



# The American Legion

**STATEMENT OF  
R. MICHAEL SUTER, CHAIRMAN  
VETERANS AFFAIRS & REHABILITATION  
DEPARTMENT OF NEW YORK  
THE AMERICAN LEGION  
BEFORE THE  
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES  
(CARES) COMMISSION  
ON  
THE NATIONAL CARES PLAN**

**SEPTEMBER 15, 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 the VA New Jersey Health Care System Market Area of the Veterans Integrated Services Network (VISN) 3. 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.

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 3 – VA New Jersey Health Care System Market Area**

The New Jersey Market of VISN 3 is served by two VA medical centers, East Orange and Lyons; eight Outpatient Clinics located in Brick, Elizabeth, Hackensack, Morris Plains, New Brunswick, Newark, Trenton and Vineland; and four Community Based Outpatient Clinics (CBOC) located in Cape May, Ft. Dix, Ventnor and Vineland.

The Draft National CARES plan proposes to continue existing healthcare and expand outpatient services. Increased primary outpatient care demand has been identified in this market area. A new joint VA/DoD CBOC is proposed for Ft. Monmouth and a new CBOC is planned for Passaic County; however, the Passaic County CBOC is not included in the high implementation priority group. The American Legion applauds CARES' identification of increased demand for primary outpatient care and believes the Passaic County CBOC should be placed in the high implementation priority group. This would accomplish two very important goals, (1) increase the access for veterans in the part of the state and (2) provide relief for the overcrowded Hackensack Outpatient Clinic.

CARES projects an increasing demand for inpatient acute care services in the New Jersey Market. The draft plan calls for the expansion of in-house services with new construction (50,000 sq.ft.) and conversion of vacant space (129,000 sq.ft.) divided between the two VA medical centers. Increasing demand for psychiatry in the market area will be provided by expansion of in-house services with new construction (107,000 sq.ft.) and the conversion of vacant space (129,000 sq.ft.).

The VA medical centers will maintain their current services and expand inpatient services and nursing home care. Lyons VA medical center will maintain its current services because of a lack of nursing home space and psychiatric space at East Orange and legislative requirements to maintain in-house nursing home units. An additional 19,533 existing sq.ft. will be renovated to account for a current deficiency in nursing home care. The Spinal Cord Injury (SCI) unit in East Orange

was originally planned for consolidation at the Bronx, New York VA medical center; however, the draft plan now states the SCI Unit will remain at East Orange for the time being.

The New Jersey Market shows growth in almost every area of VA healthcare even though the VA contends the veteran's population is decreasing. VA also contends that all veterans wanting to use the VA healthcare system are now using it even though Secretary Principi has closed enrollment eligibility to certain veterans. It appears that the VA is basing future projects using the current ratio of veterans using the healthcare system to the total veteran population. Further, VA contends the need for inpatient services has lessened in recent years because of advances in medicine. We have already downsized to meet the outpatient medical advancements. VA also contends that future advances in medicine will reduce the need for inpatient services even further. The American Legion strongly recommends we wait for these medical advances before we downsize our inpatient, psychiatric, specialty or extended care capabilities.

The United States currently has approximately 67 percent of its active duty military forces deployed primarily in hostile areas around the world and a considerable number of National Guard and Reserve Units activated in support of worldwide commitments. Based on the current operational tempo of our armed forces, VA's assumptions appear to be misguided.

Another area to be addressed is the enhanced use plan to co-locate the VA Regional Office (VARO) in Newark to the VA medical center in Lyons. The American Legion is not opposed to co-locating the VARO in Lyons, however, many veterans use public transportation to get to and from a VARO located in Lyons. The current public transportation in and out of Lyons is limited to a single bus line. Many veterans will have a difficult time getting to the VARO. The American Legion advises that any plans for relocating the VARO to Lyons include improvements to the current transportation system.

Finally, The American Legion is concerned about funding. CARES is a very expensive undertaking. There is no mention of a priority plan to accomplish the proposed construction and renovation. Many of these projects are years away from fruition. Given the current budget climate, and knowing the history of VA funding, the likelihood of adequate funding to implement these proposals is not very high.

