

**Statement of  
William R. Weidner  
Department Service Officer, Oklahoma  
Veterans of Foreign Wars  
Before the  
CARES Commission  
Muskogee, Oklahoma  
August 22, 2003**

Mr. Chairman and Members of the Commission:

Thank you for inviting the Veterans of Foreign Wars to offer our input into the CARES Planning Initiatives for the Upper Western Market.

The Upper Western Market encompasses the VA medical centers at Oklahoma City and Muskogee in Oklahoma, Fayetteville, Little Rock and North Little Rock in Arkansas, all community based outpatient clinics (CBOC's) in Oklahoma, 5 CBOC's in Central and Western Arkansas, 1 at Mt. Vernon, Mo. and 1 at Wichita Falls, Tx.

The V.F.W. has reviewed the estimates and projections, which are attached, for veteran population figures, enrollment figures, inpatient medicine, surgical and psychiatry beds. According to information compiled there are projections for population increases for Tulsa, Ok. and Fayetteville, Ark. catchment areas. Estimates for veteran population is showing a decline between FY 2001 to FY 2012 and FY 2022 to just below 500,000. It is however, important to note the patient enrollments during this period is projected to increase and peak at over 250,000 in 2012 and decline by 2022 to just over 222,000 which is still 40,000 more than 2001 figures.

The inpatient medicine beds for all four hospitals are projected for increases by FY 2012 and then decline by 2022. The estimated figures for two of the facilities for 2022 will still be above the 2001 levels. The inpatient surgical beds are projected to increase for two facilities and decrease for the other two. The inpatient psychiatry beds are projected to increase during the same period for all four facilities from the 2001 levels shown.

It's not clear to me if the projected veteran population figures are just active duty personnel or includes National Guard activations. I contacted the National Guard Bureau for Oklahoma regarding activation of their personnel. They reported there have been since about last fall 3500+ Army and 400+ Air National Guard activations for just Oklahoma. Due to the ongoing hostilities in the Middle East these figures could increase considerably as personnel are rotated back to home based units with replacements coming from more activations.

There has been some current shortfalls identified in meeting CARES criteria for access to primary care, ie: 54% of enrollees for primary care have access, 16% short of the 70%

requirement. Several shortfalls have been identified for future projected needs in outpatient and inpatient care if the identified minimum changes do not become reality. Some of the recommended changes include but are not limited to: expand the number of CBOC's in Oklahoma and Arkansas, expand primary and urgent care at Fayetteville, add 6 exam rooms at North Little Rock (NLR), establish a 15 bed inpatient psychiatric unit at Muskogee, establish a 20 bed short term rehab medicine program at Muskogee, seek to have some of Oklahoma City dental service done at Ft. Sill, and decrease the amount of vacant space which is currently at over 104,000 sq. ft.

The V.F.W. fully supports these aggressive initiatives as minimum changes required to hopefully meet the projected needs, particularly focusing on FY 2012, which is projected to be a peak period for access to care. Now that the Vietnam era group of veterans is the largest of the veteran population the V.F.W. has reservations about the current projections for veterans usage and population for fy 2022. After all, the average age for the Vietnam era veteran in 2022 will only be the early 70's to around 80 years of age, and life expectancies are also increasing.

Another point is to be made for the benefit of those persons reviewing these recommendations who may not be familiar with Oklahoma and Western Arkansas road and terrain. In many cases a veteran's travel time and /or distance from his home to his primary care facility can and does exceed the CARES requirements because of rural road conditions. Many of the rural roads are dirt and gravel, they are narrow and are winding and hilly, all of which increases travel time and distance just to get to a main surfaced road. This is why the V.F.W. supports the proposal for additional community based outpatient clinics. We feel this will greatly enhance the VA's goal to have adequate access to health care.

The services at the Muskogee VAMC need to be expanded in order to not further overburden the Oklahoma City and Little Rock facilities. The construction and remodeling projects at Muskogee in recent years have helped to minimize future expansion or remodeling costs to make any expansion of services cost effective. The V.F.W. also supports the Oklahoma City, VAMC, in seeking relief of the large volume of needed dental services by the possible use of Ft. Sill's facilities as long as patients outside the Ft. Sill catchment area are not sent there solely for the purpose of decreasing the number of patients at Oklahoma City.

Thank you for allowing the V.F.W. to offer our input into the Upper Western Market portion of the CARES Planning Initiative.

**STATEMENT OF  
CHARLES J. LOBDELL III  
NATIONAL SERVICE OFFICER  
OF THE  
DISABLED AMERICAN VETERANS  
BEFORE THE  
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION  
MUSKOGEE, OKLAHOMA  
AUGUST 22, 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 16.

