

STATEMENT  
Senator John D. Rockefeller IV  
Capital Asset Realignment for Enhanced Services Commission (CARES) Hearing  
Durham, North Carolina  
September 12, 2003

I would be remiss if I did not take this opportunity to comment on the CARES draft national plan prior to the Commission's submission of their final recommendations to the Secretary of the Department of Veterans Affairs. The CARES initiative is of enormous importance to me. First and foremost, I am concerned about the impact of CARES on the VA medical centers in my state of West Virginia. Secondly, I am concerned about inpatient services in our smaller facilities and long-term care and specialty care beds within the VA health care system nationwide.

I have been a member of the Senate Committee on Veterans' Affairs since first elected to the Senate in 1984. I care deeply about the veterans of this country and have worked long and hard to help ensure that VA has the tools needed to provide our Nation's veterans with quality health care in a timely fashion. I remain committed to that goal.

I also understand that the efficient use of VA's health care facilities and adequate funding are critically important to the future of the VA health care system. However, I believe it is imperative that any action to realign and redistribute VA resources, to accommodate areas with a large concentration of veterans, should not be taken at the expense of veterans living in less populated rural areas and who rely upon our smaller VA medical centers.

We have four VA medical centers in my state of West Virginia -- Beckley, Huntington, Clarksburg and Martinsburg. Each is in a separate VISN and none are tertiary hospitals. Yet, these four VA medical centers are life lines for literally thousands of veterans whose only health care service, both inpatient and outpatient, is provided by the Department of Veterans Affairs.

Many West Virginia veterans are forced to travel regularly to tertiary facilities for specialty care. While this is not unreasonable in some circumstances (e.g., Clarksburg to Pittsburgh), it is not realistic in others (e.g., Beckley to Richmond). The trip from Beckley to Richmond is a 5-hour drive and places an enormous burden on sick veterans. In some cases, even the drive to Salem can be too long. We cannot lose sight of the fact that many veterans are already driving more than an hour to their VA medical centers in order to begin the trip to the referral centers. And this is not a situation specific to my state of West Virginia.

I understand that there are some services that can only be provided at our larger tertiary hospitals, and to do otherwise could place our veterans at great risk. However, the CARES initiative is an excellent opportunity to address the referral patterns to ensure

that services such as specialty appointments, pain clinics, MRIs, etc, are being provided to the extent possible close to where the veterans live. In the case of West Virginia, I would like to see more referrals among our VA medical centers in spite of being in four separate VISNs. This could be of particular importance for the Beckley and Huntington VA Medical Centers. Referrals could also be done between Beckley and Clarksburg for such specialty care as gynecology and inpatient mental health care. The referral patterns need to be seriously addressed.

Approximately one-half of the veterans living in West Virginia today are over the age of 60, and many of them are decorated combat veterans. This rapidly aging population not only places a heavy demand on VA for hospital care resulting from acute episodes of chronic illnesses, but also for nursing home care. I think the same can be said across the Nation.

For a number of years, I have been concerned that VA may have gone too far in closing inpatient beds at our VA medical centers. Now the CARES plan calls for closure of another 6000 beds, including long-term care and mental health beds. I regret that.

I was disappointed to learn that the demand for long-term care did not receive any attention in the CARES plan, and I cannot understand why VA would postpone addressing the need for long-term care while at the same time closing long-term care beds. This sends a signal that long-term care is not the vital component of veterans' health care that it should be, and I hope you understand that.

In essence, I urge you to keep in mind that while we prepare to accommodate the future demand on the VA health system in all areas of care, and within VA's total mission, we must still be able to cope with the present demand.

I was pleased to see that the CARES plan endorses the need for the proposed nursing home addition for the Beckley VA Medical Center. The planning money for this project was appropriated by Congress several years ago, and the planning is complete. I urge VA to move this critically needed project forward quickly.

Another concern for the Beckley VA Medical Center is an improved entrance into the medical center. This project first surfaced in 1984, and it has continued to be included, off and on, in small construction requests submitted to the VISN. The local fire department has written VA with concerns about the narrowness of the street leading to the entrance of the facility, and the possible traffic hazards during multiple vehicle emergency response to the medical center, which could place both patients and employees at great risk.

The current nursing home beds at the Beckley VA Medical Center are on the fourth and sixth floors, increasing the risk for our most vulnerable inpatients should there be an emergency. I ask that this vitally important project be addressed in relation to the construction of the planned nursing home facility.

Lastly, I want to take this opportunity to iterate my concern about VA's fourth mission, to serve as the primary medical back up to the Department of Defense during times of war or natural disaster. Originally, I am concerned that the CARES process was not designed to reflect the threats that this country currently faces. As we all know, the possible impact of combat, with the resultant need for beds – both as backup to DoD and for those discharged with in-service injuries – could tax VA's health care system. It is essential that we ensure that VA is prepared to handle a possible sudden influx of patients needing life-support care.

I appreciate the opportunity to share my support for the VA medical centers in my state of West Virginia, the thousands of veterans in West Virginia who use these facilities, and for the veteran population nationwide. It is my sincere hope that you will give the comments and concerns of all stakeholders the attention deserved.

I thank Chairman Alvarez, and the Commission members and staff, for their hard work and the time given to make this important CARES initiative one that we can all be proud of today, as well as in the years ahead. Our Nation's veterans deserve no less.

