

SITE VISIT REPORT
Alabama/GEORGIA MARKET

I. VISN 7, VA Healthcare Network, Georgia Market

II. Date of Visit: June 29 to July 3, 2003

III. Sites Visited During Trip:

Augusta VAMC, Augusta, Georgia
Columbia, Georgia CBOC
Central Alabama Veterans Health Care System (Tuskegee and Montgomery)

IV. Commissioners/Staff in attendance:

Commissioner: Al Zamberlan, FACHE
Michael K. Wyrick, Major General, USAF, Retired

Commission Staff: E. William Judy

V. Overview of Visit to Augusta

a. Commissioner/Staff Impressions of Tour:

Augusta VAMC: The site tour was well organized. Commissioners and Staff had an opportunity to visit service sites, talk with staff about the services they provide, and get a general impression about the hospital's operation. The Augusta VAMC appears to be a well run VAMC. The site currently is undergoing a number of minor constructions projects and has up-to-date, state of the art medical equipment. The Director and his staff have made good use of available space and have consolidated services to usable modern buildings. We toured several buildings that should be torn down if they cannot be sold or used for enhances use lease options. The workload projected for the VAMC is increasing in a number of areas. The construction projects address current workload and do not address additional capacity.

Dwight D. Eisenhower Army Medical Center: The VAMC entered with Eisenhower into a unique Joint Venture for Shared Services Agreement (JVSS) approved at the highest levels of both Departments. This agreement allowed both facilities to enter into shared services without having to address many of the bureaucratic requirements of traditional sharing agreements. Beginning in March 2002, VA beneficiaries in need of Cardio-Thoracic surgery received such services at EAMC. Through JVSS, Augusta VAMC and EAMC share services in Neurosurgery, Cardio-

Thoracic Surgery, Sleep Lab studies, Laboratory Testing, Physical Therapy, Imaging Services and many others. Presently, Augusta VAMC is providing temporary lodging space for active duty participants in the Eisenhower Substance Abuse Program (ESAP), in exchange for professional readings of PET Scans provided through a third party at EAMC. Opportunities for joint venturing are continually investigated/monitored through the JVSS Executive Steering Committee consisting of top management from both facilities. The personnel at the Eisenhower are interested in working with the VAMC to share services and to better meet the needs for both activity duty personnel and military retirees. The addition of VAMC workload allows for enhanced service to be provide to both groups and betters servers their stakeholders.

b. Summary of Meeting with VISN Leadership:

i. Names and Titles of Attendees:

W. Kenneth Ruyle, Acting Network Director
Anne Huguenin, Health Systems Specialist, Network Office
Mark Anderson, Health Systems Specialist, Network Office
Tom Cappello, Director, Atlanta
William Mountcastle, Director, Charleston
Brian Heckert, Director Columbia
Stephen Lucas, Director, Dublin
Kelly O. Duke, Associate Director Dublin
Molly Reynolds, PAO, Atlanta
Laura Krejci, CARES, Coordinator, Columbia
James F. Trusley, Director, Augusta VAMC
Thomas W. Kiernan, MD, Chief of Staff
Joyce Coleman, RN, Acting Associate Director of Patient/Nursing Services
Walter Hitch, Acting Special Assistant Augusta

ii. Meeting Forum:

The meeting opened with introductions initiated by the Acting VISN Director of VISN and facility staff. Commissioners Zamberlan and Wyrick introduced themselves and gave an overview of the CARES Commission mission and the purpose of the site visit. The meeting was informal and the Directors along with some of there staff discussed CARES issues in turn with the Commissioners.

iii. Topics of Discussion:

Augusta VAMC: The Augusta VAMC Director began the meeting with a discussion of his facility. The Augusta VA Medical Center is a two-division affiliated teaching facility offering most acute and tertiary

medical and surgery services at the Downtown Division, and extended care, rehabilitation and mental health services at the Uptown Division. Special emphasis programs include a 15-bed Blind Rehabilitation Center and a 60-bed Spinal Cord Injury Unit. There are no CBOCs; however, two are planned, one in Athens, and another in Aiken—SC. The Augusta VA Medical Center has active affiliations with the Medical College of Georgia (MCG). The Augusta VA is connected both physically and functionally to the Medical College of Georgia. Over 500 MCG residents, interns, and students are trained at the Augusta VA Medical Center each year. There are also nursing, dental, and other allied health affiliations with a number of schools and Eisenhower Army Medical Center.