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

**STATEMENT OF  
PAUL A. WEKENMANN  
SUPERVISOR NATIONAL SERVICE OFFICER  
OF THE  
DISABLED AMERICAN VETERANS  
BEFORE THE  
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION  
LYONS, NEW JERSEY  
September 15, 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 3.

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 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 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. It is reassuring to note in the Executive Summary for VISN 3 that there are no proposed changes to

the Lyons facility within the New Jersey Healthcare System. In fact, the plan to collaborate the Newark Regional Office into the space available at the Lyons Campus of the VA New Jersey Healthcare System is viewed as a positive utilization of allocated space and funds. This will allow the veterans to do “one stop shopping” for services within the VA system, and in turn has the potential for the VA regional Office to improve efficiency of services for veterans seeking benefits there. In most situations where collocation has occurred an improvement in timeliness and accuracy of rating decisions has also occurred. Furthermore, the Executive Summary notes the increased need for outpatient services within the VISN and we support the move to increase services by proposing to place a Community Based Outpatient Clinic (CBOC) in Ft. Monmouth, New Jersey, as well as identifying the need for increased services in Passaic County and planning to meet the need by way of a CBOC.

In closing, the local DAV members of VISN 3 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.

Craig Strauss  
PVA, National Site Officer

Members of the Commission, 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 PVA Chapters have been seriously involved with the CARES process since its inception, attending local CARES meetings, and providing 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 PVA 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.

PVA is concerned that as the CARES process moves forward the maintenance of SCI service at the Castle Point facility will not continue until the Bronx expansion is fully operational. Recent VA documents do not call for the continuation of SCI services at the Castle Point facility.

We continue to support the VISN Three Market Plan for the future consolidation of SCI acute medical services to the Bronx VAMC. However, we feel that until the Bronx expansion plan is fully operational the Castle Point and East Orange facilities must continue to fulfill their current SCI mission. We also believe that once the Bronx consolidation is complete that both Castle Point and East Orange should be converted into comprehensive SCI outpatient clinics to meet local SCI medical care demand.

We also feel that 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, on-going home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care.

Finally, the 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 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 at the PVA National Service Office at the New York Regional Office.

Thank you for listening to our concerns.



Chartered by Congress 1899

September 4, 2003

STATE SERVICE OFFICE  
**VETERANS OF FOREIGN WARS**  
 OF THE UNITED STATES  
 DEPARTMENT OF NEW JERSEY

TEL: (973) 297-3226 ★ FAX: (973) 623-1244

*Honor the Dead by Helping the Living*

*Lyons*

Testimony of The Veterans of Foreign Wars of the United States,

Department of New Jersey

Before the Department of Veterans Affairs,

Veterans Health Administration, CARES Commission

At New Jersey Healthcare System, Lyons Campus

On September 15, 2003

Good afternoon Commission Team Leader Charles Battaglia, Commissioners Vernice Ferguson and Al Zamberlan, VISN 3 Director James Farsetta, NJHCS Director Kenneth Mizrach, honored guests and Veteran Stakeholders.

My name is Bernard McElwee; I am the State Service Officer of the Department of New Jersey for the Veterans of Foreign Wars of the United States. I am here today representing the VFW Commander of New Jersey by providing comments on the CARES initiatives proposed by Network 3.

On behalf of the more than 70,000 members of the NJ Veterans of Foreign Wars and our Ladies Auxiliary, I wish to thank the Commission for giving me this opportunity to present the views of the Department of NJ VFW in regard to the important work of the CARES Commission.

The VFW acknowledges that there are some facilities, due to aging infrastructures and the transformation of VA health care into a more outpatient focused system, which may not be necessary or are actually unusable in providing health care to veterans in today's medical environment. It is because of this we remain generally supportive of the CARES process, but only to the extent that it is applied to enhancing services to veterans. CARES must not result in pushing veterans out of the VA health care system.

