
**Statement of
John W. Hickey, Director of Rehabilitation and Service Officer
The American Legion, Department of Indiana
Before The
Capital Asset Realignment for Enhanced Services (CARES) Commission
On
The CARES Plan**

August 20, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity to express 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 Service Network (VISN) 11. As a veteran and a stakeholder, I am honored to be here today.

The Government designed and built the VA health-care system when inpatient care was the primary focus and long-term inpatient stays were common. Advances in healthcare and the geographic shifting of the veterans population over the years has made VA's medical system less efficient and has caused medical care accessibility problems for veterans. Approximately 10 years ago, VA began to shift from a traditional hospital based system to a system more focused on outpatient care. VA's infrastructure utilization and maintenance has not keep pace with new methods of providing medical services. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA was spending approximately \$1 million a day on unused or vacant space. The 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; thus, the birth of CARES in October 2000.

In June 2001, CARES conducted a pilot program in VISN 12. Many CARES VISN 12 recommendations, such as, co-location of the Chicago VA Regional Office at a VA Medical Center, and the closing of Chicago's Lakeside VAMC are already scheduled for implementation. Indiana's Department of the American Legion therefore takes VISN 11 CARES recommendations, and, more specifically, CARES recommendations involving Indiana Veterans very seriously. We therefore offer the following comments concerning local CARES recommendations:

First, thank you. Thank you for proposing expansion of primary care services by adding new Community Based Outpatient Clinics (CBOC)s in Elkhart, Miami, Hamilton, Bartholomew, Hendricks, Johnson and Morgan Counties. Favorable action on this recommendation will allow many more veterans access to VA healthcares services now essentially unavailable due to distance, driving time, and, in many cases, the veteran's limited physical endurance to reach the appointed destination of a major VA medical facility.

Thank you also for promoting innovated medical delivery techniques, such as, telemedicine-networking systems at tertiary level facilities. These new systems can provide care and consultation services to the veteran in either another Veterans Hospital Administration (VHA) facility or at his or her home. Telemedicine will particularly assist dementia, Alzheimer's, Parkinson's, and the Spinal Cord Injury (SCI) patient, and the older veteran with ambulation issues. We understand Telemedicine can also significantly reduce the number of emergency room and other medical visits, and help prevent some future hospitalizations.

CARES proposes to demolish several old unusable buildings at the Marion, Indiana VAMC Campus, and convert the additional 9 acres to National Cemetery space. The buildings are obsolete, serve no real purpose, and drain unnecessary tax dollars. Furthermore, the National Cemetery in Marion is the only National Cemetery in Indiana open for burial of recently deceased veterans. Recommendations like this demonstrate and justify the formation of the CARES Commission.

Thanks once again for proposing Blind Rehabilitation services at more VISN 11 VHA facilities. Low vision or blind veterans should not always have to leave their home for weeks at a time to receive blind rehabilitation training if the same training can be accomplished at a local VA facility.

The CARES Commission also applied good judgment when it decided to scrap one of its initial proposals of moving the Indianapolis VA Regional Office (VARO) to Marion, Indiana. Thank you. You will find no opposition from us with the current proposal of co-locating Indiana's VARO with the Indianapolis VAMC.

All are not roses though. We are absolutely opposed to the CARES proposal of closing inpatient medical services at the Fort Wayne VA Medical Center. This is a very serious recommendation evading all forms of reasoning.

The Fort Wayne VAMC is a very busy hospital, currently having a daily inpatient count ranging anywhere between 15 and 30 or more. The nearest full service tertiary VA facility is approximately 120 miles away in Indianapolis. Fort Wayne is the second largest city in

Indiana. Fort Wayne sets in Allen County having a total veteran's population of 28,160. Adjacent Indiana counties of Dekalb, Noble, Whitley, Wells, and Adams have a total veterans population of 12,436. The other 10 Indiana counties in the old Fort Wayne VAMC "jurisdiction" have a veteran's population totaling 61,823. In addition, acute medical bed inpatient services have already been closed at the Marion, Indiana VA Hospital forcing 52,359 veterans in the 8 counties of the old Marion, Indiana service area jurisdiction to rely on the Fort Wayne VA facility for inpatient services. This totals 154,778 Indiana veterans plus a large number of Ohio veterans either eligible now or having potential eligibility for using this VA healthcare facility setting in a county boarding the state line. *

In addition, CARES recommends the addition of seven new CBOCs in Indiana bringing the total to 20. This is a good thing, but it will obviously increase the number of veterans being served by VA, and, in return, further increase the need for acute inpatient medical services.

VA contends the veterans' population is dropping and will continue to decline due to deaths of WW II veterans. VA further contends the need for inpatient services has lessen in recent years due to advances in medicine, and other yet to be developed medical advances will further reduce the need for inpatient stays. VA also contends that all veterans wanting to use the VA healthcare system are now using it, only a small percentage of veterans (approximately 21%) are using the system, and future projections of the number of veterans that will use the system can be based approximately on the percentage of veterans using the VA healthcare system now.

