

CARES commission meeting, Durham NC Sept. 12,2003

To our host, VISN 6, members of the CARES commission, fellow veterans and guests.....Good morning.

My name is Art DeWitt, a navy veteran of the Korean vintage and also a grateful patient at the VAMC Asheville. I'm here today, by invitation, representing BRAVOS (Blue Ridge Advocates for Veterans Outpatient Services) of western North Carolina. We're located in the town of Franklin, county of Macon. One of the 6 western counties west of the Asheville area and with a CARES projection of 11,618 veterans by 2004 and a 2001 VAMC enrollment of 3599 VA patients at the medical center in Asheville. This in itself identifies the need for the outpatient clinic recommended by VISN 6 for Franklin, North Carolina.

BRAVOS's mission is to honor veterans by advocating and fostering new opportunities that procure the general welfare of veterans life in western North Carolina, so I plead our case...

Noting the light tan areas of my map which are mountainous terrains and slower to travel than the flat lands is explained in your July, 2003 Qs & As on page 3 it states "a veteran should only have to travel 35 miles (15 miles if mountainous) to a Critical Access Hospital. This tells me it takes twice the travel time to get to adequate health care in the mountains of western NC. So a CBOC in Franklin should alleviate time and stress on WNC veterans requiring certain types of health care.

As to infrastructure, BRAVOS has secured support from Angel hospital, Macon County Health Dept., pharmacies, Americal Legion, VFW, Marine Corps League and over 1600 signatures from residents of Macon county.

It is our hope CARES will recommend this CBOC to the honorable Anthony J. Principi, Secretary of Veterans Affairs in Washington, DC.

Thanks again for inviting our individual opinions of veterans health care issues at this CARES commission meeting.....Art DeWitt, chairman BRAVOS.

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North Carolina
Department of Administration

Michael F. Easley, Governor
Gwynn T. Swinson, Secretary

Charles F. Smith
Assistant Secretary for Veterans Affairs

TESTIMONY OF

CHARLES F. SMITH

ASSISTANT SECRETARY FOR
VETERANS AFFAIRS
NORTH CAROLINA DIVISION
VETERANS AFFAIRS

BEFORE THE
CAPITOL ASSET REALIGNMENT
ENHANCED SERVICES (CARES)
COMMISSION

SEPTEMBER 12, 2003

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PUBLIC COMMENT FORM

Public Hearing September, 12, 2003

Durham - VISN 6 – All Markets

The North Carolina Division of Veterans Affairs welcomes this opportunity to comment on the Draft National Capitol Asset Realignment for Enhanced Services (CARES) Plan and how it relates to particular markets and how these markets provide for veterans residing in North Carolina. We also appreciate the work already accomplished by the Commission and Veterans Integrated Service Network (VISN) Number 6.

As you noted in your invitation to testify, the CARES Commission was established by the Honorable Anthony J. Principi, Secretary of Veterans Affairs to improve healthcare services for veterans and to submit these recommendations to the Secretary for his decision.

Before we proceed with our observation, I would like to comment briefly on the role and purpose of the North Carolina Division of Veterans Affairs which may contrast with other Veterans Organizations represented here today. The Division is an agency created by the North Carolina General Assembly in 1945 to serve the veterans of North Carolina. We represent the voice of State Government with statutory responsibility to serve and assist veterans and their families. The responsibility extends to the care of all veterans residing in our state, regardless of which organization they may belong. There are currently more than 770,000 veterans living in North Carolina. The State's veterans population continues to grow. The Division is organized into 15 District Offices and 91 County Veterans Service Offices strategically located throughout the State to provide service to all 100 North Carolina counties. These are highly trained individuals dedicated to serving all veterans and their families. The Division also operates three (3) State Veterans Cemeteries, State Veterans Nursing Home, with a second home to open in January, 2004, and a State Service Office located in the United States Department of Veterans Affairs Regional Office to present claims to the United States Department of Veterans Affairs submitted from the Counties and Districts.

Adequate Veterans Affairs healthcare for veterans is essential. Our concerns deal with a number of issues regarding the total care of veterans. The priorities are as follows:

• Ensure that all North Carolina Veterans have access to primary healthcare within a one-hour commuting distance. Currently, some of those veterans afforded VA healthcare must commute great distances to receive care, and others are not afforded VA healthcare because of the long commute. The establishment of Community Based Outpatient Clinics (CBOC's) are of utmost importance to accomplish this objective. I fully support the VISN's plan to establish new CBOC's, but the plan to establish additional CBOC's needs to be accelerated, to have all planned CBOC's established within four (4) years. Funding is a major obstacle to address. Currently, the VAMC's must allocate funds from their funding allocation to establish and operate CBOC's. It is recommended that the funding for the CBOC's be appropriated separately, much in the same way as funding for the State Veteran Homes program. The State Veteran Home program is a separate fund for construction and operations.

