

OAHU VETERANS COUNCIL

1563 Molina Street
Honolulu, Hawaii 96818
(808) 423-6265

E-mail: exexdir01@yahoo.com

TAKE PRIDE
★ IN OUR ★
VETS

**OAHU VETERANS COUNCIL TESTIMONY FOR THE CAPITAL ASSETS
REALIGNMENT FOR ENHANCED SERVICES (CARES) HEARING ON
OCTOBER 1, 2003, LIVERMORE, CALIFORNIA**

Aloha Vice Chairman Vogel, Chairman Kendall and Commissioners. My name is William Daves and I serve as president of the Oahu Veterans Council here in Hawaii. The Council is made up of representatives from the various veterans organizations on Oahu who in turn represent the over 116,309 veterans who currently call Hawaii home. Our Council has enjoyed a very close working relationship with the Spark M. Matsunaga VA Medical Center for many years.

The Council has been continually briefed and updated since the beginning of the CARES initiative. We are very optimistic that this program may be the answer to some of our concerns about the future of VA health care for our Island veterans.

Our Council strongly supported the establishment of a new VA clinic here on Oahu. In 2000 when the new facilities opened adjacent to Tripler Army Medical Center, the eyes of many veterans who had previously stayed away from VA health care for a variety of reasons were opened. The word was soon spread throughout the veteran community and since the facility opened, they have been coming in record numbers.

The council has received information that Hawaii is one of the few areas where veteran population is projected to increase in the coming years. This is a trend that we are already experiencing. The Council is extremely concerned that our medical center will reach maximum capacity and will not be able to handle the ever-increasing workload as veterans continue to utilize VA health care. To that end, the Oahu Veterans Council strongly supports the Pacific Islands CARES proposed solutions to a 75 percent projected increase, by establishing two new Community Based Outpatient Clinics on leeward (Waianae) and windward (Kaneohe) sides of Oahu. The establishment of these two CBOC's will help in two very important ways. First, to reduce the mounting workload capacity at our current Medical Center; and (2) better serve the veterans who are congregating in those two areas.

The Council also strongly supports the need to renovate and expand the existing Honolulu Ambulatory Care Center that is also a part of the Pacific Islands CARES market plan. Although only a few years old, the Medical Center is fast outgrowing its present primary care capacity and needs to be expanded to accommodate the increased veteran population. Combined with the two new CBOC's, the VA in Hawaii can continue to provide excellent health care.

With our current veterans experiencing advanced age and a projected increase in new veterans, it was no surprise to learn that the Market Plan projects a specialty care projected increase of about 212 percent by 2012. To cope with this, the Oahu Veterans Council is very supportive of expanding VA/DoD joint venture with Tripler Army Medical Center and explore new ways to collaborate on ways to obtain specialty care, hospital services and other forms of health care. We also support expanding existing programs that utilize doctors in the community to augment VA and DoD physicians.

With an increase in veterans comes an increase in parking needs. The Pacific Islands CARES Market Plan includes an expansion of the current parking facility by 125 vehicles. The Oahu Veterans Council also fully supports this proposal. One of the major issues at the VA's former location was lack of parking. When our new facilities opened, parking no longer became an issue and access to the medical center was drastically improved. The Council does not want this issue to return. Increasing the capacity of the VA parking garage only makes sense.

In conclusion, the Oahu Veterans Council is a strong supporter of the VA here in Hawaii and stands firmly behind their initiatives and planned solutions to ensure that our veterans in the Pacific are taken care of. Our veterans in Hawaii are the recipients of excellent VA health care provided by dedicated and professional employees. It is our hope that the CARES process will provide them the tools to continue well into the future.

On behalf of the Oahu Veterans Council, I sincerely thank the commission for the opportunity to share in the CARES process and to be able to offer this testimony in support of the VA Pacific Health Care System here in Hawaii.

Sincerely,

A handwritten signature in black ink, appearing to read "William Daves", written in a cursive style.