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**STATEMENT OF CONGRESSMAN J. RANDY FORBES, VA04**  
**Capital Asset Realignment for Enhanced Services (CARES) Commission**  
**September 12, 2003**  
**Durham, NC**

I was pleased to hear the news from the Department of Veterans' Affairs concerning their Capital Asset Realignment for Enhanced Services, the CARES program. As a representative of all veterans living in the 4<sup>th</sup> District of Virginia, access to affordable health care to those who have given so much for our nation is an important goal of mine.

Health care for our nation's veterans should be easily accessible and this realignment plan will help ease the hardship on those folks by lessening commuter time and truncating the waiting period now a common part of health care access.

I strongly support the option for an outpatient clinic offering primary care services to be located in Emporia. The savings incurred by the utilization of these clinics will be passed on to those using the Department of Veterans' Affairs' many services.

In Virginia, 142,000 veterans are enrolled in the Department of Veterans' Affairs health care system. A great amount of the veterans from my district must travel a long distance to see their primary care provider. I believe those who gave so much for their country should not have to drive for miles to see a doctor for basic medical needs. Keeping our commitment to our veterans requires us to give them the option of visiting with a doctor within a reasonable distance.

Through my work in the House and with Secretary of Veterans' Affairs Anthony Principi, I will work to offer all veterans a better quality of life. I look forward to the next few months as the CARES Commission weighs the option of establishing a clinic facility in Emporia, Virginia and a final decision is made by Secretary Principi.

September 9, 2003

Mr. Richard E. Larson  
Executive Director  
CARES Commission  
810 Vermont Avenue NW  
Washington, D.C. 20420

Dear Mr. Larson:

I write today to express my concerns about the VA's Draft National Capital Asset Realignment for Enhanced Services (CARES) Plan.

I represent the Seventh District in North Carolina, which falls within the Southeast Market of the Veterans Integrated Service Network (VISN)-6. Currently, the Fayetteville VA Medical Center (Cumberland County) and the Wilmington VA Clinic (New Hanover County) serve the veteran population in my district.

As you may know, southeast North Carolina has continued to experience enormous growth within its veterans population. In addition to being the home of important military installations, including Fort Bragg and Pope Air Force Base, the area is widely known for its pristine beaches and recreational activities. These amenities make the area a popular destination for retirement, and I am proud that so many of our courageous service men and women either move to or remain in the area after their retirement.

However, with this increase in the veterans population comes the important issue of how best to serve our veterans' health care needs. Southeastern North Carolina is a rural area and although it is represented by two commendable VA facilities, access to care remains limited. Both the Fayetteville and the Wilmington clinics are operating over their budgeted capacity, and there is concern that if these facilities are not expanded, they will face difficulties taking new patients.

In March, the VISN-6 Draft Network Plan was released. I am pleased that the plan effectively recognized these access and capacity concerns and proposed two additional community-based outpatient clinics (CBOCs) in my district – one in Supply (Brunswick County) and one in Lumberton (Robeson County) – in addition to an expansion of the Wilmington VA Clinic to a satellite outpatient clinic and an expansion of the Fayetteville VA Medical Center. Unfortunately, the VA CARES Draft National Plan did not provide for these additional CBOCS. While I am pleased that it provides for

an expansion of the Wilmington and Fayetteville facilities, I am extremely disappointed that proposed additional sites were ignored.

I have become increasingly concerned as I talk to veterans in my district that their needs are simply not being met. Being from such a rural area with a high veteran population, it seems irresponsible that the VA would leave out VISN-6's proposed CBOCs. According to the draft national plan, CBOCs were proposed for the Southwest and Northeast Markets in VISN-6, however, the Southeast and Northwest Markets were not included for new CBOCs. I am confident that VISN-6 representatives are fully aware of the access issues in their market areas, and according to their plan, new CBOCs for the Southeast Market were indicated. We should not ignore their proposal. Veterans should not be forced to drive long distances to receive medical attention. Unfortunately, without these new facilities, they will be.

While these new CBOCs are critical to meeting the health care needs of our veterans, it is also important that the expansion of the Wilmington and Fayetteville clinics remain a part of the final plan. Currently, the draft national plan proposes expanding the Wilmington facility to a satellite outpatient clinic in order to offer specialty care services not previously offered. This addition would be extremely beneficial to the veterans in my area and the state, as the expanded facility would become the third satellite clinic in North Carolina. Access to primary care would also be expanded since the facility would receive an addition of approximately 70,000 to 85,000 square feet to better house patients.

The draft national plan would also expand the Fayetteville VA Medical Center, which currently operates in antiquated facilities. The proposed plan calls for an expansion of the outpatient facility and an additional 110,000 square feet. Because the Fayetteville clinic is such an important facility to veterans in North Carolina, it is important that it remains in the proposed national plan.

I implore the CARES Commission to study the draft national plan carefully and realize that additional CBOCs are needed in the Southeast Market of VISN-6 in addition to the expansion of the Wilmington VA Clinic and the Fayetteville VA Medical Center. Without them, our veterans will continue to be forced to spend countless hours driving to and from facilities long distances from their homes. I am confident that the addition of space, services and resources for our veterans will enable them to receive the care they deserve.

I appreciate your consideration, and I look forward to your response.

Sincerely,

Mike McIntyre

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