The Augusta VAMC and Dwight David Eisenhower Army Medical Center (EAMC), Fort Gordon, have a long-standing and mutually beneficial relationship. The staff questioned the need for three federal hospitals and discussed the possibility of a joint VA and DoD facility.

There are a number of vacant buildings on the Augusta campus. These buildings have structural, asbestos abatement, and lead paint issues. These building were offered on the open market and there were no takers. The cost to rehabilitate the buildings exceeds the cost of new construction. Additionally, there are historical societies who have issues that may object to the demolition of the buildings. These vacant building issues have yet to be resolved.

The VACO request to review a plan to operate on an eight hour schedule instead of a 24 hours.

Columbia VAMC: The WJB Dorn VA Medical Center encompassing acute medical, surgical, psychiatric, and long-term care. The hospital provides primary, secondary, and some tertiary care. The hospital operates a Nursing Home Care Unit adjacent to the hospital.

The CARES model predicts significant increases in workload with large GAPs in Specialty Services and Psychiatry. There is a large satellite outpatient clinic located in Greenville, SC and CBOCs in Florence, Rock Hill, Sumter, Orangeburg, and Anderson, SC. A new CBOC is planned for Spartanburg with contract hospital services planed in Greenville.

Charleston VAMC: The medical center is a primary, secondary, and tertiary care facility and provides a full range of patient care services, including education and research to over 175,000 veterans in 15 counties in southeastern South Carolina and Chatham County,

Georgia. It supports the Vet Centers in North Charleston, SC and Savannah, Georgia, and provides comprehensive health care through acute medical, surgical, and psychiatric inpatient care, both primary and specialized outpatient services and nursing home care.

There are currently three CBOCs associated with the medical center. New CBOCs are planned in Summerville and Hinesville with contract hospital services planned in Savannah. The current facilities are in: Savanna, Myrtle Beach, and Beaufort.

The Charleston VA Medical Center is currently involved in several sharing agreements with local DoD agencies, Naval Hospital, Charleston; Naval Hospital, Beaufort; Charleston AFB Clinic, Coast Guard, Savannah, GA; Hunter Army Airfield, Savannah, GA; and Numerous Reserve Units. The medical center is a TRICARE provider for inpatient and outpatient care for medical, surgical, and mental health services. Charleston is in the process of exploring options for the Savannah Outpatient Clinic as the current lease expires in 2005. One of the alternatives being considered is to joint venture with the Army to either build a new VA clinic or renovate existing space on Hunter Army Airfield. This proposal would obviate the current \$360,000 annual lease costs.

Dublin VAMC: The Carl Vinson VA Medical Center is a primary and secondary care facility. The Outpatient Clinic provides ambulatory care and primary care services, including optometry and women's health services. Extended Care and nursing home services are available. Specialized programs include Cardiology, Pulmonary, Neurology, General Surgery, Podiatry, Urology, and Physical Therapy. Mental Health services are also available, including treatment for Substance Abuse, Post Traumatic Stress Disorder, and general psychiatric care.

The hospital is classified as a small facility under the CARES model (i.e., less than 40 beds). The facility is in a very rural area and community providers are not readily available. The local HCA hospital is also small and may lack the capacity to provide contract care for veterans. The director discuss the possibility of an enhance use lease with the university for use of VA land.

Atlanta VAMC: The Atlanta VA Medical Center provides acute medical, surgical, and psychiatric inpatient care and both primary and specialized outpatient services with almost all major specialties and sub-specialties represented. The facility serves as a prosthetics treatment center, fabricating and supplying mechanical devices such

as artificial limbs for patients within the states of Georgia, South Carolina, and Alabama.

The facility is land locked without sufficient parking or room to expand services. There are four (4) established CBOCs [Atlanta (Midtown), Georgia/Oakwood, Cobb County/Marietta, Lawrenceville (Gwinnett County)] with 4 new facilities planned (South Fulton, Stockbridge, Cobb County Smyrna, Newnan)

The facility has a major research service with an active and well-funded research foundation. This foundation is working on funding a new research building working with University and VAMC partners.

