

**CARES COMMISSION MEETING  
OCTOBER 3, 2003**

**Welcome and Introductions  
Carey Hobbs, Co-Chair VA Task Force Commission**

On behalf of the Waco V.A. Task Force Commission -  
Welcome to Waco. We greatly appreciate you moving this hearing  
to Waco.

We commend the Veterans Administration and the CARES  
Commission for making every effort to enhance healthcare delivery  
for our deserving veterans.

The purpose of our Task Force is to support your mission. We  
would like to do that by finding ways to increase the utilization of our  
Waco facility.

The Task Force is made up of individuals from various business and  
professional groups as well as Veterans. I personally represent the  
Waco business community.

One valuable asset that the Waco VA Hospital has is the professional  
staff of 800 trained workers that are skilled in working with the  
mentally ill.

**CARES COMMISSION MEETING  
OCTOBER 3, 2003**

**TESTIMONY  
MAYOR LINDA ETHRIDGE**

My name is Linda Ethridge and I am the Mayor of Waco, Texas. It is my pleasure to welcome you to Waco and the Central Texas Region. Today you are deep in the heart of Texas and as you listen to our testimony, we want you to keep in mind that not only are you deep in the heart of Texas but that the VA Hospital with its long history of caring for veterans is embedded deeply in the heart of our town and our region.

I particularly wish to thank the Commission for coming to Waco for this hearing. Your decision to move the hearing as requested by Senator Hutchison and Congressman Edwards is greatly appreciated.

First, we want you to understand what a fine facility you have in this VA campus. As you can see in these photographs, the facility is superbly maintained. The \$80 million or so you have invested in the past decade and the \$24 million invested in Building #94 and #11 since 1998 have resulted in state of the art buildings well suited to becoming a center of excellence for long term psychiatric care. Our goal today is to convince you that instead of closing this hospital you need to give serious consideration to expanding its use. This was the plan in the first round of planning done by our VISN. We believe it is a superior plan to the one you are now considering. We share your goal of improving services to veterans, but we firmly believe this can best be accomplished with the Waco VA than without it. Kent Keahey and Tom Kelly will present additional details on this key point.

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It is very important in considering this matter to keep in mind the special subset of the veteran population that is severely mentally disturbed and who are not candidates for deinstitutionalization. Those who require long-term care are the ones best served by our facility. These are a very vulnerable population that cannot easily champion their own cause. We trust that this independent commission will advocate for their needs and give careful consideration to the original VISN recommendation.

We also want to urge you to continue the blind rehabilitation program at this location. You are proposing a new facility in Mississippi where the proposed numbers to be served are less than the numbers served here in this VISN. There will be additional testimony on this point but please keep in mind this is a large state.

The Waco VA Taskforce wants you to be open to the possibility of expanding the services here and we want to help you do it. We understand your need to cut operational costs, particularly those costs associated with underutilized or vacant buildings. The city and the county commit to you today that if you continue services here we will make an appropriate amount of economic development incentive funds available to assist in the marketing and successful leasing of available space at our VA campus. Maggie McCarthy will tell you more about the possibilities we have already begun to explore in that regard. The City also is willing to assume maintenance of the internal roads and parking surfaces on the campus in accordance with whatever federal rules would apply. We are excited about some of the leasing possibilities and how well they fit with the concept of establishing an enhanced center of excellence for long-term psychiatric care.

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Finally, I want to leave you with one last point. As Mayor, I have a unique perspective of our community. If you think of our community as a tapestry or a fine weaving, you should understand that the VA hospital thread is strong and has been interwoven in this community for 70 years. If you pull that strand away, you will badly fray the social fabric that veterans and their families depend on. What we have in this community is very special. Veterans and their families are accepted, welcomed, and nurtured here. Local hospitals, institutions like MHMR, and the non-profit network work well together. This extraordinary community support has been built over a long period of time and cannot be easily replicated elsewhere. The VA has a system here that works. We implore you not to discard this model of excellence but to expand on it for the benefit of veterans – those who have served, are serving, and those who will serve.