• Ensure that all North Carolina veterans have access to in-patient and specialty care within a reasonable commuting distance and that they are scheduled for an appointment within a reasonable period of time. Ensure that mental health services are provided at all CBOC's.

• Increased coordination between the Veterans Healthcare Administration and the Veterans Benefits Administration. These two (2) arms of the United States Department of Veterans Affairs do not communicate consistently; in some cases, there is no communication.

Better communication between VHA and VBA will better serve the veterans and those trying to assist veterans. The veteran sees the VA as one; they don't usually make a distinction.
Enhanced communication will reduce workloads for all concerned. It will improve outreach and provide for less frustration for those we are all trying to assist. There are a number of areas where outreach will better serve veterans. VBA has the capability to identify special categories of veterans and refer that information to VHA, i.e., Hepatitis C veterans, Ex-POW's.

X | • Funding of Healthcare is critical to the entire program. Currently, VA healthcare funding is discretionary. Mandatory funding is necessary to provide adequate healthcare for veterans. Too many times healthcare is delayed or denied due to a lack of funding. The funds should follow the veterans who move to North Carolina. The veteran population in North Carolina has increased at the rate of about 6% per year, but the funding has not followed the veterans. North Carolina ranks 10th of 50 states in veterans population, but 41st in per capita healthcare spending. The current medical facilities are overcome by the number of veterans seeking care. Additional CBOC's will help eliminate the backlog.

| • CARES does not address long-term healthcare, but one issued should be addressed regarding care for veterans at State Veterans Homes. Veterans who are receiving primary care from the VA are discontinued from the primary care rolls, if they are admitted to a State Home. This does not provide good healthcare for our veterans.

In closing, NCDVA is ready to assist in any way to ensure that quality healthcare is provided to all eligible veterans.

**STATEMENT OF
JACOB N. STAFFORD
DEPARTMENT OF WEST VIRGINIA
OF THE
DISABLED AMERICAN VETERANS
SPEAKING ON BEHALF OF
VISN 6 VETERANS ADVISORY COUNCIL
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICE COMMISSION
DURHAM, NORTH CAROLINA
SEPTEMBER 12, 2003**

Mr. Chairman and Members of the Commission:

On behalf of the Disabled American Veterans Department of West Virginia and its Auxiliary, and VISN 6 Veterans Advisory Council members, I am pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) plans for VISN 6.

Since its first National Convention in June 1921, the DAV has had one, single purpose: building better lives for America's disabled veterans and their families. Department of Veterans Affairs (VA) health care is one of the most important benefits of America's sick and disabled veterans. The VISN 6 VAC is pleased to support the proposed CARES package by this VISN. But most members still have some apprehension as to the effect on the Veterans Health Administration (VHA) based on the final decision of CARES.

We are concerned if the funds saved by CARES will be spent on VA health care. Additionally, will the Administration and Congress approve a VA health care budget that will provide adequate funds for an already under funded VA health care system? If a sufficient VA health care appropriation is approved and significant savings are realized as a result of the CARES process, then CARES would have a lasting and positive effect on the VA health care system.

The CARES program as projected or proposed will be good for veterans and will help meet their health care needs. More veterans will have better access to health care at more sites in North Carolina with the proposed six new outpatient clinics and the improvements to the infrastructure at the four VA Medical Centers (VAMCs) in North Carolina. This will improve the access to VA health care for a growing veterans' population.

Virginia's three VAMCs are proposed to have infrastructure improvements made to increase access for more outpatient and inpatient care, which will provide much better access to an increasing veterans' patient load at these three VAMCs. With these improvements, there is a proposal of three new outpatient clinics to improve access for veterans.

The Beckley, West Virginia VAMC has a problem that most other VAMCs do not have: accessibility for veterans. If a veteran lives 40 miles away, it can take one hour or more to reach the VAMC. Some veterans live 70 to 90 miles away, and it can take 2 1/2 hours to get there.

For veterans needing specialized health care services at Salem, Virginia VAMC, it could take another 2 1/2 to 3 hours of travel time. At Richmond, Virginia, or Durham, North Carolina VAMCs, it is another 6 hours from Beckley, West Virginia. Most of these specialized appointments will take the veteran away from home for two to three days. The long travel time and hospital stay will not allow the veteran to have family support in his time of illness. This also taxes the veteran's income because of the extra cost, a cost that most cannot afford. In some cases, it may take away from his or her needs for basic necessities, such as food, heat, rent, or clothing.

The economy is not very good, our roads have a lot of curves and wind around mountains, not freeways or near level terrain that most states enjoy. One good example: from Oceana, West Virginia to the head of Buffalo Creek, it is 2 1/4 air miles, but by car, it is 38 miles.

