AUDIENCE. THANK YOU FOR THE OPPORTUNITY TO PRESENT MY OPINIONS AND THOUGHTS ON THE CARES DRAFT NATIONAL PLAN, SPECIFICALLY THE PART THAT CONCERNS THE CENTRAL OHIO REGION.

I UNDERSTAND THAT SERIOUS CONSIDERATION IS BEING GIVEN TO THE CONSTRUCTION OF A FULL-SERVICE VETERANS HOSPITAL IN FRANKLIN COUNTY. THIS COULD BE A BOON FOR THE MANY VETERANS WHO NEED – AND DESERVE – THE BEST HEALTH CARE SERVICES AVAILABLE. OR, IT COULD BE A BUST IF A DETAILED, PROFESSIONAL PLAN IS NOT DONE TO DETERMINE THE TRUE NEED FOR SUCH A FACILITY.

WITNESS THE MILLIONS SPENT ON THE J. LEONARD CAMERA CENTER BY THE OHIO BUREAU OF WORKERS COMPENSATION, WHERE A STATE-OF-THE ART INPATIENT AND OUTPATIENT REHABILITATION CENTER WAS BUILT, AT TAXPAYER EXPENSE, ONLY TO CLOSE A FEW YEARS LATER DUE TO CHANGES IN POLITICS, LACK OF USE AND LACK OF DEMAND.

BEFORE ANY INPATIENT FACILITY IS CONSTRUCTED, A DETAILED AND DISCIPLINED PLAN MUST BE DONE THAT STUDIES THE TRUE NEED (AS OPPOSED TO POPULAR DESIRE) FOR SUCH SERVICES. THE J. LEONARD CAMERA CENTER WAS MOST LIKELY JUSTIFIED BY THE ELOQUENT TESTIMONY OF SEVERAL INDIVIDUALS WHO HAD SOME VESTED INTEREST IN SUCH A FACILITY BEING BUILT. AS IMPORTANT AND FOCUSED AS SUCH INTERESTS MAY BE, SUCH “ANECDOTAL EVIDENCE” DOES NOT PROVE TRUE NEED FOR THE REST OF THE COMMUNITY.

THIS IS WHERE HEALTH PLANNING SHOULD TAKE PLACE BUT PROBABLY NEVER WILL. BACK IN THE 1960'S AND 1970'S, THE FEDERAL GOVERNMENT ESTABLISHED AND FUNDED A NATIONWIDE SYSTEM OF HEALTH PLANNING AGENCIES. LATER THE OHIO STATE GOVERNMENT CONTINUED SUCH EFFORTS AFTER FEDERAL FUNDING WAS WITHDRAWN. THESE LOCALLY-BASED AND ADMINISTERED INDEPENDENT PLANNING AGENCIES DEVELOPED ACCURATE AND DETAILED METHODOLOGIES TO DETERMINE THE TRUE NEED A COMMUNITY MAY HAVE FOR HEALTH CARE SERVICES, ESPECIALLY THOSE TO BE FUNDED BY FEDERAL AND/OR STATE DOLLARS.

THE HEALTH PLANNING AGENCIES COORDINATED THEIR ACTIVITIES WITH OTHER LOCAL AND STATE HEALTH RESOURCES TO DETERMINE HOW LIMITED TAX DOLLARS CAN BEST BE SPENT TO IMPROVE THE COST, QUALITY, AND ACCESS OF HEALTH CARE SERVICES IN THE COMMUNITIES THEY SERVE. THEY GENERATED MANY BOOKS AND OTHER VOLUMES OF SCHOLARLY AS WELL AS GRASSROOTS REPORTS THAT LOOKED AT WAYS TO DETERMINE TRUE NEED FOR SERVICES IN A COMMUNITY.

HOWEVER, IN THE 1980'S AND 1990'S THESE EFFORTS HAVE LARGELY BEEN LOST AND TOSSED ASIDE AS STATE AND FEDERAL GOVERNMENTS WITHDREW FUNDING FROM SUCH ACTIVITIES AND DECLARED THAT SUCH EFFORTS ARE BEST LEFT TO THE LOCAL POPULATIONS. THE LOCAL WILL AND LOCAL DOLLARS NEVER MATERIALIZED AND NOW WE ARE LEFT WITH AN UNPLANNED AND DEREGULATED HEALTH CARE MARKETPLACE THAT IS IN SUCH DISARRAY THAT WE ONCE AGAIN ARE WITNESSES TO UNBRIDLED GROWTH IN COSTS AND EXTRAVAGANT BUILDING OF UNNECESSARY AND DUPLICATED HEALTH CARE SERVICES WHILE INCREASING NUMBERS OF PEOPLE LOSE THEIR INSURANCE COVERAGE AND GO WITHOUT ACCESS TO ANY CARE WHATSOEVER.