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. A benefit from the proposed market plan is that the Muskogee VAMC will not be reduced in size and

staffing. The currently maintained 40-bed inpatient care unit will be maintained, although establishment of a 20-bed short term rehabilitation medicine program and establishment of a 15-bed inpatient psychiatric unit will be necessary to justify the preservation of current staffing. We feel that this is the best alternative for our “small facility.”

In addition, the establishment of two additional community-based outpatient clinics (CBOCs) in the Muskogee VAMC area will greatly enhance availability of care providers and significantly reduce waiting times for primary care appointments and driving distances. We strongly endorse the establishment of at least two CBOCs by the end of fiscal year 2004 in the Muskogee area.

Our concern with the proposed plans is that it does not address the needs of specialty care in the area. It is not unusual for patients to drive well over 100 miles on rural roads to obtain specialty care for problems such as orthopedic conditions or pain management treatment. We feel that this is unacceptable and greater emphasis should be placed on this critical portion of providing adequate health care for our Nation’s disabled veterans.

Moreover, we also feel that attention should be drawn to administrative aspects of the VAMC’s responsibility to patients, such as processing veterans’ claims for unauthorized medical expenses and fee base services. A simple review of these areas indicates that additional training should be incorporated with any type of realignment. Timeliness and accuracy are not accountable in these types of claims, which results in distress and hardships for the veteran. We feel that an overview program such as that instituted by the VARO in handling claims should be implemented by the VAMC.

In closing, the local DAV members of VISN 16 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.

**STATEMENT OF  
LAWRENCE WALKER, DEPARTMENT SERVICE OFFICER  
THE AMERICAN LEGION  
BEFORE THE  
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES  
(CARES) COMMISSION  
ON  
THE NATIONAL CARES PLAN**

**AUGUST 22, 2003**

Mr. Chairman and Members of the Commission:

Thank you for the opportunity 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 Veterans Integrated Services Network (VISN) 16. 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 16 - UPPER WESTERN MARKET

VISN 16 is the largest VISN within the Veterans Health Administration (VHA) encompassing all or portions of six states. The Upper Western Market serves portions of the veteran population of Arkansas, Oklahoma, Missouri and Texas. There are four medical centers that provide services in this market and they are Oklahoma City, OK, a tertiary facility; Muskogee, OK; Fayetteville, AR; and Little Rock, AR, (Central Arkansas Veterans Health Care System), a tertiary facility. CAVHS is comprised of two divisions, Little Rock and North Little Rock.

### Access

The Upper Western Market has significant access gaps in Primary Care. The CARES analysis indicates the northwestern portion of Arkansas and southwestern portions of Missouri are in need of seven new Community Based Outpatient Clinics (CBOCs) to address this problem. The VISN Market Plan contained a proposal to open new CBOCs, however, the Draft National Plan (DNP) does not include this proposal for the Upper Western Market. In fact, the plan does not address a plan for this market at all with regard to the access gap clearly identified by CARES data.

### Outpatient Services

There is a projected growth in primary care and specialty care in this market. The DNP proposes to meet this increase through renovation, conversion of vacant space and new construction. It is unclear what that means in specific terms. The VISN Market Plan proposes moving outpatient space to leased locations to accommodate inpatient needs. The Primary Care and Specialty Care workloads are going to be addressed through contracts at remote locations and expansion of services through leased space in others. All the initiatives addressed through the renovation of space or leasing of space are planned at less than the FY 2022 levels. Workload over the FY 2022 capacity is supposed to be addressed through community contracts. The proposals outlined are not definitive and lack planning. They assume provider availability within the community and the willingness of the provider to perform such services.

### Small Facility

The American Legion supports the proposal to maintain the inpatient program, outpatient care and outpatient surgery at Muskogee. This facility and its services are very important to the veterans in this area. We do not want to see the services cut, transferred to other facilities, or contracted out to the community. We believe veterans prefer treatment at their local VA hospital where they are familiar and comfortable with their surroundings.

### Inpatient Services

CARES projected an increase in inpatient medicine beds for this market. The DNP proposes to expand capacity for inpatient care through renovation projects at Oklahoma City and expansion of capacity for inpatient medicine and psychiatry at the Little Rock Facility.

### Special Populations

The DNP proposes to establish a new 30-bed Spinal Cord Injury Unit (SCI) at Little Rock. The American Legion fully supports this proposal. This is a unique medical service VA provides and they set the standard for the nation.

### Collaborations

In the Upper Western Market the VISN is pursuing collaborations with the Fort Sill Army Base located in Lawton, OK. In particular, the ability to provide dental services will be researched. There is also mention of other collaborations with Fort Sill, but nothing specific. The American Legion supports VA/DoD sharing. Enhancing health care services for the veterans, while saving dollars, is a win-win situation and one that should be actively pursued.

Thank you for the opportunity to speak today.