**STATEMENT OF KENT KEAHEY  
ON BEHALF OF THE WACO VA TASK FORCE**

**BEFORE THE DEPARTMENT OF VETERANS AFFAIRS  
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES (CARES)  
COMMISSION**

**WACO HEARING  
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Chairman Alvarez and Members of the CARES Commission, my name is Kent Keahey, and I am President of the Providence Healthcare Network in Waco, Texas. I also serve as President of the Waco Business League and Vice Chairman of the Waco Chamber of Commerce. Currently, I am serving as a member of the Waco VA Task Force appointed by our Mayor and County Judge to offer input into the CARES process regarding the proposed closure of the VA Medical Center in Waco by the VA Administration in Washington.

Let me begin by saying that we have tremendous respect for the mission of the VA system and understand that the focus of the CARES Commission is on assuring that available resources are used as efficiently as possible and that veterans receive the best possible care. We also know you are sensitive to how your recommendations will impact communities and affect care in the future for veterans as well as for the non-veteran population.

Following the formation of the Waco Task Force, I was asked to chair a subcommittee responsible for conducting a comprehensive service impact assessment regarding the potential impact of closure of the Waco VA on veterans as well as non-veterans who suffer from mental illness in our area. In our review, we also assessed the impact of the proposed closure on local mental health providers and agencies.

Outlined in my written testimony which has been provided to the Commission are the facts considered and conclusions reached as a result of this comprehensive assessment. Included as exhibits are 13 letters from the service providers in the area who would be directly affected by the closure of the Waco VA Medical Center. Let me summarize the key points and then encourage you to review the letters in detail.

- The Waco VA serves a veterans population of over 20,000 in the immediate service area. Unlike many other markets, a significant portion of this population is in the highest priority VA populations and suffer from severe mental illness, post-traumatic stress disorders, or blindness. The full continuum of quality mental health services is required to serve the needs of this population.
- The Waco VA is a unique facility and perhaps the most comprehensive VA psychiatric hospital in the nation. It is one of only three in Texas with acute care psychiatric capability, and the only one in Texas with long-term care psychiatric capability. It is also the only VA facility in Texas with a rehabilitation program

for the blind. The original VISN 17 Market Plan recommended that it be a center of excellence for mental health services or a VISN unto itself.

- The Waco VA acute care psychiatric facility admits approximately 1,800 patients annually. Of these, approximately 55% reside in McLennan County or contiguous surrounding counties. Their residence will not change with the closure of the Waco facility. There are also twice as many Priority 1 veterans in McLennan and the contiguous counties as there are in Travis and Williamson counties, and a good portion of these veterans live in this area because of the unique services available at the Waco VA.
- Travis and Williamson counties have a larger number of veterans, but the vast majority are in the lowest Priority Category 7 (67%) compared with only 31% in McLennan and contiguous counties. Given the total number of veterans in the Austin market, it is reasonable for new facilities to be developed but not at the expense of higher priority veterans.
- The majority of the Waco VA psychiatric facilities have been extensively renovated over the past twelve years at a cost of approximately \$80 million dollars and are modern and state-of-the-art. Additionally, the VA has an excellent staff of highly trained and experienced mental health professionals. Most of these staff will not relocate.
- The only other psychiatric provider in the county is the DePaul Center, a 48-bed acute care psychiatric facility operated by the Providence Healthcare Network. Of its 48 beds, 16 are child and adolescent beds with 22 adult beds and 12 intensive care unit beds. Frequently, no beds are available in either the adult or intensive care units. (See Exhibit A.)
- The DePaul Center is currently at significant risk of closing due to a tremendous indigent care volume and significant reductions in reimbursement from Medicare, Medicaid, CHIP, and numerous managed care plans. Last fiscal year the DePaul Center had 2,314 admissions and \$7,170,064 in total operating revenue. The facility experienced a loss of \$574,049. Approximately 17% of our psychiatric volume is charity care, and 38% are brought to us under emergency detention orders by the police or sheriff. A number of these are veterans. For the veteran population we serve, on average \$.27 cents on the dollar is received in reimbursement with some outstanding accounts as old as the year 2000.
- Currently, none of the 15 private psychiatrists in Waco nor the 10 who regularly admit patients to DePaul, will accept VA patients electively due to low, slow, or non-existent reimbursement.
- Last year, there were 41 psychiatric transfers from the Providence Emergency Department (ED) to the Waco VA, and 55 transfers to the Temple VA for medical and surgical care. The number of psychiatric transfers will dramatically increase

with the closure of the Waco VA presenting significant issues for the ambulance service as well as law enforcement.