I AM NOT SAYING THAT A NEW INPATIENT VETERANS HOSPITAL IS NOT NEEDED IN CENTRAL OHIO. THE FACT OF THE MATTER IS, THAT NO ONE REALLY KNOWS IF ONE IS NEEDED OR NOT. NO FORMAL METHODOLOGY HAS BEEN USED, NOR WILL ONE BE USED, I VENTURE TO SAY, TO DETERMINE SUCH TRUE NEED. WE WILL SIMPLY ONCE AGAIN RELY ON THE EMOTIONS AND THE ANECDOTES OF INDIVIDUALS.

THESE INDIVIDUALS MAY INDEED NEED SERVICES. I WOULD ASK THAT THE COMMISSION FIRST DETERMINE IF THESE NEEDS ARE ALREADY BEING MET, OR COULD BE MET IN LESS EXPENSIVE WAYS.

WHY NOT EXPAND THE EXISTING OUTPATIENT CENTER IF MORE ROOM IS NEEDED? WHY NOT CONTRACT WITH EXISTING HOSPITALS WHO I WOULD GUESS STILL HAVE SOME EXTRA CAPACITY SO THAT A BLOCK OF BEDS, OR EVEN WINGS CAN BE DEDICATED SOLELY FOR THE USE OF VETERANS? WHY NOT, AS ONE OF MY PHYSICIAN FRIENDS SUGGESTED, SIMPLY CREATE A VETERANS ADMINISTRATION REIMBURSEMENT SYSTEM THAT FAIRLY AND EQUITABLY REIMBURSES PHYSICIANS AND EXISTING FACILITIES FOR THEIR SERVICES (THAT IS, CREATE A VETERANS ADMINISTRATION INSURANCE/ REIMBURSEMENT SYSTEM)? WHY CAN'T THE SAME EMOTIONS AND DESIRES OF THOUSANDS OF DISENFRANCHISED INDIVIDUALS WHO HAVE NO HEALTH CARE COVERAGE AT ALL BE HEARD BY THE SAME PEOPLE WHO ARE SO WILLING TO COMMIT MILLIONS OF DOLLARS FOR INPATIENT CONSTRUCTION (OF NOT ONLY VETERANS HOSPITALS BUT ALSO OF THE OVER \$2 BILLION DOLLARS SPENT BY OUR FRANKLIN COUNTY NON-PROFIT HOSPITALS ON NEW UNPLANNED AND UNREGULATED SERVICES AND FACILITIES SINCE 1997)?

I GUESS ALL I AM ASKING IS THAT IN THIS AGE OF LIMITED AND EVEN SHRINKING AMOUNTS OF AVAILABLE DOLLARS, RATIONAL MINDS PREVAIL AND THAT THE DIRECTION OF OUR ACTIONS BE CONSIDERED IN TERMS OF THE EFFECTS ON THE NEEDS OF THE ENTIRE COMMUNITY, NOT JUST THE DESIRES OF SEVERAL INDIVIDUALS, NO MATTER HOW WELL-MEANING THEIR INTENTIONS MAY BE. THANK YOU.

BEFORE THE DEPARTMENT OF VETERANS AFFAIRS
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES COMMISSION

TESTIMONY OF FRED SANFILIPPO, M.D., Ph. D
SENIOR VICE PRESIDENT FOR HEALTH SCIENCES,
DEAN OF THE COLLEGE OF MEDICINE AND PUBLIC HEALTH
THE OHIO STATE UNIVERSITY

AUGUST 19, 2003
COLUMBUS, OHIO

I am pleased to have the opportunity to present the perspective of the Ohio State University Medical Center with regard to the Market Plans developed by VISN 10 and what I see as opportunities for collaboration.

