



MEMORANDUM

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CARES Commission

August 19, 2003

PVA appreciates the opportunity to appear before the CARES Commission today, regarding VA's VISN 8.

We have carefully reviewed the VISN 8 CARES market plans, and are dealing primarily with those recommended options. However, some other issues have been identified, which we consider to be critical to the high quality care for spinal cord injured/diseased (SCI/D) veterans, as well as other veterans.

CARES Issues – VISN 8

1. PVA conducts staffing surveys of all VA Spinal Cord Injury Centers on a monthly basis. This survey is done in conjunction with the VA SCI Chiefs. In VISN 8, there are three (3) SCI Centers: Miami (36 beds), San Juan (20 beds) and Tampa (70 beds). In addition, the following facilities currently house long term care SCI beds: Miami (10 beds), San Juan (10 beds), and Orlando (12 beds).

Our surveys have consistently shown that VA SCI centers struggle to meet even the minimum mandated SCI staffing levels for physicians, nurses, nurse's assistants, etc. according to VHA 1176.1.

2. One of the most urgent problems facing SCI veterans in VISN 8 is the ongoing under servicing our veterans in Puerto Rico. The U.S. Government accepted Puerto Rican men and women into our military services prior to the start of World War I. The U.S. Government and VA owe Puerto Rican veterans the same quality care and access to services as those received by mainland veterans. VA funding of services for these veterans should in no way be impacted or tied to any change in agreements between the government of Puerto Rico and the Department of Defense. The proposed closure of the naval base at Roosevelt Roads or the bombing range on the Island of Vieques (see enclosure #1) should in no way be interpreted as a green light for VA to reduce healthcare services to the veterans of Puerto Rico.

PVA is greatly concerned about the validity of VA's projected veteran census for Puerto Rico. If the numbers that VA has projected are based upon U.S. county demographics, please be aware that neither Puerto Rico, nor the U.S. Virgin Islands have counties. If in fact this is VA's method, the numbers most certainly would be radically distorted. Additionally, the general consensus is that most Puerto Ricans and Virgin Islanders now living in the U.S. would move back to their Island homeland upon retirement. We do not believe that this has been considered in the VA projections.

The hospital tower at the VAMC, San Juan needs replacement.

PVA does not consider the contracting out of inpatient care to private hospitals as a valid option, as it is well known VA care is considered to be of much higher quality than most of that received in the private sector. This is especially true when dealing with the healthcare needs of SCI/D patients.

Efforts to partner with DOD involving Roosevelt Roads and possibly Ft. Buchanan are not viable options based upon today's scenario between DOD and the Commonwealth.

Long Term Care is another very critical issue in Puerto Rico, due to the lack of quality domiciliary, assisted living facilities, and nursing homes on the island. This compounds the question of urgency as to how do we care for the neediest of our veterans. The establishment of a large VA ALF in Puerto Rico is a very important issue and should be in the forefront of those addressed by the commission. Doubling the existing VA nursing home capacity is equally important. Within those beds, PVA would like to see 20 SCI/D beds specifically designated as such, to include properly trained and credentialed staff. It was proposed that San Juan would have 10 such beds available as of October 2002. We are troubled that there has been no movement on this project, nor any reference to these beds now, or in the future. (See enclosure # 2).

3. PVA is disturbed that the long term care issue for all veterans was not made an integral part of the CARES focus. The aging veterans' statistics that VA regularly provides is solid testament to just how important this issue is.

In terms of long term care for SCI/D veterans, PVA is pleased with the plan to build a 30 bed SCI Long Term Care wing at the Tampa SCI Center. However, we are concerned as to whether this wing will be utilized strictly by SCI/D veterans, or if it will be shared with veterans suffering with traumatic brain injuries (TBI). We would support separate 30 bed wings for each.

PVA is very deeply disturbed at the current practice at the SCI Center in Tampa, of bringing other than SCI/D patients into the SCI Wards for care. This prevents

SCI/D patients from being admitted quickly to those units, because of beds being “full”.

We support rapid funding and staffing of all 18 long term SCI beds in the Orlando VA Nursing Home Care Unit.

