

INDIANA

VETERANS OF FOREIGN WARS OF THE UNITED STATES

OFFICE OF THE SERVICE DEPARTMENT

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Statement of
Paul D. Curtice, State Service Officer
Veterans of Foreign Wars, Department of Indiana
August 20, 2003

Mr. Chairman and Members of the Commission,

First of all let me thank you for this opportunity to address this Commission with the views of the Veterans of Foreign Wars, Department of Indiana, in regards to the proposals for VISN II.

Some of the proposals are going to be good for the veterans of Indiana. Proposals such as the expansion of care by adding New Community Based Outpatient Clinics (CBOC's) in Elkhart, Miami, Bartholomew, Hamilton, Morgan, Johnson and Hendricks Counties. These CBOC's will grant more access to the veterans of these Counties.

We also agree with the proposal to co-locate the VARO with the VAMC in Indianapolis and not at Marion as first proposed.

We have always been in favor of tearing down the old and unusable buildings at the VAMC Marion Campus and turning this land over to the National Cemetery Service. The additional acreage will enable the Cemetery to remain open much longer than projected.

Having said all that let's get to the closing of the Inpatient Medical Care at the Fort Wayne VAMC. This hospital is over 120 miles from Indianapolis, Indiana and Detroit, Michigan. In our opinion, much too far for referrals of patients who need hospitalization. Allen County, which is the County Fort Wayne sets in has almost 30,000 veterans. There are no longer acute medical beds available at the Marion VAMC and these veterans have already began using the Fort Wayne VAMC for Inpatient Services.

It is our contention that many more veterans would seek treatment at the VA Medical Centers if it were easier to access this care. Veterans are waiting at least 6 months for their first appointment after enrolling. This is not acceptable.

We would also like to point out that we also are concerned about Homeless Vets, Long Term Care and Seriously Mentally Ill patients that the VA has not adequately addressed in the past.

Thank you for your time.

Paul Curtice, State Service Officer
Veterans of Foreign Wars, Department of Indiana

**Statement of
Tom Applegate, President
Indiana Veterans' Service Officers' Association
Before the
Capital Asset Realignment for Enhanced Services (CARES) Commission
On
The CARES Plan**

August 20, 2003

Mr. Chairman and Members of the Commission:

I'm honored to be here today to speak to you on behalf of the county Veterans' Service Officers of Indiana who, in turn, represent all the veterans in Indiana.

I, too, must commend the VA's effort in recent years to upgrade the caliber of care administered to our veterans in the State of Indiana and the great strides made in providing up-to-date, state-of-the-art facilities in Indianapolis, Fort Wayne and Marion, Indiana. Also called for are commendations for the establishment of nine Community-Based Outpatient Clinics (CBOC)s which made convenient VA health care possible for thousands of veterans. And I understand seven more CBOCs are proposed.

Hundred of veterans in my county and thousands in counties across the State have nothing but applause to give the VA Medical Centers and CBOCs and their respective staffs for the great service they receive every time they visit their primary care doctor or specialist or receive care in a specialty clinic. We hear very few complaints about the quality of the outpatient care they receive.

All of these changes have taken place just in the eight years since I became Huntington County's Veterans' Service Officer, which is certainly an amazing accomplishment for VA.

My concerns, and the concerns of those I represent, are the things that have been lost to veterans in the same period of time, and other things which we fear will be lost along with even more health care benefits, due to budgetary restraints and decisions made at the highest level. Lost, unfortunately, at a time when the nation's World War II veterans, whose ages range from the late eighties into the nineties, and the Korean War veterans who are now in their seventies, will be needing them most. Even the Vietnam War veterans are now in their sixties.

Nursing Home/Extended Care: In 1995, when I first started this job, the VA Northern Indiana Health Care System paid for the first three months of civilian nursing home care for veterans who were recipients of VA health care and who were eligible for and required such services. This was to give the veteran's family time to arrange eligibility for Medicaid and to go through the Medicaid spend-down process. There was even a time prior to 1995 when VA actually paid for the first six months. Today, VA pays nothing. The entire expense is the responsibility of the veteran and the veteran's family. Additionally, VA has made the process even more selective for admission to its own extended care facilities, limiting eligibility to a select few service-connected and low-incomed veterans. The reason? Lack of funding after VA opened up the services of VAMC's to all veterans without ensuring sufficient funding. This problem was exacerbated by the closing of nursing home/extended care facilities at the Fort Wayne location, even though we were told in 1998 that those facilities were going to be vastly improved. This is a problem which will get even worse if not addressed by VA at the national level and if the CARES initiative is blindly adopted.