Founded in 1870, The Ohio State University is a public, non-profit entity. As Ohio's land grant college, OSU pursues the mission of the creation and dissemination of knowledge, and is the state's largest public research institution.

The OSU Medical Center (OSUMC) includes the College of Medicine and Public Health, the OSU Health System and OSU Physicians. It pursues a three-part mission of patient care, education, and research. OSUMC and its physician/scientists are recognized leaders in cancer and cancer genetics, heart and lung disease, robotic and minimally invasive surgery, transplantation, women's health, bioinformatics and high-field imaging. We are also making strides in some of this century's groundbreaking fields such as neurological disorders, pharmacogenomics, heart imaging, targeted molecular therapies, telemedicine, digital radiology, biodefense, and biomedical engineering.

The Office of Health Sciences coordinates with the other OSU Health Sciences Colleges of Nursing, Dentistry, Optometry, Pharmacy and Veterinary Medicine on a wide variety of patient care, education and research efforts.

I am here today because the CARES initiative provides an opportunity to align VA and OSU Medical Center resources and our shared missions of patient care, education and research.

Frankly, when I arrived at OSU I was both surprised and disappointed at the lack of a strong affiliation between the VA and OSUMC. While I was

at Duke University, I served for some 13 years as a 5/8 VA-staff physician overseeing patient care and educational services, and as a VA Merit Review funded researcher.

The absence of opportunities for collaboration and mission alignment here are a deficit for both OSU and the VA. It limits our ability to recruit stellar faculty with VA research awards, and our ability to develop valuable educational opportunities that will enrich our medical students and residents and attract top medical and residency applicants. The VA loses the opportunity to educate and develop the next generation of physicians for the VA population, as well as to access the leading edge medical care now being delivered at OSUMC, and the research discoveries being made here that will result in advanced medical therapies in the future.

As early as 1995, the OSUMC engaged the VA in discussions regarding the burden on veterans residing within the Central Market area who have to travel, often through Columbus, to VAMCs at remote locations, even though many of those services could be made available right here. I am pleased to see that the CARES planning guidelines recognize that access by veterans is a critical factor in the realignment process.

While I believe that the overall thrust of VA healthcare planning is correct in moving toward the development and expansion of comprehensive, outpatient services capacity, there is a continuing need for inpatient care. Realignment must consider, on a cost benefit analysis, whether to "build or buy," and that decision must look at long term costs and benefits. I agree with the Central Market Planning Initiative to contract with local hospitals for inpatient beds, and have attached a copy of the proposal we recently made to the VA to respond to those needs.

Our proposal sets forth the opportunity for the further developing and expanding the current, limited affiliation through a long-term contract with the OSU Health System for inpatient hospital and other available services, primarily focused at University Hospitals East (UHE). Currently this facility provides emergent inpatient services for the VA population and is proximate to the proposed outpatient development at the Defense Supply Center. We are prepared to dedicate the resources and space to create a veteran-friendly destination at UHE through the use of signage, reception and registration, and when volume is sufficient, to set aside a separate floor for veterans. Plans also include the development of a new Emergency Department that can incorporate structural and programmatic adaptations to be responsive to veteran-specific after hours and emergent care needs.

The proposal also offers the opportunity for increased collaboration between the OSUMC and the VA in areas where we have been working together, such as Continuing Medical Education and joint recruitment, and in new areas where OSUMC has expertise that could be of value to the VA, such as our telemedicine program and health and wellness programs. The OSUMC can also be of service as VISN 10 realigns and transitions. Both in the short term and on an ongoing basis, OSUMC can provide readily accessible outpatient services and low volume specialty care that would otherwise require burdensome travel by veterans. In particular the OSUMC has outstanding clinical resources in orthopaedics, physical medicine & rehabilitation, (especially spinal cord and traumatic brain injury) cancer, endocrinology (diabetes and thyroid disorders), psychiatric and substance abuse programs, transplantation, cardiology and women's health.

The key point I want to leave with you is that the OSU Medical Center wants to be a resource for the VA, and to grow that affiliation for the long term. We believe the synergy of the OSUMC and VA can yield significant benefits for both organizations as it does elsewhere throughout the country between VA's and academic medical centers. And we want to align our joint missions of teaching and research to provide accessible, high quality, cost-effective health care for the veterans of Ohio.

