

Pennsylvania Department of Military and Veterans Affairs Testimony to CARES Commission
Brigadier General (PA) Cecil B. Hengeveld
Deputy Adjutant General for Veterans Affairs
Presented at Pittsburgh, Pennsylvania
August 27, 2003

Acknowledgment

Mr. Chairman, CARES Commission members, Mr. Biro and VISN 4 staff members, distinguished veterans and advocates for veterans, thank you for the opportunity to testify on behalf of the Pennsylvania Department of Military and Veterans Affairs and the Commonwealth's more than 1.2 million veterans.

Recognizing CARES Vision and Accomplishments

No one doubts the need for the CARES process after the July 1999 General Accounting Office study which found that the VA was spending a million dollars a day on unneeded or unused facilities. For any organization to succeed in the 21st century, it will need a road map and the CARES process to date has been a solid departure point to identify the infrastructure VA will need to care for veterans.

The veterans of Pennsylvania understand the enormity of CARES and its effect on the nation's largest health care system. We wholeheartedly agree with the desired end state of a more effective use of VA resources to provide more care, to more veterans, and in places where veterans need it most.

This draft national plan was a start to finding savings and reinvesting them in doctors, nurses and modern health care equipment and facilities -- resources crucial to direct patient care. It is vitally important to increase services and accessibility for our veterans while reducing costs. Everyone involved in the CARES process to this point should be commended.

Partners and Stakeholders

The federal Department of Veterans Affairs has many partners and stakeholders represented in VISN 4. These include more than 1,230,000 veterans, numerous veterans' service organizations, Pennsylvania's Department of Military and Veterans Affairs and a sizeable contingent of federal and state legislators.

Our Department of Military and Veterans Affairs is tasked to aid Pennsylvania's 1.2 million veterans in securing the medical care they require and provided by Federal or State facilities. To this end this Department operates six state veterans' homes across the Commonwealth with a combined total of 1600 beds meeting various levels of care needs. These Homes are located in Erie, Pittsburgh, Hollidaysburg, Scranton, Spring City and Philadelphia. It is vital that each

VISN 4 retains the medical services and ability to support the Veteran residents in our long-term care Home system. Along with Mr. Biro and his staff, we have established a joint task force to address the issues related to providing responsive and more seamless service to our veterans. The Department of Military and Veterans Affairs is working hard to ensure veterans become aware of their rights to use the VA by presenting briefings to groups throughout the state and thus hopefully increase VISN4's market share.

Pennsylvania's 1.2 million veterans are the main stakeholders of this process. They are a stable population with relatively few moving out of Pennsylvania. It is the fastest growing population in the nation of individuals over the age of 85. As the Under Secretary for Health, The Honorable Robert H. Roswell has said before: "These veterans, particularly those over 85, are the most vulnerable of the older veteran population and are especially likely to require not only long-term care, but also health care services of all types." Approximately 23% of Pennsylvania's veterans are currently enrolled for Healthcare benefits, and we are actively working to increase that participation by our veterans'.

Stakeholder Outreach

To this point the outreach process in explaining the CARES process to Veteran Service Organizations (national, state, and local levels), Congressional Delegations, Academic Affiliates, Employees, Unions has been excellent. Mr. Biro and his staff at VISN 4 have been very effective in getting the message out to veterans and their advocates. They took their lumps, listened and articulated the facts...they helped us understand what was transpiring and they always kept their stakeholders informed.

Present Concerns

While we understand that some of the results of the CARES process may come with some difficult choices, we are concerned that Pennsylvania stakeholders may not have an opportunity to provide input to the final plan revision. We appreciate the efforts of Mr. Biro and the VISN 4 staff in including our input in the draft plan that went forward from VISN 4. That said, we couldn't really make an assessment of the new changes until they are fully explained. Unfortunately time was not available for the stakeholders to receive as thorough a briefing of the revised CARES plan as was given for the original plan.

