

**WRITTEN COMMENTS OF CONGRESSMAN BOB
FILNER**

For the Public Hearing of the

**DEPARTMENT OF VETERANS AFFAIRS CARES
COMMISSION**

September 29, 2003

**I appreciate this opportunity to provide my written
comments to the Capital Asset Realignment for Enhanced
Services (CARES) Commission of the Department of
Veterans Affairs.**

**I would like to focus my comments primarily on the needs in
San Diego and Imperial Counties of California, which are in
VISN 22 and in the Congressional District I represent in**

Congress. I will be addressing the areas of acute hospital care, primary care, seismic corrections, specialized care, and long term care.

Acute Hospital Care

I understand that the National CARES Plan aims to improve access to inpatient hospital care from its current 72% to 84% of VA's enrollees. As you know, the California market of VISN 22 has already exceeded that goal, with 86% of those enrolled meeting this standard. But that figure does not show the entire picture! There are portions of California that remain largely underserved. For example, in Imperial County (part of my Congressional District), only 1.8% of the enrolled veterans fall within VA's access standard for acute hospital care. We must find a way to provide better access

to hospital services for these veterans who must now travel well over two hours each way for their care.

To improve access to acute hospitalization in Imperial County, the Commission should recommend alternative initiatives. One could be to provide access to local hospitals by contract. Another could be to partner with a community provider to provide “critical access” hospital care in VA-operated beds. El Centro might offer a site for such care, for example. A third would be to provide free and readily-available transportation to VA medical facilities for veterans needing hospital care, through the purchase of a VA van to be driven by a VA employee.

Primary Care

As in acute hospital care, overall the California market in VISN 22 has made good progress in meeting VA's access standards for primary care for the majority of the veterans it serves. Most veterans in the large population centers along the ocean enjoy fairly good access to primary care - in Los Angeles and San Diego, for example. But again, the veterans in the southeastern most parts of the state are not well served. Imperial County's enrolled veterans have the second lowest percentage (62.4%) in the market of veterans who fall within the primary care access standard, lower than the VA's goal of 70% of enrolled veterans.

Approximately 10% of the veterans in Imperial County live closer to the Yuma, Arizona VA community based

outpatient clinic (CBOC) than to the current Brawley CBOC. A cooperative arrangement should be explored which would allow Imperial County veterans access to the Yuma clinic. Again, because transportation is an issue in this county for outpatient care as well as acute hospital care, a VA owned and operated van would fill this need.

In addition, I have requested a study to be done of the needs for outpatient care in Imperial County with the short-term goal of expanding the services at the current contract CBOC in Brawley and the long-term goal of the construction of a VA CBOC, smaller but similar to the current one located in Chula Vista.

Even in San Diego, there are enough enrollees who are not within the access standard to justify the creation of an additional CBOC in the San Diego area, and I support a new clinic. I also support the expansion of both the North and South County CBOCs to address the growing needs of these areas.

Seismic Project

It is my understanding that the seismic project at the VA Medical Facility in San Diego has been at the top of VA's priority list for several years, but recently lost priority because of the cost of its corrective plan, not because of the need for the project. VA must take immediate steps to request funds to redress all seismic deficiencies, particularly

those that if not corrected will present an immediate threat to the safety of patients and employees.

Specialized Care

Public Law 104-262 requires the VA to maintain the capacity of certain specialized services such as those for mental illnesses, blindness, and homelessness. I am concerned that the VA has not addressed the needs of veterans with serious mental illness in this phase of CARES and urge prompt attention to this area.

In the most recent Capacity Report (2001) available to Congress, outcomes for VISN 22 show decreases in both the number of severely mentally ill individuals served and the dollars committed to the care of these veterans. The

performance in VISN 22 in maintaining both the number of individuals treated and the dollars committed to specialized programs for psychotic patients has been notably poor, and it has not been successful in maintaining substance abuse treatment programs. VISN 22 should restore its opioid substitution programs. It should also implement additional Mental Health Intensive Case Management teams with outreach to the seriously mentally ill --VISN 22 had only one team at the end of 2001. Veterans with dual diagnosis of mental illness and substance abuse should be targeted with a broad array of services to meet their needs, including outpatient and inpatient substance abuse treatment programs, residential treatment programs, and inpatient treatment programs.

I am pleased to support the Plan's proposal to open a new blind rehabilitation center in Long Beach. In addition, I believe that VISN 22 should attempt to make outpatient specialists and programs for blind rehabilitation available at all its medical centers.

Long Term Care

Public Law 106-117 requires the VA to maintain VA nursing home beds at the level that existed in fiscal year 1998. The House Committee on Veterans' Affairs is actively overseeing VA's compliance with this law. VISN 22's plan calls for additional nursing home beds in Las Vegas and would renovate space for nursing home care in Long Beach and San Diego. These actions will, hopefully, ensure that the

future needs for long term care for veterans in VISN 22 will be addressed.

It is my hope that this CARES plan will allow VISN 22 to continue to serve veterans with needs for nursing home care or alternative long term care services and, in addition, will give priority for excess property to be used for both assisted living and community-based organizations that are addressing the needs of homeless veterans.

Finally, I would like to mention for the record, the need for additional parking, both at the La Jolla Medical Facility and at the Mission Valley outpatient clinic and benefits office.

I appreciate this opportunity to place into the record the needs of many veterans in VISN 22, and I look forward to working to achieve these goals.