VISN 10 C.A.R.E.S. Analysis: The Dayton V.A. and Wright State University
School of Medicine Partnership

Testimony: Howard M. Part, M.D.

August 2003

I'm Dr. Howard Part, the dean of Wright State University School of Medicine. During my career at Wright State University, I had the opportunity to serve as a full-time staff physician at the Dayton VAMC for five years, and currently supervise residents on a part-time basis there. Therefore, I believe I have an in-depth understanding – on a very personal level – of the symbiotic relationship between our two institutions.

Wright State University School of Medicine was one of five medical schools formed under the 1972 VA Medical School Assistance and Health Manpower Training Act. Because of its origin and core missions, the school has remained a close clinical, research, and educational partner with the Dayton VA. As one of the top community-based medical schools in the country, Wright State's medical school relies upon the Dayton VA Medical Center (VAMC) as a clinical training site for primary care, specialty, and subspecialty training.

Without this affiliation, Wright State's medical school would face dire consequences spanning issues of physical plant, human resources, research opportunities, and, most importantly, accreditation for both undergraduate and graduate medical education. I will address each of those issues in more detail and give you approximate replacement costs where I can.

The issue of most concern would be accreditation. The Dayton VAMC provides a wealth of clinical experience, and, conversely, patients there benefit from the addition of medical students and resident physicians to the VA's core staff. Our medical students – 90 students in each year of the four-year program – spend a significant amount of their time at the Dayton VAMC.

In Years I and II, VA faculty provide required content in our systems-based curriculum. In Years III and IV, three required clerkships—internal medicine, surgery, and neuroscience—are held wholly or for a significant part at the VAMC. Two Year IV electives, for anesthesia and general surgery, are offered at the Dayton VA. All core case-based didactic sessions for the Internal Medicine clerkship are located at the Dayton VA MC. Additional Internal Medicine subspecialty electives are heavily subscribed to.

A substantial change in our working partnership would require the School of Medicine to find new resources for all of these learning experiences. Locating a site or sites that replicates the full range of training opportunities, particularly for a geriatric population, would be extremely problematic. Additional assimilation of medical students into the community would be very difficult, leading to serious consideration of sending students out of the region for portions of their clinical training. Losing the Dayton VAMC as an affiliated teaching hospital and partner would most certainly negatively impact our LCME accreditation.

Accreditation for residency training is also at risk. Dayton, Ohio, is unique in its approach to graduate medical education. In a collaborative venture, both civilian and military residents rotate through seven teaching hospitals, including one children's hospital, one VA hospital, and one military hospital. This collaboration allows for outstanding clinical training and provides a full spectrum of patient care for military, veteran, and civilian populations. Currently, the Dayton VAMC provides residency training in internal medicine, dermatology, general surgery, orthopedic surgery, and fellowships in hematology/oncology, infectious disease, cardiology, and gastroenterology. This support cannot be replaced through the medical school, which does not own or operate a hospital, or its affiliated teaching hospitals, which are currently over their Medicare-capped allotment of resident FTE's.

The Department of Internal Medicine has approximately 100 residents. Each of them spends one-third, or four months, of the year at the Dayton VAMC. The 400 residency rotation months lost in this medical specialty can not be replaced in the community, and the loss of high quality clinical training facilities would ensure a loss of slots and seriously jeopardize accreditation from ACGME. Without the Dayton VAMC, the four internal medicine fellowship programs and the dermatology residency program would have to be closed. Additionally, loss of faculty support and a clinical training site would severely impact accreditation of both surgery and orthopedic surgery.

Let me now address human resources. Faculty are jointly recruited by the school and VA and receive stipends from the school for their administrative role in resident and student education. This symbiotic relationship improves the quality of both patient care and medical education. Thirty fully affiliated faculty are housed at the Dayton VAMC. They serve as course directors, program directors, or provide essential curriculum for medical students and residents.

VA faculty provide clinical expertise and core curriculum in several specialty areas that are critical for both LCME and ACGME accreditation.

In the research arena, faculty of the School of Medicine are involved in projects funded by outside sources through the Dayton VAMC. Additionally, the Dayton VAMC is involved in a Department of Defense contract awarded to Wright State University School of Medicine to study Gulf War Syndrome. Opportunities for additional joint research between the school and the VA exist and are being explored. The VAMC research is critical for improving patient care, but also has an integral educational component for medical students, residents, and fellows in training. Residents and fellows have required research projects in their training programs, and the loss of fully affiliated faculty who supervise these projects would severely affect accreditation.