PVA fully supports the building of a new bed tower in Orlando, and designating the entire VHA program there as a self contained hospital, totally independent in all aspects from the VA Hospital, in Tampa. We urge that this be accomplished before 2012.

We strongly support the addition of 10 more long term care SCI/D beds in the Miami VA Hospital, but strongly urge that all 20 of these beds be specifically separated and designated as SCI/D beds only, with properly trained staff.

4. PVA requests that the Commission review the “Hub and Spokes” concept of SCI care (enclosure #3). Additionally, it is requested that consideration be given to the establishment of SCI/D clinics at other VA healthcare facilities in VISN 8, such as Jacksonville and Gainesville and that only highly qualified and SCI trained medical personnel be identified and assigned to these clinics. These teams are an integral part of the 3 SCI Centers in VISN 8 and greatly contribute to the quality of care the SCI/D veteran receives from VA.
5. PVA does not support the proposed reduction in services at the Lake City VA Hospital. The inpatient psychiatric beds and nursing home care unit beds are critical to the basic care levels needed to serve veterans in VISN 8.

We thank each of the Commissioners for their attention to our testimony, and we applaud your efforts to make the VA Medical Care System the best in the world.

Harry Copeland
PVA Service Officer

Enclosures: (1) Orlando Sentinel newspaper article.
(2) VISN 8 VHA F/Y 2003 Minor Operating Plan and Long Term Care Bed Proposal.
(3) VHA Handbook 1176.1 (May 21, 2002) Spinal Cord Injury and Disorders System of Care Procedures.

KENNETH A. THIE

**VETERANS OF FOREIGN WARS OF THE U.S.
CARES COMMISSION PRESENTATION**

The Veterans of Foreign Wars of the United States has been supportive of the Department of Veterans Affairs CARES process as long as the primary emphasis is on the "Enhanced Services". We recognized that the location and mission of some VA facilities may need to change to improve veteran's access; to allow more resources to be devoted to medical care, rather than the upkeep of inefficient buildings and to adjust to modern methods of health care service delivery.

PROPOSAL: VISN 8 has a primary care access gap in the North market and an acute hospital gap in Central, Gulf and North markets. Primary care access in the North market will be met by adding 4 new points of primary care (CBOC's). Acute hospital access in Central market will be increased by adding a new VA owned and operated site for hospital care in Orlando (Gulf market), by adding new contract sites for hospital care in the Gulf South market area (Ft. Myers) and for the North market by adding 2 new points of acute medical care at Jacksonville Shands (contract) and Jacksonville DOD (joint venture).

COMMENTS: The VFW does not have a problem with the VA's access proposal noted above. Increasing access points does enhance services to veterans and accordingly, we support this proposal. The new hospital site for the Orlando area is long overdue as with the new sites in the Ft. Myers area. Ft. Myers has been at capacity for a few years now and the new sites should increase access for veterans that need primary care appointments. We must ensure that the proposed joint venture with DOD in Jacksonville allows access for veterans without any problems such as veterans needing a pass or sticker to gain entrance into DODVA shared facilities. We must also insure that these services are not prioritized by treating DOD Dependents before veterans. Any joint venture must enhance services to veterans.

PROPOSAL: Lake City (Campus realignment/Consolidation of Services) – Transfer of current inpatient surgery services now to Gainesville. Inpatient medical service transfer to Gainesville will be reevaluated when Gainesville has expanded inpatient capacity (due to construction of a proposed new bed tower). Nursing home care and outpatient services will remain in Lake City.

COMMENTS: We have concern about the transfer of inpatient surgery services to Gainesville. The question that needs to be asked is **does the Gainesville facility have the staff/space to absorb inpatient surgery services from Lake City, if they do not, are there services going to be contracted out and if so, does the community have the capability to absorb these services.** We also agree that inpatient services should not be moved to the Gainesville facility at this time because Gainesville cannot absorb these services from Lake City.

PROPOSAL: Outpatient Services – Increasing demand for primary care and specialty care in all 5 markets and mental health in 2 markets will be met by addition of 4 new CBOC's (North market only), expansion of existing CBOC's via contract, lease and new construction. Demand will also be met by reconfiguring of space at the VAMC's via renovation, conversion of vacant and new construction.