- Closure of the local VA inpatient facility will compromise care of veterans in this area and potentially cause the closure of the DePaul Center, impacting directly the availability of mental health services in the future for the entire population in McLennan and surrounding counties. (See Exhibits.B & C.)
- Law enforcement (police and sheriff) will be severely impacted as veteran psychiatric patients brought to the ED under emergency detention orders will have to be transferred out of the county to remote locations like Dallas or San Antonio which currently have acute care psychiatric capability, or to Temple or Austin if new VA psychiatric beds are eventually built in these latter two communities. Each patient transported to such locations will tie up two officers for a full day reducing their availability for their primary mission, which is providing law enforcement within the county. This is not practical and according to Police Chief Melis and Sheriff Larry Lynch “will result in veterans being placed in jail where they will not get the help they require.” (See Exhibit D and E.)
- Emergency Department physicians, EMS ambulance services providers, and private practicing physicians will also be negatively impacted. (See Exhibits F, G, H, I.)
- The Heart of Texas Mental Health and Mental Retardation Agency will be negatively impacted as they provide care for the chronically mentally ill and physician services for the majority of indigent or low-income patients brought to the DePaul Center. They have been severely impacted by state budget cuts and the patient population they serve reduced. They simply cannot absorb this additional burden. (See Exhibit J.)
- The Family Practice Clinic, which operates the local Family Practice Residency Program and which provides non-psychiatric primary care for the majority of indigent and low-income patients in the county, will also be severely impacted as they will be increasingly called upon to provide primary care services after hours or on weekends when the proposed VA outpatient facility is closed. (See Exhibit K.) The local medical community also does not have the capacity to absorb these patients. See Exhibit N.)
- Mission Waco and the Salvation Army, which serve the homeless, many of whom are veterans, will undoubtedly experience an increase in homeless veterans. The homeless population, 45-65% of which are veterans nationally, will place an added burden on such non-profit organizations. (See Exhibits L.)
- The Freeman Center is a non-profit facility which provides treatment for chemical dependency. The Freeman Center currently contracts with the VA for 4 beds.

Closure of the VA will place increased demands on the Freeman Center and have a negative financial impact as reimbursement levels do not fully cover the cost of operations. (See Exhibit M.)

As you will note from these comments, grave concern exists within our community. We are also troubled by the fact that since 1999, numerous professional organizations including the National Mental Health Association, the Alliance for the Mentally Ill, the American Psychiatric Association, and the Committee on Care of Veterans with Serious Mental Illness have offered frequent testimony before both the U.S. House and Senate regarding the abandonment of the seriously mentally ill by the VA. The fact that the CARES plan proposes the closure of the VA psychiatric facilities which contribute significantly to the care of the seriously mentally ill veterans, including the two most comprehensive facilities in the nation (Waco, Texas and Canadagua, New York), appears to confirm the accuracy of this testimony, particularly as these facilities were key in their respective VISN's plans to deliver mental health services to veterans.

In summary, it is apparent that the CARES plan, if adopted, will further shift the VA's focus away from the mentally ill and toward the provision of outpatient services to lower priority and higher income veteran populations without any specific plan for how the needs of the mentally ill will be met or by whom.

On behalf of our subcommittee and the service providers in the Waco community, we appeal to you to reject the recommendations contained in Chapter 9 of the CARES plan related to facility reconfiguration specifically as it relates to the proposed closure of the Waco VA Medical Center. This portion of the plan, which directly conflicts with the original market plan of VISN 17, has not been fully researched or documented and cannot be responsibly approved as recommended. We further recommend that the VA Administration consider for approval the original recommendation, which was that the Waco VA Medical Center become a "Center of Excellence for Mental Health Services" within the VA System or a VISN unto itself. Should the VA pursue this course of action, I am confident it will have the full support of the entire Waco community as well as all affected service providers.

Thank you for the opportunity to share the views of our Task Force on these important issues.

**STATEMENT OF DR. GREG BLAISDELL  
ON BEHALF OF THE WACO VA TASK FORCE**

**BEFORE THE DEPARTMENT OF VETERANS AFFAIRS  
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES (CARES)  
COMMISSION WACO HEARING**

**OCTOBER 3, 2003**

My name is Dr. Greg Blaisdell. I am Chairman of the Department of Psychiatry of the Providence DePaul Center here in Waco. I have been asked me to appear before this committee and comment on the potential closure of the Waco VA Medical Center.