The VA does not have the capacity to enter into a service agreement with DoD facilities. The capacity at the medical center is so severely limited that the VAMC could not take on the extra DoD workload. The VAMC plans to use the hospital space for inpatient use and CBOCs and/or large multi-specialty clinics for all outpatient work.

iv. What did we learn? Outline potential issues for hearings:

1. This market serves 115 counties in north and central Georgia and 5 counties in west-central South Carolina; 120 counties in total with 122,498 Veteran enrollees.
2. Workload projections for the Georgia market increase significantly over the planning period. These increases are predominately in the metro Atlanta area but the rural areas of this market also have projected workload growth.
3. There is significant potential for collaboration with military installations in this market.
4. The overall plan for this market is to decentralize the outpatient care away from the facilities to allow for room for growth for inpatient and subspecialty care at the medical centers.
5. The Market needs sufficient resources to address leases, contracts, and staff to accommodate the anticipated growth in workload.
6. The focus is to maximize funds for direct care and secondarily address the need for added construction.
7. The projection of legally blinded veterans is expected to exhibit sharp growth during the planning period (increasing from 7638 blinded veterans in FY 2001 to 8,853 in 2012 and 9,199 in 2025). Space should be identified for development and expansion of a continuum of service delivery models including but not limited to comprehensive inpatient blind rehabilitation programs, VISORS, VICTORS, low vision clinics, BROS, clinically trained VIST

- coordinators, and other innovative models of blind rehabilitation service delivery reflecting best practices.
8. The number of homeless veterans served in this VISN has increased 43% between 1996 and 2001 as reported in the VA's Capacity Report. As the VISN considers underutilized space and Enhanced Use Lease options, consideration should be given to providing space to community-based service providers in order to develop supported housing programs for homeless veterans.
 9. The use of space in this growing market area is an issue. The VISN plans to use hospitals for inpatient/acute services and COBCs and specialty outpatient clinics for primary care.
 10. There is a need to dispose of excess buildings. The sale of these buildings does not seem to be a practical solution and the demolition of these buildings may be controversial given their historical significance to some local groups.
 11. The main concern is how to provide the appropriate care with increases in workload predicted for the VISN.

v. Outstanding Questions/Follow-up Items:

1. How will the VAMC address the demolition of excess buildings on campus?
2. What are the current plans to integrate services to a greater extent with the DoD?
3. How will the VAMC proceed in expanding outpatient services off the inpatient facility campus?
4. What are the plans for limiting operating hours at either campus?

c. Summary of Stakeholder Meeting:

i. Describe Meeting Forum:

The meeting was an informal session with Mr. Zamberlan and Mr. Wyrick giving an overview of the commission and the Commission hearings. Attendees introduced themselves. Open Discussion followed the introductions.

ii. Stakeholders, Georgia Market:

Harold Thompson, State Chaplain, Department of GA EX-POW
Kenneth Badke, Commander, American EX-POW, Augusta
Fred Englehart, Commander, VFW
Tom Cook, The American Legion
Charlie Knox, The American Legion
William O'Dell, National Service Officer, AMVETS, Department of GA
Wendell Rivers, AMVETS, Department of GA

Charles Izzett, Senior Benefits Advocate, PVA, Augusta
Richard Williams, State Commander, DAV, Augusta
Brigadier General Eric B. Schoomaker, Commanding General,
Eisenhower Army Medical Center, Fort Gordon
Brigadier General Jan Hicks, Commanding General, US Signal Corp,
Fort Gordon
Pete Wheeler, Commissioner, GA Department of Veterans Services
Bill Stockell, Commander, MOPH
Willie Paulk, Board of Directors, Dublin-Laurens Chamber of
Commerce
Bonnie Banks, Coordinator, National Alliance for the Mentall III
Patrick K. Courtney, Director, VARO, Atlanta
Herbert Katzenstein, Commander, Jewish War Veterans
Ike Vanneman, Disabled American Veterans
James Bartlett, President, AFGE, Augusta VAMC
Irma Westmoreland, President, GNA, Augusta VAMC
Bob Young, Mayor, Augusta-Richmond County
Ed Presnell, Augusta-Richmond County Chamber of Commerce
Nash Williams, President, Retired Officers Association
Marvin Myers, President, Vietnam Veterans Alliance, Inc.
Albert Lewis, President, Vietnam Veterans of America, Inc.
Jack Jolley, Masonic Service Association
Marvin Meyers, Chairman, Veterans Service Organization
James C. Williams, Commander, AMVETS, Department of Georgia
Phil Youngblood, GA Department of Veterans Services
Dan Holtz, Nursing Home Coordinator, GA Department of Veterans
Services
Janice Stewart, AFGE Representative, Dublin VAMC

iii. Topics of Discussion:

The discussion at the Stakeholders meeting centered on a letter from VACO that identified VAMCs with two or more facilities associated with a Medical Center and asked staff to present a plan to reduce the hours of operation at one of the sites and/or close a facility. The Augusta VAMC has an uptown and downtown facility. One facility houses nursing home patients and mental health patients and the other facility houses the tertiary care facility. Additionally, VAMC staff were told not to share this requested information with stakeholders. Up to this point stakeholders felt a part of the CARES process and worked with the VISN and facility staff on the CARES related issues. They all expressed a sense of betrayal at not being included in this discussion or to have an opportunity is discuss the issue with VA staff. Most at the meeting expressed doubt about the CARES process and questioned whether the results will be fare and impartial. It was clear that the VA has lost creditability with the group and

discussion about hospital operations and future plans will be questioned by the MAC participants.

iv. What did we learn? Outline potential issues for hearings

1. We learned that it is essential to be direct with stakeholders about plans that effect services and operations.
2. We need to be consistent in the message we send to stakeholders.
3. We need to gain their trusts and confidence if expect their buy in to the CARES process.

v. Outstanding Questions/Follow-up Items

None

d. Other Comments

None

VI. Overview of Visit to the Central Alabama Veterans Health Care system

a. Commissioner/Staff Impressions of Tour:

The CAVHCS management has consolidated services at the Tuskegee campus to the main hospital building. There are a number of outbuildings that cannot be used. These building have been removed from service and should be disposed of. Other outbuildings have been converted to domiciliary space and a vocational rehabilitation-training site. Kitchen operations for the VAMC have been consolidated at Tuskegee campus for more effective food services. A new Nursing home is housed on the Tuskegee campus. The Medical Center is making well thought out decisions about space management and seems to be using the available space at the Tuskegee campus effectively. The VAMC has integrated plans that incorporate the Montgomery campus functions and the use of CBOCs effectively. The staff at the Tuskegee campus and the Columbia CBOC is knowledgeable about the CARES process. They are open to change and willing to try new and innovative approaches to service delivery. The management at CAVHCS has motivated staff and has created a real team approach with employees, VSOs and other stakeholders in the community.

The Montgomery campus is a well-run organization. The fiscal plant is well maintained and the staff is knowledgeable about the CARES process. Again

b. Summary of Meeting with VISN Leadership:

i. Names and Titles of Attendees:

W. Kenneth Ruyle, Acting Network Director
Anne Huguenin, Health Systems Specialist, Network Office
Mark Anderson, Health Systems Specialist, Network Office
Jeff White, Infrastructure Manger, VISN 7
John Goldman, Acting Director, Tuscaloosa VAMC
Elois Prude, Health systems Specialist/PAO, Tuscaloosa VAMC
Y.C. Parris, Director, Birmingham VAMC
David Caston, Facility Planner, Birmingham VAMC
Jeffrey Hester, PAO, Birmingham VAMC
Roger D. Welch, Associate Director for Operations,
N. Rao Chava, M.D., Chief of Staff, CAVHCS
Judith St. Onge, Ph.D., Associate Director of Patient Care Services
Lea Wiggins, Associate Director for Resources,
Cliff Robinson, Jr., M.D., Associate Chief of Staff for Primary Care
Avinash Pradhan, M.D., Associate Chief of Staff for Acute Care,
Specialist and Diagnostics
Juan Carmona, M.D. Associate Chief of Staff for Mental Health
and Behavioral Science
Nirmala Rozario, M.D., Associate Chief of Staff for Geriatrics,
Extended Care and Rehabilitation Service
Carolyn Caver, Nurse Executive, Mental Health and Behavioral Science
Patricia Gullette, Nurse Executive, Geriatrics, Extended Care and
Rehabilitation Service

ii. Meeting Forum:

The meeting opened with introductions initiated by the Acting VISN Director of VISN and facility staff. Commissioners Zamberlan and Wyrick introduced themselves and gave an overview of the CARES Commission mission and the purpose of the site visit. The meeting was informal and the Directors along with some of there staff discussed CARES issues in turn with the Commissioners.

ii. Topics of Discussion:

CAVHCS:

1. The Central Alabama Veterans Health Care System (CAVHCS) was established January 1, 1997, from the merger of the Montgomery and Tuskegee VA Medical Centers, which includes