COMMENTS: This is a win situation for the veterans in this area. **One of the main problems veterans encounter in Florida is access to primary care services. Adding new CBOC's can only alleviate this problem. However, if some of these services are contracted out as is noted in the proposal, we must ask, can the community absorb these services? Also, we would prefer that mental health services be provided by the VA and not contracted out because private doctors do not have the expertise as do VA doctors to treat veterans who suffer from dual diagnosis, such as PTSD/ Substance abuse.**

PROPOSAL: Inpatient services – Tampa (West Central Florida sub-market) will build a new inpatient bed tower above the new Spinal Cord Injury (SCI) Center to meet medical, surgical and psychiatry inpatient workload. Decreasing medicine demand for Gulf market; also medicine and surgery for Puerto Rico markets are addressed through the downsizing of beds at VAMC Bay Pines between FY 2012 and 2022 and San Juan between 2006 and 2022. Increasing psychiatry demand in the North market will be met through new construction at Gainesville.

COMMENTS: The new inpatient bed tower at the Tampa facility will allow VA to meet the demand for medical, surgical and psychiatry inpatient workload in Central Florida. Downsizing of beds in Bay Pines and San Juan (which will not be needed) will allow VA to meet demands for medicine and surgery in the future. **We should ask, what about the seismic problem in San Juan. It is noted that there is planned major construction for San Juan in 2006. Will this alleviate the seismic safety issue?** We are in support of the new construction at Gainesville for the increase in psychiatry demand.

ENHANCED USE: Potential enhanced use projects are being explored for Bay Pines. None have been developed for inclusion in this cycle of CARES. University of Miami enhanced use lease project proposal is in development. University of Miami will pay for construction cost of adding three additional floors to existing research building at estimated cost of \$8 million. Miami will address interior needs at est. cost of \$10 million. Project identified for design in 2005 and construction in 2006-2007.

COMMENTS: This does not free up space for patient care access relative to PI gaps. **We have a problem with this proposal. Currently, there is a PI for patient care gaps that MUST be addressed before we can support the University of Miami's proposal in the development of additional research**

space. Veterans' needs must be addressed first (clinical space). Moreover, how does the proposal enhance services to veterans when the Miami VAMC must absorb some of the cost associated with this project.

COLLABORATIONS: DOD – Outpatient joint ventures in the Puerto Rico market with Fort Buchanan and in the Gulf market with McDill AFB, inpatient joint venture in the North market with Jacksonville Naval Hospital.

COMMENTS: Our concern here is that any joint venture, inpatient/outpatient must enhance services to veterans. **The question that should be asked, Will veterans have "hassle free access" to clinics that are located on military installations? If there were a major conflict resulting in the need to provide medical services to a multitude of active duty personnel, would the Military take over space dedicated for VA beneficiaries to provide health care to those active duty personnel? Finally, it is conceivable that Jacksonville Naval Hospital and the VA could combine acute care operations, however, there are major impediments and these impediments are not conducive to the high level of care VA seeks to provide for veterans.**

VBA – VBA and Jacksonville OPC are exploring mini VARO sites. New site for Jacksonville clinic has space planned for small VBA office. The expanded presence of the mini-VARO in West Palm Beach and Orlando are being explored as part of the plan to establish inpatient services in these markets.

COMMENTS: Any VHA collaboration with the VBA is a win win situation for veterans ONE STOP SHOPPING!

NCA – NCA is interested in acreage for a cemetery along with any proposed construction in Sarasota or Fort Myers area.

COMMENT: We support NCA's proposal. Cemetery acreage is needed.

STATEMENT OF
REGGIE BEVERLY, DEPARTMENT COMMANDER
FLORIDA AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN

SEPTEMBER 10, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The Florida American Legion, the States Largest Veteran's Organization, on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 8.

As a veteran and stakeholder, I am honored to be here today.

The CARES Process

New methods of medical treatment and the shifting of the veteran population geographically to the sun-belt has meant that the VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. The VA shift from the traditional hospital based system to a more outpatient based system of care has been a great help in addressing the needs of veterans health care however there is, and may continue to be, an un-met demand in the State of Florida and other sun belt states.

