

Congress of the United States
Washington, DC 20510

August 15, 2003

Richard E. Larson
Executive Director, CARES Commission (OO CARES)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Larson:

As the members of the Delaware Congressional delegation, we would like to express to the CARES Commission our strong endorsement for the status quo recommendation regarding the Wilmington VAMC that is contained in both the draft National CARES Plan and the VISN 4 Market Plan.

We understand, however, that the CARES Commission has received a proposal to modify the draft National CARES Plan and to include in your final report a recommendation for the lease of a new VA inpatient facility in southern New Jersey. There is no question that the establishment of such a facility would have a very deleterious effect on the Wilmington VAMC. Specifically, according to its proponents, this new southern New Jersey hospital would draw heavily from inpatients currently being treated at the Wilmington VAMC, resulting in a drop of 25% in Wilmington's inpatient workload. A workload reduction of this magnitude could very likely lead to the closure of the Wilmington VAMC, the only VA inpatient facility in our state. We are aware of no person familiar with this situation who would state that the Eastern Market of VISN 4 will be able to support both the Wilmington VAMC and a new inpatient facility in southern New Jersey; there is just not sufficient patient demand to justify both facilities.

We would like to make a few observations about the southern New Jersey proposal that we would ask you to consider as you evaluate it; we feel that these points make a compelling case to retain the Wilmington VAMC mission as it is and not to jeopardize it by the development of a new inpatient facility in southern New Jersey.

- Both the VISN 4 Market Plan and the draft National CARES Plan have endorsed keeping the Wilmington VAMC at its current status, and neither plan has supported the development of a new inpatient facility in southern New Jersey, though both plans evaluated this option.
- The proponents of the New Jersey plan argue that the projected need for 42-47 additional inpatient beds in the Eastern Market of VISN 4 in 2012 (but not in 2022) justifies a new facility, but both the VISN 4 Market Plan and the draft National CARES Plan assert that this temporary need for an increased number of inpatient beds can be easily met by the existing facilities.

- The New Jersey proposal provides no data on how much extra their plan would cost the VA; in particular, the proposal does not detail how much the facility lease would cost the VA annually. Utilizing existing VA facilities to meet the temporary demand for increased inpatient space, as recommended in the draft National CARES Plan, would certainly be much less costly than developing a new facility. Furthermore, the cost of ancillary services (xray, lab) at a new private facility will undoubtedly be higher than the cost of those same services when provided by existing VA facilities.
- Analysis of the predicted location of the increased inpatient space need in 2012 shows that the Philadelphia VAMC will account for 59% of the increase; Wilkes-Barre VAMC and Lebanon VAMC account for 39% of the increase; and Wilmington VAMC accounts for only 2% of the increase. From a geographic point of view, therefore, southern New Jersey hardly seems like the appropriate location for a facility developed to meet this projected demand.
- The proponents of the new southern New Jersey facility argue that veterans in southern New Jersey have lengthy travel times to obtain care at VA facilities, but in fact veterans in southern Delaware have to travel even further. Closure of the Wilmington VAMC, a likely consequence of the creation of a new inpatient facility in southern NJ, would further exacerbate this difference.
- The proponents of the new New Jersey facility used their own statistical methodology to justify their plan instead of using the standards and methods established by the CARES process and under which all other VA facilities were analyzed. This double standard is not in keeping with one of the basic tenets of the CARES process, namely that all stakeholders be treated equitably.
- The New Jersey proposal emphasizes the many surgical enhancements that would be available to veterans at a new facility. This ignores the fact that the CARES prediction for VISN 4 is for a temporary increased need only for inpatient medical beds; there is no predicted need for inpatient surgical beds in the Eastern Market of VISN 4 in either 2012 or 2022.
- The New Jersey proposal emphasizes that veterans from southern New Jersey have long travel times to get to appointments at Wilmington VAMC or Philadelphia VAMC, and that a new facility in southern New Jersey would ameliorate this situation. In fact, the proposed facility in southern New Jersey is an inpatient facility only; its development will therefore have absolutely no effect on travel time for outpatient appointments.
- The proposal to develop a new inpatient facility in southern New Jersey at this time flies in the face of the well-established trend that healthcare in general is moving out of inpatient facilities and into outpatient facilities. On a nationwide basis, healthcare systems are developing extremely few new inpatient facilities other than as replacements for outdated hospitals of similar size.

In addition, we feel that the following statistics may be relevant in your review of the NJ proposal:

- Wilmington VAMC had the highest JCAHO score (97) among all VISN 4 facilities, a score which puts it in the top 15% of all hospitals nationwide. As the VA is becoming the acknowledged leader in healthcare quality improvement, it seems illogical to put in jeopardy one of the VA's quality stars in favor of a completely unknown quantity.
- According to recently-released census records, the number of veterans in Delaware increased by 4.2% between 1990 and 2000, making it the only state in the Northeast and Mid-Atlantic regions to show an absolute increase in number of veterans. For example, during this same period, the number of veterans in New Jersey decreased by 17.8%.
- Delaware has a single VA inpatient facility and a single outpatient clinic. By contrast, New Jersey has two VA inpatient facilities and nine outpatient clinics.

In summary, we feel that there is a very powerful case for maintaining the current status of the Wilmington VAMC and for not jeopardizing its existence by the creation of a new facility in southern New Jersey, especially when the cost and utility of such a facility are completely unproven.

Sincerely,



Joseph R. Biden
United States Senator



Thomas R. Carper
United States Senator



Michael N. Castle
Member of Congress