Since 1993 I have been a practicing psychiatrist. I have worked in numerous health care delivery systems, including the Veterans Healthcare System, academic medicine, a large multispecialty clinic, and now a smaller multispecialty system associated with Providence Healthcare Network. I have seen the practice of psychiatry evolve in wonderful ways over the past ten years. I have had the privilege of working with, and learning from, some of the finest teachers in this field. This foundation began in medical school, where much of the training in psychiatry was carried out at the San Antonio VA facility. My knowledge and appreciation for psychiatry, and what we are able to do for patients was further magnified by my residency experience. During that time, I could tell you that I learned the most from my teachers. Or I could relate to you that I learned the most from my peers. Or I could say that I read a lot, and this is I how I learned psychiatry. But none of this paints a true picture. The art and science of psychiatry came to me from my patients- my patients who were veterans.

*VA education*

The VA hospital in North Little Rock, Arkansas, where I did most of my residency training reminds me of the Waco facility. It is a specially designated facility, with multiple buildings, built in a serene setting. Its main purpose was to care for the mentally ill veteran. It is probably no accident that facilities such as those in Waco and North Little Rock have been designed this way, so that patients may focus on getting well, apart from the commotion of the city, or the frequent chaos of a busy general medical center. The veterans who served our country in both war and peace have very unique mental health needs. These needs are not trivial, and the care system cannot simply reassign them to a different location, attempt to take commonly treated inpatient illnesses and hope to magically convert them to outpatient only illnesses, or just ignore the treatment altogether, and hope the community absorbs and deals with the repercussions. Hundreds of veterans with severe mental illness have chosen Waco as their home because of the unique capabilities of the Waco facility.

Psychiatric care of the veteran although rewarding, can also be challenging. I would point out to you that the illnesses of the veteran needing care like the Waco facility provides are some of the most serious syndromes those in our field encounter. The veterans who count on our local facility suffer from schizophrenia, manic-depression, post-traumatic stress disorder, severe recurrent depression, and substance abuse. The effects of these illnesses can be devastating on the patient, the family, and the community. Untreated, or improperly treated, these illnesses lead

veterans to become isolated, demoralized and lacking in any real hope. These illnesses are also the ones that scare psychiatrists the most, as they often have suicide as their final common outcome.

As I am sure you know, many veterans' illnesses can be directly or indirectly traced to their service to our country. As an example, the post-traumatic stress disorder patients have unwillingly carried on the legacy of this terribly malady, owing to combat experience in World War II, Korea, Vietnam, and the Persian Gulf. I have personally diagnosed and treated scores of these patients. Their fragile sense of self and lack of innate stability is offset by their ability to count on a serene place of hope such as the Waco VA, even during their darkest times. The VA administration has recognized the seriousness of this kind of illness, as many veterans are considered completely disabled. As another example, those veterans who suffer from schizophrenia take comfort in knowing that the best doctors, medications, and facilities designed for them are close by. Maybe this somehow mitigates the devastating hallucinations, delusions, and paranoia that are the hallmark of this illness. The sheer number of residential homes for the veterans in this area is testament to this. Finally, the geriatric veteran with psychiatric problems has an even wider array of unique needs. One cannot underestimate the importance to the senior veteran of a specialized geriatric psychiatric center, such as that already in place at the Waco VA Medical Center. ( (

In closing I would like to state that I have no current VA employment affiliation or other personal reason that drives me to testify before you today. I am here because I have trained and taught in the VA system of psychiatric care. I understand the afflictions of the veteran psychiatric patient. I know their needs and what works for them. I know this marvelous Waco facility has worked for them, and will continue to do so, if allowed. I know many of the doctors who champion for their patients at the Waco VA, and I have sincere respect for them. I have no doubt they would reflect my sentiments and strong beliefs on this matter. This decision should not be just about money, but about adequacy of care. If this Waco facility is closed, you will see a major increase in improperly treated mental illness, a rise in crime, a rise in homelessness, and yet another reason for our local veterans with mental illness to feel abandoned by the same government that asked them to serve to their last full measure of devotion. ( (

Please do the right thing for the Central Texas veterans with mental illness. Keep the Waco Veterans Administration Medical Center open. In fact, grow and nurture it, and watch the local veterans, their families, and our community mirror that growth in the most positive of ways.

Thank you.