Finally, let me address our physical plant concerns. The School of Medicine leases portions of two buildings (50,000 sq. ft.) on a time usage basis from the Dayton VA for its educational mission. This includes a 100-seat auditorium, wet labs, a computer lab, an electron microscopy facility, libraries, conference room, student lounge, and faculty office space. The VA houses the school's Department of Neurology and the Division of Dermatology. The amount of square footage and specialized teaching areas at the VA cannot be absorbed into existing buildings on Wright State University's campus. Replacement would require constructing an addition to an existing building or a new building, with an estimated cost of \$10 million.

The Dayton VA is also an integral part of providing care to the people of the Miami Valley region. Since the recent closing of one of Dayton's hospitals, the Level I Regional Trauma Center and emergency department at the Miami Valley Hospital has been the busiest in the State, with 90,000 visits per year. Dayton's emergency departments are frequently so crowded that patients are rerouted to other hospitals. Closing or downsizing the Dayton VAMC facilities could only exacerbate this already critical problem and create access and quality of care issues for the region's large veteran population.

I hope that you find this information helpful as you progress. In summary, I believe that substantial change to our current relationship with the Dayton VAMC would negatively impact veterans, medical education, and our community at large.

8/8/03

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**ORAL STATEMENT OF DENNIS SAMIC
AT THE CARES COMMISSION
19 AUGUST 2003 PUBLIC HEARING**

Mr. Chairman, Ladies and Gentlemen of the CARES Commission,

I appreciate the opportunity to appear before you today, to provide input regarding the VA's Draft National Plan from a Dayton, Ohio non-profit corporation, the American Veterans Heritage Center, Inc. (AVHC).

My name is Dennis Samic. I am a retired AF Brig General who served nearly 30 years on active duty, but I'm here today as a volunteer member of the Board of Directors for the AVHC.

I don't envy the task you've volunteered for—it will be difficult to assess the adequacy of the Department of Veterans Affairs Draft National Plan to realign their capital assets in the best possible way to enhance veterans services. Many constituencies will be impacted by your recommendations and the Secretary's final decision. Since these constituencies have varied opinions as to what's the best mix and location of the capital assets in question, I'm sure recommendations you make to Sec. Principi regarding the Draft Plan won't make everyone happy

I suggest, however, that despite the many differences of opinions held by individual veterans and the veterans service organizations that represent them, all veterans and VSOs agree on several things:

1. They want their service to and sacrifices for our nation to be appreciated by our citizens.
2. They want their service and sacrifices, and that of military members who come both before and after them, to be remembered.
3. They want their service and sacrifices to be a legacy which inspires future patriotism.

The AVHC has identified that one of the best ways to honor our veterans and preserve their legacy is to rehabilitate and utilize the many significant historic facilities owned by the VA. We are disappointed the VA's Draft National Plan does not include: (1) specific language which recognizes the need to fully

rehabilitate the most significant historic VA buildings and sites, (2) a plan to identify which buildings and sites have the most historic significance, and (3) recommendations regarding creative community partnering for revitalization of all VA facilities in local communities not required for patient care.

In particular, it is important for the Dayton community to address the need for historic preservation because the Dayton VA Campus is the foundation for modern VA health care.