William Daves
President

STATEMENT FOR THE RECORD

Of

**Vietnam Veterans of America
California State Council**

Submitted by

**Carl J. Jensen,
Government Affairs Chairman
VVA California State Council**

Before the

CARES Commission

Regarding

Draft National CARES Plans

Presented At

**Grand Pavilion
VISN 21
Sacramento, CA**

October 2, 2003

Vietnam Veterans of America
Sacramento California State Council

Gordon Pavilion System
October 2, 2003

Good morning, my name is Carl J. Jensen, I am Government Affairs Chair of Vietnam Veterans America (VVA) California State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the Grand Pavilion, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 21 in Sacramento, CA, for care and treatment.

Mr. Chairman, in accordance with the 2000 census the state of California is the home to 2.5 million veterans, which makes it the highest populations of veterans in the country Vietnam Veterans of America (VVA), California State Council applaud this commission for their effort in increasing services for veterans in the state of California.

The concept of CARES – to assess VHA’s current capital assets and determine its future needs – is a worthy goal. No one wants to see money being wasted, on old outmoded and in some cases unused buildings. The money could be better spent in providing health care to veterans. As you know, the President’s Task Force to Improve the Health Care Delivery for our Nation’s Veterans recently pointed out the “mismatch” between demand and funding that has resulted in lengthy waiting times for veterans who come to VA for care. In fact, last January, the Secretary of Veterans Affairs curtailed the enrollment of Priority 8 veterans because of the long waiting lines. Although VA has consistently referred to these veterans as “higher income veterans”, the criteria VA uses for determination includes that used by HUD to determine eligibility for housing assistance. Many veterans in California who fall into the Priority 8 category are not much above that level and are in need of the access to the VA health care that Congress promised in 1996 with passage of Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996.

Vietnam Veterans of America
Seagrams Hall, 1500 Main St., Berkeley, CA

Garden Pavilion System
October 2, 2003

Vietnam Veterans of America California State Council believes that this process has strayed from its original intent and we have grave misgivings about the proposed market plan before you for VISN 21. While we realize the plan focuses on capital assets, it is difficult for veterans in California to envision what the adoption of this plan would mean to them, at a time when veterans are waiting three to six months sometimes a year for an appointment. Regardless of these long waiting periods for appointment, the Department of Veterans Affairs proposed closure of the Livermore VAMC. This action is of particular concern to us as it would adversely affect many Central Valley and Eastern Alameda County veteran health care needs.

The VISN 21 Draft National CARES Plan calls for providing three additional CBOC facilities in the greater San Francisco Bay Area: San Mateo County which is only 20 miles either way to Palo Alto or San Francisco VAMC. Richmond which is close to the existing Mare Island CBOC, or Antioch which is close to the old Martinez VAMC. The location of these proposed new facilities are of questionable priority and value when considering that from San Francisco to the Oregon border, covering six counties and nearly 400 miles, there are only three CBOC to service the large rural area of northwestern California. There are none north of Redding. Veterans in this area must travel long distances for specialized services. We encourage the VHA to develop the use of telemedicine/telehomecare, fee base service cards and contract service providers. To do so will go a long way towards meeting the health care needs of these veterans.

The increased use of community contract services would have the benefit of providing care closer to the veteran home. We are concerned as to how the VA plans to educate numerous contract providers on the particular issues of PTSD, depression, substance abuse, sexual trauma, exposure to environment agents and others.

Vietnam Veterans of America
Sacramento California State Council

Gordon Pavilion System
October 2, 2003

Also the proposed National Draft CARES Plan entitled VISN 21 Special Disability Program Planning Initiatives DID NOT include PTSD or Substance Abuse Counseling, however, there are initiatives for Homeless Veterans. VVA's founding principle is "Never again will one generation of veterans abandon another"; we do not want this commission to abandon these programs. If you are going to effectively treat the increasing number of homeless veterans in VISN 21, PTSD and Substance Abuse MUST be included in all phases of the CARES planning.

While mention is made of expanding existing outpatient clinics to include mental health services, it is unclear how VA will be able to provide very CBOC with mental health clinicians who have expertise in the treatment of all the various conditions encompassed under the term "mental health". We are especially concerned about the provision of appropriate care for PTSD and military sexual trauma. It concerns us when veterans at an outpatient clinic who have been in the system and have waited six months to see their primary care physician, have their appointment cancelled and rescheduled some six months later.