**Veterans Affairs Task Force**  
***Compatible Use for Veterans Facility***

Testimony comments prepared by  
Maggie McCarthy, Executive Director  
The Bernard and Audre Rapoport Foundation and  
VA Task Force Subcommittee Chair  
October 3, 2003

In my role of a foundation director, I frequently look for ways to marry the public and private sector in community development activities. From this interest and experience, I was asked to identify possible partnerships that could prove productive for Veterans Affairs as well as our larger central Texas area.

As you can see from the documents that accompany my statement, I have focused my remarks on five key areas:

- Operational cost savings
- Enhanced service to veterans
- Technology improvements and access
- Housing opportunities
- Private sector economic development

**Operational cost savings**

Let's talk first about cost savings. Currently, there are 913,000 square feet of space on this 123 acre campus under 22 buildings. About one-third of this space is currently unoccupied.

Through the use of an approved Enhanced-Use Lease, the VA has the capacity to convert unwanted space into useful activity centers. If the VA were to lease the available space – approximately 300,000 sq. ft. – the VA has the opportunity to reduce certain fixed costs by one-third.

Utility costs for the entire campus are estimated to run \$2.3 million. Maintenance for the entire campus runs about \$5 million per year. The combined cost spread over the entire square footage would bring the square foot price to about 67 cents.

Leasing the vacant space at this very competitive lease price would yield a **savings of \$2.4 million** per year.

Of course, it may be possible to negotiate higher rates for businesses as the current commercial rate for comparable space is considerably higher. This would indicate a potential for greater revenue generation. In addition, the VA would benefit from any leasehold improvements.

**Enhanced service for veterans**

Priority would be given to those tenants who can provide services to veterans. For example, the local Salvation Army is looking at the VA site as an alternative to building a new building. They can provide food, counseling and transient shelter for homeless and indigent clients. There may also be an interest in providing a "one stop" center for a cluster of social service agencies that can benefit from reduced lease costs.

Job training would do well on the campus. Local Workforce Development dollars are already earmarked for lower-income veterans. Skills assessment, job search and counseling are available to help veterans develop gainful employment. At a minimum, skills training can be used as occupational therapy as used in the VOC-Rehab program that currently works with a population of 1200 veterans primarily located in this central Texas area. While many vets are incapacitated or are unable to hold jobs, collaboration between the VA and Workforce would help remove those barriers for vets who I'm told are "hungry" to work.

The development of job training opportunities can evolve into entrepreneurial workshops. Evidence of work programs such as Vets Helping Vets and Veterans Industry, and the statistic that veterans make up a significant percentage of small business owners, demonstrates that existing job training programs, coupled with the resourcefulness of vets (they are survivors, after all) could make the VA campus a fertile ground for job activities. Incidentally, the brand new Workforce Development center is just blocks away from the campus.

One national agency has expressed an interest in working with those vets who have physical disabilities. The Center for Independent Living has years of experience helping people with all types of visual, hearing and other physical impairments to integrate fully into society as productive citizens.

One novel idea to come out of our work to support the VA is the concept of a Central Texas Regional Council of Veterans. This volunteer organization could fill a gap as the geographic area is without such a council and could provide welcome communication, coordination and cohesion to veterans from throughout the Central Texas area.

### **Technology improvements and access**

Since the buildings are already wired, a telecommunication education center could be added with minimal investment. Computer equipment in a lab setting, along with some upgrades in the infrastructure and the addition of updated interactive video equipment could make such a center a true multi-purpose center.

This could open the door to vet education, as many courses are available online, or to use for research and staff education and conferencing. This could help defray administrative costs.

The field of telemedicine, while perhaps more limited in a psychiatric setting, has the potential to provide distinct efficiencies. I understand that the VA is exploring better ways to use technology to improve patient care and I would hope by the addition of a telecommunication center, that we could learn how to incorporate this technology into the coordination of care.

### **Housing opportunities**

Excess space can be an advantage if it can be converted into needed housing. While formal market studies have not been done to determine the need and the best allocation of space, veterans often are seeking transitional or assisted living.

Given the fact that some of these buildings have been used to house patients and offer suitable rooms, a number of housing options may be available. Three nonprofits organizations and at least two private, for-profit companies have looked at the prospect of housing in different configurations including nursing care, independent living and a collection of options that provide a continuum of housing and health care combinations.

One national nonprofit group, the United Veterans Beacon House, has had very fruitful conversations with the VA about a transitional living arrangement for a 15 vets but could easily expand to a much larger capacity.