The proposed plan for Beckley VAMC, to convert it to a critical access hospital, is a lot better than closing. But can the VA save funds by doing this? Contract medical services will cost two or three times more than a staff doctor's salary.

The proposed replacement nursing home is a much needed addition to the Beckley VAMC and in Southern West Virginia. The aging population of West Virginia veterans is growing, and the nursing home is needed very much. This would help the economy and our aging veteran population to get long-term nursing home care. Private nursing homes do not have the expert knowledge of taking care of wartime injuries or illnesses. Planning has been completed, and all studies are in place.

West Virginia has an unusual problem that most states do not have. We have four VAMCs, each in a different Veterans Integrated Service Network (VISN). Each of these VISNs (4, 5, 6, and 9) has a slightly different policy on VA health care, and it is hard for our state veterans service organization representative to keep track of how each facility is operating. Our market share is 37 percent, nearly the highest in the nation. Most of the time, because our VAMCs are smaller facilities in the different VISNs, we are on the short end of the stick when funding is handed out. THE VA says we have not lost any services in West Virginia, but any time the cost goes up for what should be free VA health care, something has been lost. Extra cost for the veteran to travel to Richmond, Durham, Salem, Cleveland, Lexington, Pittsburgh, Baltimore, Washington, D.C., or other long-distance travel, costs veterans money, and equates to a loss of services.

I believe I speak for most veterans in VISN 6 that have been involved in the CARES process. The VISN 6 Director has tried to keep veterans informed on CARES, and has provided up-to-date information as it becomes available. A special thanks to the VISN staff and to the CARES Commission.

Thank you for providing me the opportunity to present our views on these proposals, which are most important to America's sick and disabled veterans and the VA health care system.

**STATEMENT OF
GEORGE N. HUNT
PAST PRESIDENT
NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE
OFFICERS
BEFORE THE
CAPITAL ASSETS REALEIGNMENT FOR ENHANCED SERVICES
COMMISSION
(CARES)
DURHAM, NORTH CAROLINA**

SEPTEMBER 12, 2003

Chairman Alvarez and Commission Members, it is my pleasure to represent the County Veterans Service Officers of North Carolina at this hearing today. We take great pride in being the local veterans advocates with offices in 85 of the 100 counties of North Carolina. Everyday we sit across desk from veterans and their dependents listening to their concerns and needs relating to Veterans Administration Health Care and Benefits.

We interface with the Veterans Administration at the local levels from VA Medical Centers to, Community Out Based Clinics, Out Patient Clinics and Vet Centers. Everyday we deal with the problems arising from lack of transportation, missed appointments, lost prescriptions, to the veterans inability to understand their doctor's instructions. We are the veteran's advocates with the Veterans Administration on a daily level.

With this in mind I'm here today speaking for the veterans we serve and providing our suggestions for additional resources for VISN 6. Clearly there is a need for additional funding along with realignment of existing funds to meet the needs of shifting veterans population not just in VISN 6 but throughout the nation.

OUTPATIENT CARE:

VISN 6 in concert with its stakeholders produced a plan that was farsighted and offered stability plus long term answers to the growing needs of its veterans for outpatient care. Over the year's veterans have been faced with long commutes and equally long wait times at the VA Medical Centers Clinics. With the development of CBOC's locally there has been a reduction of both travel and wait time in parts of the VISN. Yet we still have veterans who travel two hours each way to a VA Medical Center for treatment. At a time when the average age of veterans is increasing we must make sure they are able to get the care so needed. Now is the time to press forward and meet the needs of our veterans

Three areas of VISN 6 need additional help, the Southeast, Southwest and Northeast Markets, Under the Veterans Administration proposed plan the number of new CBOC's planned for VISN 6 is nine and none of those are allocated to the Southeast market. Even with the expansion of Wilmington's CBOC to a Satellite Outpatient Clinic the veterans in Burnswick County will continue to experience a capacity gap due to the influx of retired veterans into the county. Outpatient growth is and will continue to be the critical issue throughout the VISN as the number of veteran's increases every year. Let's not be penny wise and pound foolish as we budget for an area that is experiencing explosive growth in veteran's population.

Through heroic measures the VISN has managed to reduce the waiting list to the current level and only through aggressive planning and increased budgeting will VISN 6 be able to provide the care our veterans so richly deserve.

Even though Long Term Care isn't included in CARES I would be remiss if I did not comment on the need for the VA to address this critical need among our senior veterans. As one advocate stated when advised that the VA's plan was to provide more long term in home care "the person you are relying on to care for the 85 year old veteran is also in her 80's" so who will help her 24/7? Aging veterans are requiring more Long Term Care and they are looking to the VA for help.

Thank you for allowing me to share the views of the County Service Officers as you plan for the future.