As stated before the average age of Pennsylvania's Veterans is increasing. The need for long term care beds for skilled nursing, dementia, personal care, domiciliary, assisted living, respite care and adult day care are increasing.

We want to see the issues of long-term care, as well as long term psychiatric care to be fully addressed in CARES. This should include the square footage requirements for these purposes as well as other means to support this need. We will need further briefings and clarifications on

further revisions to the plan in terms of timelines, costs and loss or gain of capabilities to meet the needs of our veterans. As stakeholders of we want to remain part of this ongoing process to improve services to our veterans.

Conclusion

We are pleased that you as members of the CARES Commission have given us the opportunity to present our views and concerns. We applaud the commission's efforts thus far. We ask now that you emphasis inclusion of all stakeholders as the process continues into the future. Thank you for allowing us to speak for the veterans of Pennsylvania.

CARES HEARINGS
PITTSBURGH, PA
AUGUST 27, 2003

My name is John C. Williams, I am the Director of Veterans Affairs for Erie County.

I would like to begin my testimony by thanking the panel for giving all of us present the opportunity to express our concerns about the effects of the CARES on the local level.

In our case, in Erie County we have a VAMC that has been serving Northwest PA , north eastern parts of Ohio and north western parts of New York since the early fifties.

From your perspective the entire VA system of health care needs to be revamped. If you strictly look at infrastructure and numbers it appears that we must shift things and consolidate health care into hubs.

From the perspective of people like myself, who are in touch with our veterans on a daily basis, we see things that your numbers and use of physical plants cannot possibly express.

I understand that your recommendation for the Erie VAMC is to move all general surgeries that involve in-patient stays to the larger VAMCs or shift them to a local private sector hospital depending upon circumstances.

I'm sure this would save money if that is the principal objective of the VA Health Care system.

But I truly believe that your objective is better health care for all of our vets on an individual basis.

With that in mind allow me to make some very important observations. In the past, patient care has always been the main objective of the VA. In Northwest PA a veteran is able to come to the Erie VAMC for general surgeries in combination with in-patient care. His or her family was generally within an hour or so of travel to be with the veteran patient. This support is a very critical part of the comfort for the patient as well as his family.

If he or she must travel to Pittsburgh, Buffalo or Cleveland, the veteran will be away from familiar surroundings and less accessible to his loved ones. Can you imagine this happening in the private sector....Your HMO telling you that you had to travel 100 miles or more to get a knee replacement.

It is difficult enough for our veterans to get to the Erie VAMC, especially if you consider the age of the average customer as well as his or her spouse. These are some of the intangibles facing our veterans in the Northwest. Throw into the mix the weather five

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months out of the year and the stress of traveling, you can see how difficult it would be for our vets to make the longer run to the other VAMCs.

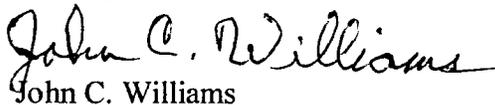
You must remember that we have two different groups of veterans...we have those living in the densely populated cities and the rural populations. In Northwest PA we have both. You can tell by the recent popularity of the CBOCs that for the longest time we have underserved our rural veterans. With the CBOCs we have increased the number of veterans being served. An integral part of this change has been the Erie VAMC and its proximity to our rural veteran population.

To take these surgeries away smacks of rationing health care for veterans in our part of the state. It is already difficult to get timely health care. If CARES recommendations for our area are implemented, I fear that the quality of health care suffers even more.

I find it hard to equate optimizing health care, as presented by CARES, with the quality of care for our veterans. There must be another way.

I'm very proud of the VAMC in Erie and the professional care rendered by a very dedicated team of caregivers. They display the very unique concern that only VA hospital personnel can provide. Let's not fix something that's not broken. Quality health care should be the measure not the bottom line.

Thank you,



John C. Williams

Director of Veterans Affairs

Erie County

140 W. 6th St.

Erie, PA 16501

Ph. 1-814-451-2670