- community-based outpatient clinics in Dothan, Alabama and Columbus, Georgia.
2. These four CAVHCS sites serve 134,000 veterans in 43 counties in the central and southeastern portions of Alabama and western Georgia.
 3. The East (Tuskegee) and West (Montgomery) campuses are approximately 40 miles apart.
 4. The East Campus is located on 170-acres of land situated in a rural setting adjacent to the historic Tuskegee University and Moton Field, home of the Tuskegee Airmen.
 5. The West Campus is situated on 52-acres, located in a residential community adjacent to city school property and approximately five miles east of downtown Montgomery.
 6. Services include: primary care at all four sites; medical and surgical care; a broad range of mental health programs; geriatrics and extended care, and a homeless domiciliary.
 7. CAVHCS' Geriatrics, Extended Care and Rehabilitation Service's continuum of care includes initiatives that encompass the "whole person" concept. The Dedicated Alzheimer Dementia Unit allows staff to focus on the special needs of patients with dementia. The Wandering Area, a park-like setting complete with a waterfall, allows patients with dementia access to outside activities with their families. Adoption of the Eden Alternative concept has created a home-like environment utilizing plants, pets and familiarization techniques.
 8. CAVHCS has been awarded construction funding to improve their mental health facilities. Construction completion is scheduled for June 2003. In addition, design and construction funds have been approved for a consolidated business and administrative functions. Additional NRM funding for a variety of projects has allowed for continued improvement in the environment of care.

Birmingham VAMC:

The Birmingham VAMC is an acute tertiary care facility with strong programs in both medicine and surgery. The medical center serves as the primary referral center for the state. The VAMC houses the 32-bed Southeastern Blind Rehabilitation Center, one of nine in the VA system. The medical center is located in Birmingham's historic south side district. Currently there are nine (9) Non-Recurring Maintenance (NRM) projects approved and/or funded at the Birmingham VA Medical Center campus. All of these projects are renovations and/or modifications to the existing building and/or systems.

Tuscaloosa VAMC:

The Tuscaloosa VA Medical Center, located in West Alabama, is situated on 123 acres with 25 major buildings. The Tuscaloosa VA Medical Center provides primary care, long-term health care, and mental health care services. The facility also has a Nursing Home Care Unit. The Medical Center provides comprehensive outpatient services in Primary Care clinics. The primary care program offers clinics in podiatry, neurology, dermatology, Spinal Cord Injury, Infectious Diseases, pulmonology and gastroenterology. A construction project has been obligated that will relocate clinical programs and the relocation/consolidation of administrative services. The project is scheduled for completion in March 2004.

iv. What did we learn? Outline potential issues for hearings:

1. The use of space in this growing market area is an issue. The VISN plans to use hospitals for inpatient/acute services and COBCs and specialty outpatient clinics for primary care.
2. There is a need to dispose of excess buildings. The sale of these buildings does not seem to be a practical solution and the demolition of these buildings may be controversial given their historical significance to some local groups.
3. The main concern is how to provide the appropriate care with increases in workload predicted for the VISN.
4. The Alabama market treating facilities face significant workload increases in outpatient specialty care and primary care, and inpatient medicine and surgery. Adding sites of care, enlarging current CBOCs, and using all available VAMC space to increase their capacity, will address these workload increases.
5. Access to both primary care and hospital care does not currently meet the standards, with primary care access at 62% and hospital access at 53%. The CARES plans for this market include adding CBOCs.
6. Hospital access will be improved by contracting for medical/surgical inpatient stays in the Dothan and Huntsville communities, raising hospital access to 65% in 2012 and 67% in 2022. The inpatient programs at the DoD hospitals (Lyster Army Hospital at Ft. Rucker—Dothan, and Fax Army Hospital—Huntsville) in these two areas are both planned for closure.
7. Two of the VAMC campuses in the Alabama market have large amounts of vacant space. The East Campus of CAVHCS (Tuskegee) will have over 300,000 vacant square feet by 2022 (despite workload increases for the market). The majority of this space (~250,000) is planned for demolition. These buildings are historic-eligible. The Tuscaloosa VAMC campus also has a large amount of vacant space--113,000 square feet by 2022. The plan

