

STATEMENT FOR THE RECORD

Of

**Vietnam Veterans of America
Texas State Council**

Submitted by

**Bill Meeks,
President
VVA Texas State Council**

Before the

CARES Commission

Regarding

Draft National CARES Plans

Presented At

**El Paso VA Health Care System
VISN 18
Fort Bliss, Texas**

September 18, 2003

Good morning, my name is Bill Meeks; I am President of Vietnam Veterans America (VVA) Texas. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the El Paso VA Health Care System, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 18 in El Paso, Texas for care and treatment.

The original concept for assessing the real-estate holdings and plans for the disposition of “excess” properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has so many buildings at various facilities that are expendable.

Vietnam Veterans of America (VVA), Texas State Council applaud this commission for their effort in increasing services for veterans in the state of Texas; however we have grave misgivings about the proposed market plan before you to close the VAMC in Waco Texas.

Mr. Chairman, the state of Texas has the third highest population of veterans in the country. With this in mind, why would it seem that this commission would decrease the already limited services to our veterans in Texas by closing the Waco VA? At a time when veterans in Texas and throughout this country are waiting 3 to 6 months or sometime a year for an appointment, do you actually expect these men and women who served this county in times of war, to make another sacrifice, I don't think so.

The Texas State Council of Vietnam Veterans of America (VVA) WILL NOT support this proposed decision to close down the Waco VA Medical Center in Texas. We feel that this commission needs to reevaluate their decision based on the real needs of our Veterans in the state of Texas.

Also, the proposed National Draft CARES Plan entitled VISN 18 Special Disability Program Planning Initiatives DID NOT include PTSD, Substance Abuse Counseling and Spinal Cord Injury. VVA's founding principle is "Never again will one generation of veterans abandon another"; we do not want this commission to abandon these programs which are vital to the VA for the care and treatment of the brave military men and women who are returning home from the war in Iraq and to those who served this country in past wars.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to submit our statement for the record on behalf of Vietnam Veterans of America (VVA) Texas State Council.

**STATEMENT OF
JOHN McKINNEY
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN**

SEPTEMBER 18, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 18. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process. Additionally, when the CARES process began and projected veteran population figures were provided, the war in Iraq had not yet started. We now see an ever increasing number of veterans being added to the potential VA population, thus increasing the initial planning figures which should be considered in future treatment planning.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- ? Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- ? Adequate funding for the implementation of the CARES recommendations.
- ? Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 18-NEW MEXICO/WEST TEXAS MARKET

The veterans in this market are serviced by VA Health Care Systems in Albuquerque, New Mexico, Amarillo, Texas, Big Spring, Texas and El Paso, Texas.

Access

The CARES initiative projected a shortfall in this market in access to tertiary care and hospital care. The DNP proposes the expansion of the joint venture with the Department of Defense (DoD) in El Paso. The plan is to have VA occupy and staff an inpatient medicine and psychiatric ward at William Beaumont Army Medical Center. The American Legion is adamant about the importance of VA staff managing the inpatient care. It is our belief that Army staffing is unreliable due to deployments, reassignments and the daily requirements of military service. Patients need stability in staff, not mobility.

In New Mexico, the plan proposes to enhance access to hospital, emergency, mental health, and psychiatry care through contracts at Roswell and other locations in the state. VA is a provider of care, not a purchaser of care. The blanket statement that access shortfalls will be taken care of through contracting is unacceptable. Veterans want to get their care at VA facilities and they want to be treated by VA staff. Veteran health care is unique and VA is the best provider of that care, they are the experts. We cannot afford, veterans cannot afford, and the nation cannot afford for that expertise to slip at any time. We do, however, acknowledge the time-distance factors associated with geography and where veterans live versus where existing VA care facilities may be located.

Campus Realignment/Consolidation of Services/Small Facility

The DNP proposes to designate Big Spring a Critical Access Hospital (CAH). This is a new concept for VA and they have yet to publish their own set of criterion to define a functioning CAH. VA is currently using criteria as outlined by the Centers for Medicare and Medicaid Services (CMS). In order to be designated as a CAH under CMS a facility must meet the following guidelines:

- Must be located more than 35 miles from the nearest hospital;
- Must be deemed by the state to be a “necessary provider;”
- Must have no more than 15 acute beds (with up to 25 beds total)
- Cannot have length of stays (LOS) greater than 96 hours (except respite/hospice);
- Must be part of a network of hospitals;
- May use physician extenders (Nurse Practitioners or Physician’s Assistants or registered Nurse Midwives) with physicians available on call.

Because CAHs are new to VA and the CARES process, The American Legion will be vigilant in monitoring the publishing of VA criterion regarding it’s own designation of CAHs. We will also be paying close attention in the future to ensure that a designation such as this one is not the next step in the process of closing the facility altogether.

