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September 15, 2003

The Honorable Edward Alvarez, Jr.
Chairman, Capital Asset Realignment for Enhances Services (CARES) Commission
U.S. Department of Veterans' Affairs
810 Vermont Avenue, NW
Washington, DC 20510

RE: VISN 8 and VISN 16 CARES Plans

Dear Chairman Alvarez:

I would like to thank the CARES commission for giving us the opportunity to provide comments on the draft national CARES plan. As Governor Bush's Executive Director for the Florida Department of Veterans' Affairs, I meet regularly with state leaders of major Veterans Service Organizations and am advised by a Commission of nine Governor's appointees from all regions of the state. Florida has almost 1.9 million veterans and we want to ensure they receive the care they need and richly deserve. Florida's major areas of concern and comments pertinent to your commissions' tasks are highlighted in this letter for the record.

CARES PLAN

Overall, the VA CARES project is essential to the future capability to deliver care where veterans are located, and we commend Secretary Principi this initiative. The State of Florida supports the National CARES Plan elements for VISN 8 and VISN 16. The plan is thorough and descriptive of the current needs in Florida, but may be conservative in its estimate of future needs. Florida recommends that an annual review and a five year formal update become part of the plan. Such reviews will require consideration of changes that have occurred if the initial demographic projections are low. Prioritizing the construction based on the current needs of veterans is an additional recommendation that is warranted by the Commission.

New ORLANDO VA Hospital Site

Florida supports the construction of a new hospital facility in Orlando. This is a central location and would provide care to the largest number of Florida veterans in this area. Congressman Keller's letter to the Commission on this topic presents a strong case for this location.

DOD/VA SHARING AGREEMENTS

Concern exists about the proposed enhancements of DoD/VA sharing agreements as one of the solutions to care for Florida veterans. The Navy and Marine Corps are already moving a great deal of their fleet training to Florida. Pensacola, Eglin and Tyndall in the Big Bend area are already included in these plans. Ranges in Central Florida will be used in place of those lost in Puerto Rico. The Navy and Air Force bases and ranges that exist here are seeing enhanced use already. The potential exists for more personnel to be stationed here, and eventually more veterans will make Florida their permanent home. Such increases will enhance demand for medical services for active duty personnel, their families and veterans. Florida is already experiencing an overload of military retirees attempting to receive treatment at existing military facilities. The potential need for staffing increases at joint use facilities of both DOD and the VA is an element that deserves examination as a part of the CARES review.

LAKE CITY VA MEDICAL CENTER

The CARES initial draft identified Lake City VA Medical Center as a facility where medical services might be consolidated with those at VAMC Gainesville. This facility has continually served veterans from 54 counties in North Florida and South Georgia for decades. Demand for veterans' healthcare services in both north Florida and South Georgia continues to increase. Large number of Florida and Georgia reservists and National Guardsmen from this area will earn VA benefits due to their federal service in Afghanistan and Iraq. This will further increase the potential patient load for the VAMC Lake City facility. Currently many veterans travel at least 125 miles one way for services at Lake City. Increasing their commute by an additional 45 miles to Gainesville will create a travel dilemma/obstacle well beyond VA accessibility standards. There is a critical need to maintain existing 24x7 services at the VAMC Lake City. The Commission should seriously consider the recommendations submitted by the Lake City Task Force regarding the possible transfer of some services from Gainesville to the Lake City VAMC.

CONTRACTING SERVICES

In order to contract with private providers for needed medical services, there must be adequate funding to purchase these services. Florida has seen VA funding increases in recent years that partially accommodates the state's continuing increase in veteran population. VERA has recently been adjusted by the VA resulting in more funds flowing to assist in the continuing migration of veterans to Florida. Even with the recent adjustments to the VERA formula, there still exists an annual cap on the redistribution of VA healthcare funding. Annually, Florida continues to be under funded for our veteran population. Adequate funding is essential toward making the contracting portions of CARES successful.

STATE VETERANS' NURSING HOME PROGRAM

Florida will have a total of six nursing home facilities totaling 750 beds in operation by early next year. The Governor has conceptually approved pursuing five additional nursing homes in areas not yet served. These nursing homes assist veterans and the state with efficiently and effectively meeting the needs of those who eventually need this level of care. The CARES Plan states that construction of additional Outpatient Clinics is part of the solution for enhanced healthcare delivery in Florida. The State Veterans' Nursing Home Program construction should be coordinated with the VA Outpatient construction so as to better enable collocation.