- for Tuscaloosa's vacant space is to lease most of it to an interested private mental health care group in the community (~100,000 square feet).
8. Both the CAVHCS West Campus VAMC (Montgomery) and the Birmingham VAMC will need constructed additions to handle projected workload increases. The Birmingham VAMC is landlocked; so, additional services would have to be developed off campus (i.e., community based CBOCs or contract out services to community providers).
 9. The Birmingham VAMC might address their space issues at their downtown campus by extending hours at COBCs and/or moving all outpatient workload off the main campus.
 10. The Alabama market treating facilities face significant workload increases in outpatient specialty care and primary care, and inpatient medicine and surgery. Adding sites of care, enlarging current CBOCs, and using all available VAMC space to increase their capacity, will address these workload increases.
 11. Access to both primary care and hospital care does not currently meet the standards, with primary care access at 62% and hospital access at 53%. The CARES plans for this market include adding CBOCs
 12. Hospital access will be improved by contracting for medical/surgical inpatient stays in the Dothan and Huntsville communities, raising hospital access to 65% in 2012 and 67% in 2022. The inpatient programs at the DoD hospitals (Lyster Army Hospital at Ft. Rucker—Dothan, and Fax Army Hospital—Huntsville) in these two areas are both planned for closure.
 13. Two of the VAMC campuses in the Alabama market have large amounts of vacant space. The East Campus of CAVHCS (Tuskegee) will have over 300,000 vacant square feet by 2022 (despite workload increases for the market). The majority of this space (~250,000) is planned for demolition. These buildings are historic-eligible. The Tuscaloosa VAMC campus also has a large amount of vacant space--113,000 square feet by 2022. The plan for Tuscaloosa's vacant space is to lease most of it to an interested private mental health care group in the community (~100,000 square feet).
 14. Both the CAVHCS West Campus VAMC (Montgomery) and the Birmingham VAMC will need constructed additions to handle projected workload increases.

v. Outstanding Questions/Follow-up Items:

1. How will the VAMC address the demolition of excess buildings on campus?

2. What are the current plans to integrate services to a greater extent with the DoD?
3. How will the VAMC proceed in expanding outpatient services off the inpatient facility campus?
4. Extending operating hours at CBOCs and/or moving all outpatient workload off the main campus through additional COBCs in the community (VA operated or contract models).
5. What are the plans for limiting operating hours at either campus?

w. Summary of Stakeholder Meeting:

i. Describe Meeting Forum:

The meeting was an informal session with Mr. giving an overview of the commission and the Commission hearings. Attendees introduced them selves. Open Discussion followed the introductions.

ii. Stakeholders Alabama Market, Represented:

AMERICAN EX-PRISONERS OF WAR, INC
 Leo F. Suiter, Commander
 Christopher Jones, Adjutant

AMERICAN LEGION
 Paul Locke, Commanders
 Braxton Bridgers, Adjutant

AMVETS
 Joe Culwell, Commanders
 David E. Floyd, Jr., Adjutant

DISABLED AMERICAN VETERANS
 Willie Pruitt, Commander
 DeWitt Garrett, Adjutant

VETERANS OF FOREIGN WARS
 George Fulkerson, Commander
 Clellon Baeder, Adjutant-Quartermaster

VIETNAM VETERANS OF AMERICA
 Ken Rollins, President
 Richard McMillan, Council Secretary

MILITARY ORDER OF THE PURPLE HEART
 Fred J. Baker, Commander
 Roosevelt McCray, Adjutant

MILITARY ORDER OF THE COOTIE
Jack Pippin, Grand Commander
Fred Rich, Adjutant

STATE DEPARTMENT OF VETERANS AFFAIRS
Mr. Frank Wilkes, Director

Lewis and Mary Wood, VAVS
James Jackson, Chapter 95, Disabled American Veterans
Fred Rich Adjutant, Military Order of the Cootie
Ike Nelson, Representative, DAV
Rev. Robert Mayes, Representative, VAVS
Terry Woolford, Representative VFW
Wallace Capel, MD, Retired COS, Tuskegee

iii. Topics of Discussion:

1. The Stakeholders were very positive about the CARES process. They were supportive of the VAMC management team particularly the Director, Ms. Watson.
2. They support the VAMC plans for services across campuses and with new CBOC.
3. There was some concern about parking at the Montgomery campus.
4. There are employee concerns regarding the proposed plan to demolish "permanently vacant" buildings at the East Campus of CAVHCS (Tuskegee campus). The concern relates to the historic nature of the buildings as an important part of Black American history.
5. AFGE at the East Campus of CAVHCS (Tuskegee campus) expressed interest in using vacant space to develop a day care center for employees and the community.
6. At the Birmingham VAMC, there is concern regarding inadequate parking space available for employees and patients. The facility is landlocked. VAMC management is considering providing outpatient services off campus through addition COBCs.

iv. What did we learn? Outline potential issues for hearings

1. We learned that the CAVAHCS is a well-managed organization with support from the employees, VSOs and the community.
2. We learned that CAVAHCS is moving forward in a productive way to address their space and health care delivery issues.

v. Outstanding Questions/Follow-up Items

None

d. Other Comments

None