In addition to this new designation, the DNP proposes to close inpatient surgery at Big Spring and use community contracting instead. The American Legion questions whether this will be a cost-effective measure for providing care to veterans. Community contracting can be risky, with the community unable or unwilling to work with VA on

their particular needs. Continuity of care for the veteran is another concern of The American Legion's when you consider contracting care in the community. Every time a record needs to be moved, the chances that it will be lost increases. Again, we acknowledge possible staffing issues concerning the ability of Big Spring to attract and retain qualified personnel in surgical specialties and the number and types of surgeries required of any one surgeon to retain his expertise

Another plan for Big Spring is to study the feasibility of transferring acute inpatient, outpatient specialty, nursing home, and mental health care to the Odessa/Midland area. The American Legion believes this is a nebulous proposal and is only setting the stage for further closings in the Big Spring area. Additionally, considering the geographic area covered by the Bog Spring facility, moving treatment west only increases the time-distance for those located east. County-by-county veteran population may need to be seriously considered before any decision to relocate services is suggested.

Extended Care

The American Legion supports the proposed nursing home renovations in the areas of Albuquerque and Amarillo.

Enhanced Use

Albuquerque is considering a multi-use project that includes collocation of the VA Regional Office, a hoptel, and an assisted living facility. The American Legion supports this plan. The convenience of one-stop-shopping is a plus for the veteran and will enhance services provided to the veteran. This is particularly important when you consider that many veterans going to Albuquerque are not familiar with the area and, in many cases, do not themselves drive due to age, disabilities or other factors. Consolidation will significantly enhance their access to the VA.

Thank you for the opportunity to present today on this very important CARES initiative.

**STATEMENT OF
EDWIN G. COOKE
NATIONAL SERVICE OFFICER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
EL PASO, TEXAS
SEPTEMBER 18, 2003**

Mr. Chairman and Members of the Commission:

On behalf of the members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 18.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of health care services, with some 4,800 significant buildings. Quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services—blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services—that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services of spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law.

Additionally, we will remain ever vigilant and monitor the VA to ensure their focus is on the most important element in the process: enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members are aware of the CARES Market Plans and what the proposed changes would mean for the community and surrounding area in VISN 18. Stakeholders in all division areas have noted gaps in hospital care access, capacity shortage, primary care capacity shortage, domiciliary care, and nursing home care accessibility. With the addition of community-

based outpatient clinics (CBOCs), the New Mexico/West Texas (NM/WT) Northern sub-market generally demonstrates sufficient access to both primary care and inpatient services. However, the NM/WT Southern sub-market continues to show historically isolated areas where referrals to very distant hospital care facilities and the El Paso independent outpatient clinic are the norm. We are gratified that the market plans take into account additional planning to ensure that veterans have reasonable access to the fullest continuum of care possible by use of contracting and expansion of the joint venture with the Department of Defense (DoD) at El Paso as these are very likely to increase access to specialized care. Moreover, stakeholders note that the Southern New Mexico and the El Paso area especially, remain two of the largest communities in the country in terms of veterans population without a VA Medical Center (VAMC). We believe the evolution of the El Paso outpatient clinic into a full care facility, either through enhanced services at the outpatient clinic or in conjunction with DoD planning in this area would be most beneficial to the veterans of this sub-market area.

No discussion of services within this VISN is complete without special attention being focused on the significant travel time necessary for veterans accessing primary care, hospital care, and tertiary care. Of special note to the aging veteran population is nursing home care, which has been limited by the absence of VA nursing home centers and contracting outside the Albuquerque area. The hardship devolving to a loved one of a nursing home care patient, who must travel at times in excess of 250 miles in order to visit a veteran, highlights the necessity for contracting outside the Albuquerque area.

The entire VISN 18 market area is projected to increase in population at least through the year 2010. While there may be projections noting a return to levels of services required at only 5 to 10 percent above those currently needed, this temporary shortfall, in our estimation, can be addressed through contract care in the private sector.

In essence, we concur with the solutions proposed to realign and enhance the resources in VISN 18. We feel the solutions are a straightforward and common sense approach to the aforementioned gaps in services. The main focus is primarily the accessibility of care, whether standard or specialty care. If veterans are unable to access the necessary medical care they are in need of, then the entire point of providing medical services to those who served is frivolous. The aforementioned proposals incorporate the ability to both redirect funding to allow for more access to the veterans in VISN 18, as well as the accessibility through specialized care through private and/or continued VA means. The outcome expected is that for which CARES was established: to properly estimate the comprehensive health care needs of veterans and to ensure access to required services while providing the best possible care. We concur with the proposal for VISN 18 and look forward to implementation of these programs.

In closing, the local DAV members of VISN 18 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.