Inpatient Care: The CARES plan for VISN11 includes closing the acute care beds at the Fort Wayne Division. This, just a few months after the acute care beds in Marion were closed down. Since October 9, 1996, when "The Veterans' Health Care Eligibility Reform Act of 1996" became Public Law 104-262 and opened up the VA health care system to veterans in unprecedented numbers, the funding and staff of the VA facilities in Indiana has continued to decline. Hospital beds were the first to go, then the staff who attended to those beds and, all the while, the Directors kept telling us they were determined to do the same job with less people and that the Medical Care Cost Recovery (MCCR) program would help offset the decrease in their respective budgets. In this area MCCR is responsible for millions of dollars a year, all of which goes directly to the Northern Indiana Health Care System, but we have yet to see a single hospital bed restored at either Campus. Since 1995 billions of pre-Public Law 104-262 dollars have been spent on both facilities, but acute care hospital beds continue to be a rare commodity. VA has consistently said that veterans have shown they prefer to use their own civilian hospitals when needed, but fail to acknowledge that veterans are only using civilian acute care facilities because VA told them in 1996 that VA was focusing on out-patient rather than in-patient care. We are convinced that veterans would use VA acute care facilities if they were made available and if they didn't have to go all the way to Indianapolis to use it. We believe that VA, through the CARES Commission, should re-evaluate their position on shutting down acute care facilities.

Emergency Care: An area not addressed by the CARES Initiative in Indiana is emergency care. In our opinion this is a serious oversight. I can speak from experience that the Huntington County EMS drivers will not, under any circumstances, transport veterans

needing emergency care to either NIHCS Campus. The reason? Admittance has been flatly denied consistently at both facilities. I have personally accompanied veterans to the emergency rooms and sat with them for hours waiting for a doctor to see them. CVSOs throughout the state can relate tales of veterans who went on their own to the VA on emergency and were told to go to nearby civilian hospitals. Now they are getting bills for emergency care at those hospitals and VA will not pay for it. Recently VA adopted a supposed benefit of paying for emergency care at a civilian facility if the veteran is enrolled in the VA health care system and if he or she has been seen at the VA facility in the past 12 months. The kicker? The veteran must have no insurance of any kind, including Medicare. How many of those are around? We think not many. This is another VA benefit which sounds good on the surface but has no substance. Veterans who are the ages we have related above are going to need emergency care. If this is not budgeted into the VA system, it needs to be. The VA needs fully funded, fully staffed emergency rooms.

Long Waiting Times: And, finally, a concern of almost all the County Veterans' Service Officers is one which is already being addressed by VA and that is the problem of long waiting times between enrollment and the time the veteran finally sees the primary care doctor. This is a problem which wouldn't be a problem had the VAMC's not been forced, beginning in 1996, to lay off staff and shutdown parts of their facilities due to inadequate budgets. But the problem is not just one of initial primary care visitation. Follow-up visits to primary care doctors after a series of tests are scheduled 3 to 6 months out. Rescheduled appointments are not the next week, or even the next month, but 3 or 4 months later. Waiting times is a VA-wide problem. The recent civilian-doctor-prescription quick-fix for veterans enrolled prior to July 25, 2003 who are still waiting to see their primary care doctor in September will help practically no veterans in Indiana and, in most states, for the most part, it is another surface idea with no substance. Does VA think the excessive waiting times went away after July 25th?

I wish to thank the CARES Commission for the opportunity to present this testimony and voice the concerns of the Indiana Veterans' Service Officers' Association and in conclusion would like to add this: In the movie "Field of Dreams" Ray Kinsella, played by Kevin Costner, is told by a voice, "Build it and they will come." Now, I don't pretend to be "the voice", but I offer this analogy. We believe, if VA builds it, if VA offers it, the veterans will come. Thank you very much.

**STATEMENT OF
WILLIAM D. "BILL" JACKSON
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
FORT WAYNE, INDIANA
AUGUST 20, 2003**

Mr. Chairman and Members of the Commission:

On behalf of the local 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 11.

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 4,800 significant buildings. The 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 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 for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus 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 proposed CARES Market Plans and what the proposed changes would mean for the community and the surrounding area. Of concern is the proposed closing of inpatient acute medical beds services at the Fort Wayne VA Medical Center (VAMC). This would ultimately mean the closing of the VA Hospital, replacing

it with a community based outpatient clinic (CBOC) and sending veterans to VAMCs over 100 miles away for inpatient services and/or contracting non-VA inpatient services in the local community.

This VAMC currently has a daily inpatient count between 15 and 30 patients. The nearest full service VA facility is approximately 120 miles away in Indianapolis. The approximate veteran population for the Fort Wayne area is approximately 28,000 veterans. The acute medical bed inpatient services at Marion, Indiana VAMC has already been closed. This has forced 52,000 veterans in the eight counties of the service area jurisdiction to rely upon the Fort Wayne VA facilities for inpatient services. In addition, VISN 11 recommends the addition of six new CBOCs in Indiana, bringing the total to 20. This recommendation is highly supported by the veteran population, but it will obviously increase the number of veterans being served by the VA and, in return, further increase the need for acute inpatient medical services.

The VA Medical Centers have already adjusted from an inpatient to an outpatient-based system. This proposal to do away with the limited number of inpatient health care beds in the Northern Indiana Health Care System would diminish and limit access for inpatient health care service for the servicing area. We do not believe this will enhance health care services to our veterans, but create a greater burden on veterans who must travel to seek adequate health care provided by the VA.

In closing, the local DAV members of VISN 11 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 this important proposal.