- President Abraham Lincoln established the National Home for Disabled Volunteer Soldiers (NHDVS) on March 3, 1865, to care for disabled veterans of the Civil War. The Dayton Soldiers Home, now called the Dayton VA Medical Center, was one of the original three established, and it was the first to provide the “home-like” environment envisioned by the Board of Managers. The Dayton facility was referred to as the “Mother Home”.
 - The groundbreaking approach to veteran’s care initiated at the Dayton Soldiers Home influenced the evolution of Federal policy for the care of our nation’s veterans is nationally significant. Prior to NHDVS, state and local governments were relied upon to provide for the care of the needy.
 - The NHDVS demonstrated that the federal government is capable of providing comprehensive care and rehabilitation to a large number of veterans, establishing a significant Federal role for the care of the nation’s veterans and serving as a forerunner for many of today’s social programs, including Medicare and Social Security.
 - Over its history, the NHDVS evolved programmatically and physically to meet the changing needs of the nation’s veterans. Congressional actions in 1884, allowed veterans disabled by old age or disease to apply without having to prove any service-related disability; and in 1917, stipulated that all veterans were entitled to medical, surgical, and hospital care showcasing the evolution of Federal responsibility for the nation’s veterans.
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- The design of the various NHDVS branches reflects the changing nature of the home branches, and includes some building types that may be specific to NHDVS properties. Individual structures found at various branches stand out for their history or design significance and integrity.
- To ensure that this important part of our nation's heritage is preserved and protected we advocate in the strongest terms that the CARES Commission direct the Department of Veterans Affairs and the National Park Service partner to prepare a National Landmark Theme Study on the history of the National Home for Disabled Volunteer Soldiers to identify the sites, districts, buildings, structures, and landscapes that best illustrate or commemorate key events and individuals in the history of this nationally significant historical theme.
- This Study should provide a narrative historic context that outlines the history, events, and persons associated with the administrative and physical development of the National Home for Disabled Volunteer Soldiers; identify property types and registration requirements for designation as National Historic Landmarks and for listing on the National Register of Historic Places; identify possible new National Historic Landmarks appropriate to the theme and prepare a list in order of importance or merit of the most appropriate sites for National Landmark designation; and, based on the findings of this Study recommend options for the management and identification of these resources.
- The National Landmark Theme Study will be of invaluable assistance to the Department of Veterans Affairs in enabling compliance with the existing law: the 1966 National Historic Preservation Act and Executive Order 13287 – Preserve America (March 3, 2003); and the introduction in the 108th Congress of HR 1762 (the Veterans National Heritage Preservation Act of 2003), which specifically requires that the Secretary of the Interior, working with the Secretary of Veterans Affairs, shall conduct a National Historic Landmark theme study of the National Home for Disabled Volunteer Soldiers. But legislation is not required to complete this study.

While the study is being completed to identify the most historically significant VA facilities nationwide, we suggest the commission recommend the VA initiate development of local master utilization plans for each facility and encourage establishment of creative local partnerships between local VA organizations, VSOs, state and city officials, non-profit organizations, and the National Parks Service to implement those plans. We have such a partnership in Dayton, Ohio and we look forward to getting our campus added to the National Historic Register, rehabilitating the first permanent chapel built by the United States Government, and in the long term, turning Dayton's historic VA facilities into a National Veterans Hall of Fame to honor veterans and educate the nation's youth on the value of patriotism.

We strongly encourage you recommend to the VA Secretary that his final CARES plan (1) incorporate a commitment to complete a National History Landmark Theme Study, (2) direct development of local master utilization plans, and (3) encourage creative local partnerships to implement these plans. Some will view the expense associated with these recommendations as a cost. We view them as an investment that will significantly reduce the fiscal burden the VA faces today to maintain buildings no longer needed for patient care, while allowing our nation to provide those few things all veterans want and deserve—thanks, remembrance, and a legacy.

Thank you for the opportunity to appear.

August 15, 2003

Everett Alvarez, Jr.
Chairman
CARES Commission
Department of Veteran's Affairs

Dear Mr. Alvarez:

The University of Cincinnati College of Medicine strongly supports the Capital Asset Realignment for Enhanced Services (CARES) Commission for the VISN 10 western market. As you know this part of VISN 10 contains the VA medical centers in Cincinnati and Dayton. Our two programs 54 miles apart are included in the review by CARES.

I would like to emphasize that the University of Cincinnati College of Medicine and the Cincinnati VA Medical Center have an extraordinarily close and productive relationship. Our strengths in research and education have been fully utilized by the VA and provide College of Medicine faculty, students and residents with an extraordinary opportunity to provide top quality care to our veterans.

We also share a commitment the Cincinnati VA Medical Center to enhance our research productivity both in basic research and clinical research. We believe this has a direct benefit to our care of veterans as we can bring the latest discoveries to their bedsides. We hope the CARES Commission will consider the proposed new research building in Cincinnati as a means to enhance our clinical understanding of disease and to improve our care for veterans.

We are extraordinarily proud of our relationship with the VA and the very bright future that we shall share together.

Sincerely,



William J. Martin II, M.D.
Christian R. Holmes Professor and
Dean, College of Medicine

C: Dr. Creighton Wright
Mr. Carlos Lott