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. We feel that shifts in population must be weighted in this process. The entire funding process for Medical Services and Capitol expenditures has always been years behind the demand. It is time that the Government shift funds based on current and future needs not past experiences.

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 8- ALL MARKETS

VISN 8 encompasses the state of Florida, part of Georgia and Puerto Rico. The CARES initiative identified 5 market areas and they are the Gulf, Atlantic, North, Puerto Rico and Central Markets. Currently, seven VA Medical Centers and multiple clinics service the state of Florida and Puerto Rico.

Access

Three of VISN 8’s Markets identified an acute hospital access gap. To address this access problem the Draft National Plan (DNP) proposes a 75-inpatient bed tower for Orlando, which is located in the Gulf Market. Fort Myers, also in the Gulf Market, and Jacksonville, in the North Market, will contract their hospital care.

The Florida American Legion supports the establishment of the Orlando bed tower. I feel certain that we will not have controversy over any siting issue of the Orlando tower. We only want one thing, increased capacity to care for Veterans. The issue of, “which Central Florida County it is in,” is a lesson

learned! Simply, “build it and they will come.” In regards to contracting care in order to meet the access gaps in Jacksonville and Fort Myers, The Florida American Legion believes that contracting care should be the last resort. As we know, the VA is a back-up health care provider for the Department of Defense and it must be maintained as a matter of National Defense. Excessive contracting leads to vouchering, privatization and eventually the dismantling of VA. The DNP proposes to contract out during peak years and until the hundreds of construction projects are complete. What if the construction projects never get done? What is left is a system that will be forced to continue to contract out and then what?

The VA is a provider of care, not a purchaser of care.

Campus Realignment/Consolidation of Services

The DNP proposes to study the feasibility of transferring inpatient surgery beds from Lake City, Florida to Gainesville, Florida and transfer acute medicine beds when the proposed new bed tower in Gainesville is finished.

The American Legion does not support the realignment of Lake City to Gainesville as proposed in this plan. “Feasibility study” is a nebulous term that leaves veterans hanging. What is the time line for the study? The Gainesville tower has not been built yet. The Lake City facility is a one-hour drive from Gainesville. It is the only VA hospital within miles for veterans north of Lake City and the Counties in south Georgia that are part of VISN 8. If there were ever a need for a new hospital to be built, it would be in the panhandle of Florida.

Outpatient Services

Also proposed in the DNP is the establishment of four additional outpatient clinics in the North Market to address the increased demand in Outpatient Services identified through the CARES initiative. The American Legion supports the building of the outpatient clinics but we would like to stress the importance of staffing these clinics with VA personnel and not contract staff. The North Market was not alone in experiencing an increase in demand for outpatient services; indeed, all markets VISN wide fall into that category. The rest of the VISN 8 will address the shortfall through several avenues to include contracting, new construction, and reconfiguration of space.

Inpatient Services

To meet the inpatient workload in the Tampa area, the DNP proposes building a 30-bed inpatient bed tower above the new Spinal Cord Injury (SCI) Center. The American Legion supports this proposal. Any enhancement of services to veterans is a plus.

Enhanced Use

An enhanced use project with the University of Miami is scheduled for construction in 2006-2007. This particular project includes the building of three additional floors for research at a cost of \$8 million. The American Legion does not oppose enhanced use lease agreements as long as the veterans are the priority population that will benefit from such an agreement with VA benefitting also.

The enhanced use process is a long, drawn out process, and one that The American Legion feels should be streamlined. Too often it takes years to see a project to fruition, sometimes in excess of 3 or 4 years. Many times, interested parties drop out because of the long delays in decisions. Everyone would benefit if that time could be cut in half.

Collaborations

VISN 8 has the opportunity for several Department of Defense (DoD) joint ventures. The American Legion supports these efforts and encourages VA to continue to pursue these initiatives.

VERA Funding (Veteran's Equitable Resource Allocation)

This is the best program that has been implemented is assisting the Sun Belt States meet the ever growing needs of veterans health care. It must be preserved, expanded and expedited. Finally there is a process in place to allow the funding streams to follow the population shifts. The only problem is the timeliness of the releasing of funds to the VISN. Our VA facilities have an ever increasing work load and veterans still tell me as I travel, "of how they can get services and appointments in northern states much quicker than here if Florida."