STAFFING

Currently there is a nursing shortage in Florida as there is in the rest of the nation. We are aware that portions of the VA Medical Centers are being underused due to the lack of staffing not the lack of veterans needing care. Both federal and state workforces in this area compensate at below market wage level. Thus, staffing needs and the ability to pay an area market wage should be evaluated as a part of the CARES process. New facilities in areas that cannot meet staffing needs will create additional problems, not solutions.

TRAVEL IN FLORIDA

The distances between major metropolitan areas in Florida are expansive. This already creates serious difficulty for our older veterans. In the United States, Florida has the largest number of disabled veterans over age 65. The concept of additional community-based outpatient clinics will help with the transportation problems, but the VA must consider supplementing existing state, local, and volunteer transportation programs that assist elder populations in gaining access to available services.

TELEMEDICINE

VA initiatives in telemedicine are an excellent method of keeping delivery of healthcare services at home or in the community rather than at in-patient facilities, such as nursing homes. They should be encouraged as a method of reducing costs and providing more convenient local service to veterans.

RENOVATION VS. NEW CONSTRUCTION COSTS

In Florida there have been several local proposals for the VA to use older facilities that are being vacated. Generally, this occurs when a new facility is privately built and the older one is no longer needed. Given that local veterans see such events as opportunity, all such proposals should be fairly evaluated, and the constituencies informed of the reasons for decisions on this type of suggestion. There are significant issues concerning costs associated with renovation versus new construction, the benefits of state of the art facilities, and the dangers that some older facilities may contain.

Thank you for the opportunity to participate in the CARES process. We are convinced that fair and objective consideration of the needs of Florida's veterans will result in more and better facilities being planned to meet the growing needs of our state. We look forward to receiving the CARES Commission report in December.

Please feel free to contact me at 850-487-1533 or by email for any additional information that may be needed.

Sincerely,

Rocky McPherson
Colonel, U.S. Marine Corps (Ret.)
Executive Director
Florida Department of Veterans' Affairs

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

ATLANTA V.A. MEDICAL CENTER

The CARES planning process appears to have produced a comprehensive and consistent plan of recommendations for the Atlanta VA Medical Center. After being fully briefed by the Atlanta VAMC team, I fully support the CARES recommendations for the Atlanta Medical Center. The Atlanta facility currently serves more than 122,419 enrollees and the CARES data projects a 30% increase by 2022. The Medical Center is a tertiary facility that is characterized by a tremendous volume of workload increases for both Primary Care and Specialty Care Clinics within the heavily veteran populated metropolitan Atlanta area. In order to respond to the Access Planning Initiative for Primary Care, the Atlanta team proposed opening two additional Community Based Outpatient Clinics, one in Stockbridge and the other in Newnan. We ask that consideration also be given to opening a clinic in the Rome area. This area, located in northwest central Georgia, has a large veteran population and would be well served with a CBOC located there. Also, the expansion of the current Community Based Outpatient Clinics in East Point, Lawrenceville, Smyrna, and Oakwood will allow better access and accommodate the projected patient demand to Primary Care Clinics. These additional clinics and expansion of others is in keeping with the goal of CARES, "more health care for more veterans, closer to where they live."

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

The reassignment of patients from the Atlanta facility to a Community Based Outpatient Clinic closer to their home will permit the expansion of the Specialty Care Clinics in the Primary Care vacated space. The Capacity Planning Initiative for Specialty Care will also be addressed by construction of modular buildings for Research and Specialty Care Clinics. This will provide much needed space for enhancing healthcare services.

The inpatient wards have not had any significant improvements since the construction of the main hospital in 1967. The planned renovations will incorporate state of the art design principles in order to provide an improved patient focused treatment setting. These renovations will improve not only the rooms and wards but will include a much-needed upgrade and improvement to the bathroom facilities. There is also planned improvements to the facilities that are more oriented to privacy for our female veterans, which we are seeing a tremendous increase.

In respect to the parking issue, the Atlanta team proposes expanding the parking area by 300 spaces and a long-term goal of expanding the parking deck by 1000 spaces.