### **Private sector economic development**

These handsome, sturdy buildings that have served the VA so well for the last 70 years can continue to be a premiere destination for veterans. Working together, the regional city and county leaders can focus on the outstanding attributes of this campus, including its ideal location that serves a growing trade area (extended trade area to exceed a population of 648,000 within 4 years according to AIG Baker.) This VA facility combines unique features of qualified medical care in updated buildings on a lovely green space campus.

By using the enhanced-use leasing, and offering flexibility in their leasing options, there is great potential to develop this 123-acre campus for the greatest use by veterans and the larger Central Texas region.

**SUMMARY OF V.A. TASK FORCE PRESENTATION  
BY  
R. COKE MILLS, CO-CHAIRMAN**

- I am Coke Mills and I am the Co-chairman of this V.A. Task Force from which you have heard today regarding the veterans hospital services provided by the Waco V.A. Hospital. I grew up in Waco and I have practiced law here for almost forty years. During that time, I have known many clients, friends, and some relatives who have received excellent care and services at the V.A. Hospital. It has also been my pleasure to know a number of the doctors, nurses, and staff members at the hospital and I have always been impressed with the quality level of care they provide.
- Having served as Chairman of the Board of the Texas Department of Mental Health and Mental Retardation back in the mid-eighties, I have a special interest in the psychiatric care provided for veterans at the Waco V.A. Hospital. From my experience with MHMR, I am closely familiar with providing and delivery and/of psychiatric services provided at the V.A. Hospital in Waco.
- On behalf of the members of our Veterans Affairs Task Force assembled here today and on behalf of the people of Waco and McLennan County, and particularly the veterans living in the Central Texas area, let me express to you our deep appreciation for your conducting this hearing in Waco. Your presence here is of particular importance because we were concerned at the outset of this proceeding that you as members of the Commission might not have the opportunity to see the beautiful pastoral setting of the hospital and the first rate condition of its service delivery facilities. I think you will be very well impressed with the up-graded quality of the facilities at the hospital. It is my understanding that in the last twelve years over \$80 million dollars have been spent on the up-grading and maintenance of these facilities. They are first class.
- You have heard these very informative presentations made here today. Let me summarize what we believe is a strong case for the continued providing of this excellent in-patient psychiatric care, out-patient care, and special rehabilitation training for blind veterans, which is uniquely provided at the V.A. Hospital in Waco.
- The Waco V.A. Hospital is the only V.A. Hospital in Texas which presently provides long term, in-patient psychiatric care for veterans. As noted, the hospital presently serves about 250 in-patients

at any one time. Some of the patients assigned to this hospital are from as far away as Amarillo, Texas. There is evidently an increase demand for services at the Waco V.A. Hospital because they have just completed a renovation project to add 68 beds to the hospital for additional long term patient care.

- Another unique service provided by this hospital is a blind rehabilitation training program which serves approximately 30 patients on a regular basis. This is a very effective program which enables veterans to better care for themselves.
- The original CARES Plan did not propose closure of the Waco V.A. Hospital. In fact, the original plan designated this facility as a regional resource for providing long-term, in-patient mental health care for the Central Texas area and to the neighboring VISNS, who are without access of long-term care psychiatry. Some of these extended service agreements are already in effect.
- As you will see, there are excellent facilities at the Waco V.A. Hospital. It has a well-trained, uniquely qualified staff for providing specialized care for veterans with long-term psychiatric problems. In this regard, there has also been no cost benefit analysis which would support the moving of this facility. There has been no analysis of how long the relocating and reconstitution of this long-term care delivery system would take. We think it would be much more efficient to maintain and expand the long-term care available at this centrally located hospital to serve a wider area of Texas. As needed, the V.A. could create a clinic in the Austin area for acute psychiatric care and easily transfer those patients needing long-term care to the existing facility. Additionally, the Waco facility could expand its service area to cover those patients needing long-term care in the north, south, and central market areas.
- The present plan proposes to create 33 additional beds for psychiatric care in the Dallas area. Because you have a well-trained staff here at a modern, first class facility, we think it would make sense to add some of these 33 beds that may be needed for long-term care to the hospital in Waco.
- After the present CARES Plan was developed, we cannot now ignore the fact that giant C-17 transport planes arrive every night at Andrews Air Force Base outside of Washington, D.C. on medical evacuation missions from Iraq. From the beginning of the war in Iraq, more than 6,000 service members have been returned to the United States for treatment. More than fourteen

hundred of these have been wounded in action or in non-hostile accidents. Of these thousands sent back to the United States, many of them are suffering from mental illness. Doubtless, there will be more of these patients needing long-term, acute psychiatric care. The demand for these services will increase in our area because of the large number of Fort Hood groups involved in Iraq.