We need to expand the utilization of the Menlo Park mental health treatment facility, NOT reduce its services as has been the trend for the past five years or so. Many veterans diagnosed with a serious mental condition cannot be adequately treated at a CBOC. Veterans with chronic depression, PTSD, sexual trauma, dual diagnosis, and co-morbidity, require extended residential care and treatment by a qualified trained and appropriately supervised staff. We believe this to be the case for all 21 VISN networks.

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,

Vietnam Veterans of America
Sacramento California State Council

Garden Pavilion System
October 2, 2003

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) California State Council.

I will be more than happy to answer questions you may have.

W. J. ...
...



September 25, 2003

Mr. Richard E. Larsen, Executive Director
CARES Commission
Department of Veterans Affairs
Washington, D.C.

Dear Mr. Larsen:

In addition to the oral testimony I will provide on October 1, 2003 at VAMC Palo Alto before the CARES Commission, the following are the written comments from The Bay Area and Western Chapter of the Paralyzed Veterans of America concerning the CARES market plans for VISN 21.

Members of the Commission, the Bay Area & Western Chapter of the Paralyzed Veterans of America (PVA) is pleased to provide its input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative.

PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of America's veterans by charting a course to enhance VA health care services through the year 2022.

For PVA members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. Additionally, PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center locations.

Following World War II, the life expectancy of a veteran with a spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers a veteran with a spinal cord injury can expect to live a fairly normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve the health care crises we encounter as we grow older.

Our local PVA Chapter has been seriously involved with the CARES process since its inception, we attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area to our national office who in turn provided them to you. On the whole, the Bay Area & Western Chapter feels relieved that VA's SCI population and workload demand projections model recognizes the need for increased VA SCI acute and long-term care medical services through fiscal year 2022. VA's VISN Market Plans call for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISN's 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area.

Chartered by the Congress of the United States

801 Eighteenth Street, NW ★ Washington, DC 20006-3517
phone:(202) 872-1300 ★ tdd:(202) 416-7622 ★ fax:(202) 785-4452 ★ www.pva.org



The Bay Area & Western Chapter of PVA is deeply concerned that the VISN 21 Market Plan recognized the future demand for 76 SCI long-term care beds at the Palo Alto VAMC but offered no solution to this significant demand need. We feel that VISN 21 CARES Market Plan officials must go back to the drawing board and develop a suitable solution to this significant long-term care demand issue for SCI veterans in our area.

PVA is deeply concerned that the recent VA CARES document does not call for the addition of SCI long-term care beds in VISN 21. We recommend that the Commission pay close attention to VA's own future SCI need projection model that shows a need for 76 SCI long-term care bed in VISN 21 and make a recommendation to add these beds in VA's final CARES plan.

In light of the above, VA must make every effort to plan for and meet the growing demand for long-term SCI care in our area. For us, long-term care means a mix of services such as: hospital based home care, ongoing home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care.

Additionally, VISN 21 market plans call for portions of neurosurgery involving intra-operative spinal cord and root monitoring to be consolidated at VAMC San Francisco. This is in direct contradiction of the most recent CARES document that would assure the availability of neurosurgical service at all SCI Center locations. We feel that VISN 21 should abide by this understanding and assure that the Neurosurgery Service at Palo Alto remain intact.

Finally, the Bay Area & Western Chapter of PVA must speak about the importance of intra-VISN coordination and collaboration if VA's CARES SCI plan is to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. This is their right. It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical need.

Once again the Bay Area & Western of PVA stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance please don't hesitate to contact me.

John V. Mullally, S.B.A.
Paralyzed Veterans of America
1301 Clay Street Room 1155N
Oakland, CA 94612
Tel (510) 637-1241

Again, thank you for listening to our concerns.

Sincerely,

John Mullally
Senior Benefit Advocate

Chartered by the Congress of the United States

801 Eighteenth Street, NW ★ Washington, DC 20006-3517
phone:(202) 872-1300 ★ tdd:(202) 416-7622 ★ fax:(202) 785-4452 ★ www.pva.org