I support the Atlanta team's CARES recommendations that will provide our veterans with better access and quality healthcare service.

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

AUGUSTA V.A. MEDICAL CENTER

The veterans of Georgia and their families are extremely concerned about the possibility of the reduction of service now being proposed for the Augusta VA Medical Center. We urge you to carefully consider the following information and reject any proposal that would reduce service to the veterans of Georgia.

The Augusta VAMC Uptown Division provides in/out-patient care for mental health, long term nursing home care, domiciliary care, blind rehabilitation, dental, audiology, dermatology and ophthalmology care.

The possible collaboration with Eisenhower Army Medical Center to accept and maintain an additional workload for Georgia's veterans does not appear to be a viable solution. This facility is not equipped for the current psychiatric, nursing home, blind rehabilitation or spinal cord injury care provided by the VA. Eisenhower's mission is readiness. When necessary, active personnel would displace veterans. Contracting this workload for mental health alone would cost $14+ million in FY 2012 according to the CARES space/cost calculator. There are no organizations within the Augusta area presently capable of taking on the additional mental health and nursing home care unit workload. The future of EAMC is also tenuous because it is possible that Fort Gordon will be subject to a Base Realignment and Closure (BRAC) review in 2005. This should be cause for concern with any service agreements

between this facility and the VA. Also of concern is the ability for EAMC to pick up the additional responsibility for caring for veterans when there is a short coming in being able to provide medical care to all active duty military family members

Eisenhower Army Medical Center currently utilizes 8 operating rooms with capacity for 10. Augusta VAMC also utilizes 8 operating rooms. It would require new construction to build a suitable facility at the MTF site. Conservative estimates indicate such construction would cost approximately $25 million.

The purposed services relocating from the Uptown Division to the Downtown Division are primarily related to Mental Health and Geriatric Care. Augusta VA Medical Downtown Center operates a 60 bed Spinal Cord Injury (SCI) Unit, the only SCI Unit in a three-state area served by this VA Vision. The SCI operations are contingent upon the immediate availability of acute care services. Any move of acute care services to Eisenhower Army Medical Center would necessitate a similar move of the SCI unit to the Eisenhower facility. EAMC is not equipped to address the medical needs of the SCI patients. Congressional interest will continue to be significant and most likely unfavorable if the SCI Unit is left without immediate acute care support.

Moving the Uptown Division's 15-Bed Blind Rehabilitation and 10-bed Medical Rehabilitation Units to the Downtown Division would require $4 million

in renovations for each and would displace two units serving the Spinal Care Injury Units, which would then require a "domino move" that would have its own consequences. Three research units at the Downtown Division would be bounced to the Uptown Division, which would require $4 million worth of renovations for each. The move would likely meet with stiff resistance from the Medical College of Georgia because the Downtown Division labs are used by many with dual appointments at both MCG and the VA.

Bottom line, careful consideration must be given to any proposal that is not supportive of the overall goal of "more health care for more veterans, closer to where they live." We must not take actions that will move the medical care further away from those veterans who need the care.

CARL VINSON VA MEDICAL CENTER, DUBLIN

The Carl Vinson Medical Center located in Dublin, Georgia provides care and services to more than 23,000 veterans from the surrounding area. This facility has conducted more than 126,000 outpatient visits as of July 29, 2003 and is projected to do more than 160,000 by the end of the year. The facility has seen an increase in services of approximately 12% per year for the past four years and that is expected to continue. Considering where most of the Georgia National Guard units that have been activated for support of Iraqi Freedom are stationed, this increase may be even more when these units return to their

home stations. These new veterans will cause the CVVAMC to be responsible for providing care to an increased veterans' population.

There have been several actions taken by the CVVAMC staff in support of CARES and we applaud those actions so long as they do not detract from the quality of care provided to the veteran. We do have a concern about eliminating the surgery capability at the CVVAMC. The proposal to contract all urgent, acute surgery and refer all non-urgent surgeries to other VA facilities needs to be revisited. This action seems to be in conflict with moving health care close to the veteran. The proposed action seems to place an undue and unnecessary burden on the veteran and his or her family at a time when they least need it. This action will result in the veteran possibly incurring a greater financial burden and in most cases the veteran affected is one who can least afford the additional cost. We believe there should be some surgery capability maintained at the CVVAMC.