VA's assumptions appear misguided.

Although there are fewer veterans in the armed forces now on any given day than were serving during WW II, most WW II veterans served for 4 or 5 years. Many of today's veterans were members of the Guard or Reserve called to active duty for a much shorter period of time, sometimes only a few months. Plus, American continues to become involved in an increasing number of armed conflicts. We could therefore have at least as many veterans if not more veterans serving over the next 4 to 5 year period than had serve during all of WW II.

Yes, advances in medicine have reduced the need for inpatient medical care in recent years. VA Medical Centers, however, have already adjusted from an inpatient to an outpatient-based system. Not too many years ago we lost an entire medical center campus in Indianapolis (the Cold Spring Road facility) due to this shifting need of outpatient versus inpatient services. That change though, was not made until the advances in medicine happen. The CARES proposal wants to further reduce VA's ability to provide inpatient care services needed today even before further advances in medical care might make it possible. In fact, one high ranking VA medical administrative professional told me that it's unlikely the

advances in medicine would occur before placement of all CARES recommendations go into effect within the next 3 to 4 years.

Furthermore, many more veterans would choose to use the VA healthcare system if its current availability and access problems were corrected. Veterans continue to wait months for their first primary care doctor's appointment after enrolling, and it's not unusual for veterans to have to wait several more months for a specialty appointment after finally being seen by a primary care physician. Think of it this way; do you believe only 21% of any group of people would use a healthcare system offering high quality, timely, available, low cost or no-cost medical care, with a low cost or no-cost prescription drug service?

Also, has the Commission given thought on how discontinuing inpatient VA medical services in Northern Indiana will affect VA's ability to perform local routine outpatient surgery? How will VA attract qualified surgeons at an outpatient clinic when those surgeons would never have an opportunity to perform other than outpatient surgeries? How could a surgeon perform even routine outpatient surgery at a VA facility failing to have an ability to keep a patient overnight if something unexpected happen during the surgery? This situation would then lead to further contracting out of not only surgeries requiring inpatient stays, but also all outpatient surgeries. The other alternative would be for VA to force veterans to travel more than 100 miles away to the Indianapolis or Battle Creek VAMC for both inpatient and outpatient surgeries.

While contracting out of care is necessary in some circumstances, the wholesale use of this tool must be avoided. VA should be planning to take care of our Country's veterans. We fear excessive contracting will lead to vouchering and privatization that could lead to the closing of more VA medical centers and ultimately to the dismantling of the entire VA health care system. Congress established the VA healthcare system to take care of veterans and their unique medical needs associated with military services. Non-VA facilities fail to offer veteran orientated services. Veterans deserve better!

Thank you for offering The American Legion Department of Indiana an opportunity to present our testimony and concerns. We will continue vigilantly monitoring the CARES process and its impact on the veterans we serve.

**Vietnam Veterans of America
Indiana State Council**

**Indiana Wesleyan University Conference
August 20, 2003**

STATEMENT FOR THE RECORD

Of

**Vietnam Veterans Of America
Indiana State Council**

Submitted by

**Ralph Garcia
Secretary/Vice Chair
VVA Chapter 698**

Before the

CARES Commission

Regarding

**Draft National CARES Plans
for
Fort Wayne, IN - VISN 11**

At

**Indiana Wesleyan University Conference
August 20, 2003**

Good afternoon, my name is Ralph Garcia, I Secretary and Vice Chair of Chapter 698 of Vietnam Veterans of America (VVA) Indiana State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at Indiana Wesleyan University Conference Center regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 11, Northern Indiana Health Care System, Fort Wayne, Indiana 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 many buildings at various facilities that are expendable.

Vietnam Veterans of America (VVA) Indiana State Council believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan before you for VISN 11, in particular the length of time to get an initial appointment as well as length of time between follow up appointments at Fort Wayne, Northern Indiana Health Care System. We also feel that the current Draft National CARES Plan does not provided for the current growth of Women Veteran from past, present and future wars.

Currently, women make up 14 percent of the active force, are serving in all branches of the military, and are eligible for assignment in most military occupational specialties except for direct combat roles. The increase in the number of women serving in the military significantly impact the services provided by the

Department of Veterans Affairs (VA). Projections show that by the year 2010, women will comprise well over 10 percent of the veteran population, an increase of 6 percent over current figures.
(Department of Veterans Affairs Womens Veterans)

In accordance with the 2000 census there are approximately 23,008 women veterans in the state of Indiana and currently under this proposed plans there are **NO** plans in VISN 11 under the Enhance Services creating a separate Women clinics from other primary clinics, where physicians are sensitive to the needs of women Veterans who utilized the VA medical center at Northern Indiana Health Care System in Fort Wayne, Indiana.

Vietnam Veterans of America (VVA) Indiana State Council request that this commission take into consideration any underutilized space under the Enhanced Services in the National Draft CARES Plan and create a Women clinic separate from other primary clinics in VISN 11, Fort Wayne, Indiana.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromised 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 address the commission and I will be more happy to answer any question that the commission may have.