Conclusion

We commend the dedicated professionals that work at all of our VA facilities. They do a wonderful job with the limited resources that they have. They care for America's Veterans and give the best quality of service that can be provided anywhere.

**I appreciate the opportunity to present our views on this very important subject that will impact services to America's Veterans for generations to come.
Thank You**

Glossary of Terms

**V.I.S.N. #8 Veterans Integrated Services Network
(most of Florida, southern counties of Georgia and Puerto Rico)**

DNP *Draft-National Plan*

VERA Veteran's Equitable Resource Allocation

**STATEMENT OF
ALBERT H. LINDEN, JR.
DEPARTMENT ADJUTANT
DISABLED AMERICAN VETERANS
DEPARTMENT OF FLORIDA
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
ORLANDO, FLORIDA
SEPTEMBER 10, 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 8.

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 service 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.

The veteran population in Florida is expected to grow by 11% through FY 2012, then decrease by 2.3% in 2022 compared to 2001 levels. Enrollment in VA health care has doubled in the last five years but fiscal and physical resources have not. Service-connected veterans have suffered the most because they were the only ones being treated in Florida prior to 1996, and then only for their service-connected disability. Now every veteran enrolled gets all his or her needs met and this has caused problems with timeliness of appointments and a scarcity of prosthetics for service-connected veterans.

It should be further noted that VISN 8 has a one million square foot space deficit based on current workload.

The VISN 8 CARES proposal is a very conservative plan which calls for minimum construction of needed outpatient clinics, one hospital in Orlando, and two new bed towers, one in Gainesville and the Tampa area. The remaining hospital beds needed will be contracted through the private sector and/or the Department of Defense.

It must be noted that, according to the VA's own projections, Florida will become the state with the largest veterans population before 2022, and need the most facilities of any state. The fastest growing county in Florida is now Lee County (in Southwest Florida) and the 9th fastest growing city in America is Cape Coral, where there is no VA clinic. Major metropolitan areas like Jacksonville, Pensacola, and Orlando have no VA hospitals, while cities like Boston, Chicago, and New York have multiple hospitals. This is totally inequitable and unfair and must be fixed through CARES.

Additionally, changing Lake City to an 8-hour, 5-day-a-week facility would not be in the best interests of Florida and South Georgia veterans and would close a modern VA nursing home that is really needed. Georgia reservists and National Guardsmen from this area will earn VA benefits due to their military service in Iraq and Afghanistan, further increasing the potential patient loads for the VA Medical Center in Lake City.

In closing, the local DAV members of VISN 8 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 FOR THE RECORD

Of

**Vietnam Veterans of America
Florida State Council**

Submitted by

**Dave McMichael,
President
VVA Florida State Council**

Before the

CARES Commission

Regarding

Draft National CARES Plans

Presented At

**Hyatt Regency Grand Cypress
VISN 8
Orlando, Florida**

September 10, 2003

Good morning, my name is Dave McMichael; I am President of Vietnam Veterans America (VVA) Florida State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the Hyatt Regency Grand Cypress Hotel, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 8 in Orlando, Florida 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), Florida State Council applauds this commission for their effort in increasing services for veterans in the state of Florida, however we have grave misgivings about the projections of veterans population in the state.

The state of Florida has the second highest population of veterans, Florida has the highest population of totally and permanent disabled veterans and is number 1 in Veterans over the age of 65 in the country. With this in mind, and knowing there are approximately 800,000 people relocating to Florida annually, many which are veterans, I would urge the commission to formulate a plan to address the needs of the ever increasing number of our veterans. The reality is that many of the Veterans in the state of Florida travel outside the VA mandate of 75-mile radius for care and treatment and are waiting 3 to 6 months for an appointment.

The Florida State Council of Vietnam Veterans of America (VVA) would support an effort by the CARES commission to include in

it's National Draft CARES Plan entitled VISN 8 a provision that would allow close scrutiny and frequent review of the veteran population and their needs throughout the State of Florida.