LAKE CITY VA MEDICAL CENTER, LAKE CITY, FLORIDA

While our Department and the Veterans of Georgia greatly appreciate the work of the CARES Commission and the observations made concerning the Lake City, Florida, Department of Veterans Affairs Medical Center (VAMC), we strongly request reconsideration of a number of points from the August 4th, 2003 Report.

CARES TESTIMONY:

VA Medical Centers
Atlanta, Augusta & Dublin Georgia
Lake City, Florida

There are 19 South Georgia Counties (with a veterans population of approximately 45,000) assigned for medical care to VAMC Lake City. Most of these veterans utilize the facilities available at VAMC Lake City on a daily basis and any move or directional change in this daily operation will place undue hardship on our veterans and their families. Many veterans ride a "Veterans Bus" to the facility as their primary source of transportation. If the Lake City facility is taken out of the loop, the additional 90 mile round trip to Gainesville will impose delays in their scheduled treatment. Many veterans do not have the financial or family backing to make the trip even to Lake City and they must pay someone to provide them transportation. That being the case, the additional mileage to Gainesville will only add to an already stretched personal or family budget. The majority of our counties in the service area for Lake City are rural. Travel distances can be up to 180 miles - one way. Medical care for our older veterans is at a critical point and any interruption will create a situation that should never have been imposed on them.

Latest statistics available to our Department indicate that approximately 40% of the workload for VAMC Lake City is from the 19 South Georgia counties. This is also indicative of the tremendous current workload and projected workload for the northern area of VISN 8. The population of the VISN is growing; projections indicate that this area will see an increase of 18% veteran enrollees. The number of returning Afghanistan and Iraq veterans will only

serve to increase the workload. It is not just the same story from the VERA days, that VA needs to move the money where the veterans are and the veterans are moving South and not North. Those days continue and along with this group are the young veterans from our most recent conflicts. Any change in the day-to-day operation of VA Medical Center Lake City can and will be detrimental to their health care.

There are proposals being considered by the Commission to relocate some current workload from Lake City to Gainesville. Every individual, chart or projection tells us that Gainesville cannot handle its own burgeoning responsibility. Gainesville will be required to make numerous costly changes to an already financially strapped system in order to handle the additional workload.

- Sending inpatient medicine service to Gainesville has not been justified at any level. The Gainesville facility cannot handle the extra load, even with a new 238-bed, five-story bed tower. The additional bed-space was not originally designed to take on the Lake City proposed increase, it was designed to handle Gainesville's current load. It is estimated that this construction will take 18 months, with an estimated cost of $34,000,000. This additional bed space will only go so far to relieve the current stressful bed space situation at Gainesville. As the VA is quick to

recognize Gainesville is a 30-year-old facility with numerous areas of concern that simply will not allow it to take on the additional workload. VAMC Lake City has the space available to handle limited inpatient services. There is the possibility that Lake City could ease some of the Gainesville burden. This area deserves further study. Building a bed-tower in Gainesville is a short term "fix" for Gainesville, not as an added incentive for transferring inpatient medicine services from another facility. Moving Lake City's workload, only adds to a Gainesville.

- Moving inpatient surgery from VAMC Lake City to VAMC Gainesville again adds to the overburdened workload at Gainesville. It also continues the frustration experienced by patients waiting months for an initial surgery consult and then even longer for the surgery. Gainesville has a several month waiting list now for surgery, Lake City also has a waiting list. These are surgeries deemed necessary by their VA primary care provider. Moving the Lake City inpatient surgery responsibility to Gainesville, as stated above only adds an undue and unnecessary burden on the Veterans in need. Rather than close a functioning service, why not enhance it and allow Lake City to relieve some of Gainesville's extremely stretched

load? Allow minor surgeries to be continued at Lake City. Remove minor surgery from Gainesville and transfer it to Lake City.

We in Georgia are extremely concerned with any action to eliminate or reduce health care services for our veterans. We are just as concerned with the possibility of adding longer wait times and unnecessary frustration to an already burgeoning system. I stress daily to clients who are upset with the current VA System that complaining is not the solution. We must work together to make "our" VA stronger. Georgians do strongly feel that it is "our" VA and we do desire to work together to make the U.S. Department of Veterans Affairs stronger.

Thank you for allowing the Georgia Department of Veterans Service to present information to this Commission.