We are highly concerned that many specialized programs for illnesses and diseases unique to veterans such as chronic mental illness, post traumatic stress disorder, Gulf War illness, homelessness, domiciliary services and women veterans issues were not

VETERANS ADMINISTRATION BUILDING

20 WASHINGTON PLACE, NEWARK, NEW JERSEY 07102

reflected in this CARES cycle. Therefore, these programs will not be considered in market plans for the reuse of vacant space that has been achieved as a result of proposed CARES realignments. VA must guarantee that the CARES statistical model will reflect the need for these specialized treatment programs to ensure that CARES really does serve all veterans, both now, and in the future.

The need for Nursing Home and long term care services still remains a high priority in VISN 3 and should be considered when planning for use of vacant space achieved through the CARES process particularly since our veteran population is growing older and will require long term care in the future. Among the states, New Jersey ranks 13<sup>th</sup> in terms of veteran population. Our older veterans are a higher percentage of the total veteran population than can be found in any other state. World War II and Korea veterans make up 35.5% of our veteran population as opposed to a national average of only 27.1%. Current plans call for the Nursing Home at the Lyons Campus to be renovated in order to upgrade this facility to best medical practices. We suggest that it also be expanded to include the 30 long-term care beds at East Orange VAMC that have been inaccessible for the past 5 years. Among our aging population there is an increasing need for nursing home care that is unmet. Although we do not object to placing veterans in the private sector, we know that the quality of care to be found outside VA is often uneven. We don't believe that taking a chance on private sector long-term care is the best way to serve New Jersey's veterans. Our veterans can best be served in their declining years by a facility that caters to their special needs and prides itself on the highest quality of care possible. Expansion of the Nursing Home facility not only provides enhanced services to New Jersey's veterans but it also is an enhanced use of current space and reduces the burden of vacant and under utilized buildings.

We are concerned that the need for additional Community Based Outpatient Clinics has received low priority while expansion of existing CBOC's has not been specifically addressed in the CARES plan. We have noted that there is little or no room for additional veterans in the panels established for each of the clinics now established. While more veterans with service connected disabilities are attracted to VA health care, we do not want to see currently enrolled veterans displaced due to lack of capacity.

We were particularly happy to see a planned expansion of psychiatry services for the New Jersey health care market. For many veterans, who's only source of quality mental health and PTSD counseling is through the Vet Center, we wish to remind the Commission that this program must not be allowed to become a victim of the process.

Finally, we would like to address the issue of the collocation of the VA Regional Office from Newark to the Lyons Campus. This is a major enhanced use issue for the NJHCS which we fully support. It will enhance services for many veterans, not only through "one stop shopping" (health care and claims), but through allowing more immediate access to medical expertise for VSO's. We hope that this change can be made in the near term.

**STATEMENT FOR THE RECORD**

**of**

**Vietnam Veterans of America  
New Jersey Council**

**Submitted by**

**Paul L. Sutton,  
President  
VVA New Jersey State Council**

**Before the**

**CARES Commission**

**Regarding**

**Draft National CARES Plans**

**Presented At**

**VA New Jersey Healthcare System  
VISN 3  
Lyons, NJ**

**September 15, 2003**

Good afternoon, my name is Paul Sutton, I am President of Vietnam Veterans America (VVA) New Jersey State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the VA New Jersey Healthcare System, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 3 in New Jersey 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), New Jersey 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 3, which represents all but the seven southernmost counties in our state. In particular, we urge the following with respect to New Jersey VA facilities in VISN 3: movement and opening of the proposed CBOC for Passaic County into the high implementation priority group; the expansion of in-house psychiatry services coupled with new construction at the Lyons campus of the VA New Jersey Health Care System; an expansion of nursing home care, through new construction, at the Lyons campus of the VA New Jersey Health Care System; expansion of in-house medical service delivery coupled with new construction, at the Lyons campus of the VA New Jersey Health Care System; and, co-location of the Newark Regional Office with the Lyons campus of the VA New Jersey Health Care System. We applaud the opening of the CBOC at Fort Monmouth this past July in the Patterson Army Hospital.

Mr. Chairman, the proposed National Draft CARES Plan entitled VISN 3 Special Disability Program Planning Initiatives DID NOT include PTSD, Substance Abuse and Traumatic Brain Injury. VVA founding principle is “Never again will one generations 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 before this commission on behalf of Vietnam Veterans of America (VVA) New Jersey State Council.

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