Also, the proposed National Draft CARES Plan entitled VISN 8 Special Disability Program Planning Initiatives DID NOT include PTSD and Substance Abuse Counseling. VVA's founding principle is "Never again will one generation 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 served this country in past wars and those returning home from the war in Iraq.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively improve the services to the veterans of Florida but we are deeply concerned about the issues that we set forth to you today.

Mr. Chairman, thank you for the opportunity to address the commission on behalf of Vietnam Veterans of America (VVA) Florida State Council. I will be more than happy to answer any questions that the commission may have.

***TERRY N. KING**
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Dear MR. Richard E. Larson,

Unfortunately I was attending the National Blinded veteran's convention in Myrtle Beach South Carolina, and was unaware of the commission holding the public forum on September 10, 2003 at 9:00 am at the Hyatt Regency Grand Cypress, One Grand Cypress Boulevard, Orlando, Florida. I am aware that the letter I received after returning home from the Blinded Veterans Convention was indicated that all statements in writing should be received ten days prior to the public forum. Do to the unusual circumstances; on behalf of our nine hundred and eighty six blind veterans in Florida, I would like to per pose that you please accept the following statement, irrespective of its lateness.

The Blinded Veterans Association (BVA) is the only national Veterans Service Organization exclusively dedicated to serving the needs of our nation's blinded veterans and their families. Organized in 1945, BVA was Congressionally Chartered in 1958. Our Congressional Charter designates BVA as the organizational advocate for all blinded veterans before the executive and legislative branches of government. BVA was instrumental in the establishment and growth of Department of Veterans Affairs (VA) Blind Rehabilitation Service (BRS). Our organization closely monitors the effectiveness of the BRS program and VA's capacity to provide comprehensive services.

VA currently operates ten comprehensive residential Blind Rehabilitation Centers (BRCs) located across the country. Historically, the residential BRC program has been the only option for severely visually impaired and blinded veterans to receive services. As the Veterans Health Administration (VHA) transitioned to a managed primary care system of health care delivery, BRS failed to make the same transition for rehabilitation services for blinded veterans. BVA believes it is imperative that VA BRS expand its capacity to provide blind rehabilitation services on an outpatient basis when appropriate. Over 2,600 blinded veterans are waiting entrance into one of the ten VA BRCs. Many of these blinded veterans do not require a residential program. If a veteran cannot or will not attend a residential BRC – they do not receive any type of rehabilitation.

Phase II of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative provides VA with an excellent opportunity to review currently unused infrastructure for the implementation of more cost effective and innovative approaches to delivering desperately needed services to a rapidly aging veteran population. A program already operational at one local facility – the Visual Impairment Service Outpatient Rehabilitation (VISOR) program at Lebanon, Pennsylvania- is an operational model that

could be replicated. While this new model is outpatient in concept, it does require teaching space and the establishment of hoptel beds. The National CARES Program Office (NCPO) identified only four planning initiatives (PI) for blind rehabilitation. The PIs call for the establishment of three new traditional BRCs in VISNs 10, 16 and 22, as well as the expansion of beds in VISN 8 at West Palm Beach. The Rehabilitation Strategic Healthcare Group (SHG) provided several recommendations to all VISN planners that would expand VA capacity to provide services on an outpatient basis. All these recommendations have been totally ignored by the Networks. VA is currently failing to meet its statutory requirement to maintain its capacity to provide specialized rehabilitative services to disabled veterans, i.e. blinded veterans.

CARES Phase II has clearly failed to assure ENHANCED SERVICES, especially with respect to blinded veterans. How can VA plan for better utilization of space or new construction projects without considering the services that will be provided and for whom? BVA has repeatedly asked NCPO this question and hopes you will do the same. We have been told patient services issues will be addressed in the VA Five Year Strategic Plan. BVA was offered the opportunity to comment on the VA's 2003-2008 Strategic Plan. No "secondary phases" to CARES were mentioned. The time to address these issues is now. If VA chooses to ignore the needs of blinded veterans and other core populations, these veterans will continue to go without essential services. If CARES refuses to address these crucial needs, blinded veterans will be forced to continue waiting up to one year to gain access to comprehensive blind rehabilitation services. In the view of the Blinded Veterans Association, this approach is completely unacceptable.

Sincerely,

Terry King, President

Blinded Veterans Association, Florida Regional Group