- We recognize and are sensitive to the need of the Veterans Administration to make a more efficient and cost effective use of the V.A. Hospital facility in Waco. To demonstrate our commitment to assist the V.A. in finding additional compatible uses of those vacant or under utilized facilities, this committee acting under the direction of Maggie McCarthy, made a thorough study of other potential users of these facilities. I understand that about 300,000 square feet of the present facilities, out of the 900,000 square feet total in these facilities, are either not used or under utilized. We know that we can assist the V.A. in identifying and securing compatible users for these facilities.
- To affirm and demonstrate our commitment to support the V.A., the City will consider providing maintenance and upkeep of the streets and parking areas within the hospital complex, so that you do not have to maintain a separate staff and equipment to provide these services. The City and the county also have available economic development funds that may aid us in obtaining compatible users of these facilities. John Mabry, our state representative, has also agreed to help in exploring the possibility of supplying electric service to the facility at a reduced rate through a program which is now operated by the General Land Office of the State of Texas.
- We think commitment for maintenance and improvement of the care delivered to veterans by the Waco V.A. Hospital will demonstrate the determination of the Agency to comply with the statutory obligations to the mentally ill as required by Public Law 104.262, which requires funding equal to 1996 levels. We will also support your efforts for adequate funding to meet the law=s requirements.
- On behalf the members of our task force, the people of Waco, and McLennan County, and the veterans of Central Texas, let me express our appreciation to the Mayor Linda Ethridge of Waco, County Judge Jim Lewis, City Manager Larry Groth, and our State Representative John Mabry. We also extend our special thanks to our Congressman Chet Edwards, Senator Kay Bailey

Hutchison, and Senator John Cornyn for their help and support for the continued delivery of care to our veterans by the V.A. Hospital in Waco. Thank you for your consideration.

**SUMMARY OF V.A. TASK FORCE PRESENTATION**  
**BY**  
**ENID WADE**  
**October 3, 2003**

- Introduction: We recognize the purpose of this process is to review the current methods of delivery of service and to make changes that will improve the quality of care and improve cost effectiveness. We think the process and the stated goals are laudable, and we support the process and any proposed changes to the extent they achieve the stated goals. We do not oppose proposed changes, merely because they constitute change. We are opposed to the changes being recommended for the Waco facility however.

What has occurred here in Waco is that individuals from all segments of the community (veterans (those who are presently patients and those who anticipate needing those services in the future), medical community, mental health care professionals, employees of the VA, law enforcement officials, charitable organizations who provide support services to veterans) have each, after giving this matter careful consideration, have concluded that the proposed plan to close the Hospital here in Waco is a bad one, and so we have joined forces, in the form of a Task force to make sure that our concerns were brought to the attention of the Commission.

- Expected increasing demand for Mental Health Services
  - Inability to predict with any real precision what demographics are going to look like in ten years
  - Nature of present conflicts and engagements supports belief that demand for psychiatric services like those being provided in Waco will be increasing
  - Iraq war and engagement of 130,000 to 140,000 troops not in process at time figures developed to calculate future needs of veterans
  - VHA has continually strived to meet and stay ahead of the challenges presented in a changing environment
- Psychiatric/mental health care that is provided at Waco VA is superior and will not be replicated elsewhere
  - No other VA hospital provides long term care for acute chronically ill mental patients
  - Provides more long-term psychiatric care than any VA facility in the United States

- Waco VA hospital is one of the two most comprehensive care facilities for veterans with serious mental illness in the United States
- Tremendous human capital in Waco to provide for needs of mentally ill veterans
  - Well-trained employees
  - Uniquely qualified with tremendous experience dealing with this population
- VA has spent approximately \$80 million in last 12 years. As a result, it is a state-of-the-art facility in first class condition.
- The Waco VA Hospital enjoys a top rating from the Joint Commission on Accreditation
- Plan does not address how the long-term, inpatient psychiatric care, which is being provided in Waco to veterans, will be replaced in either Austin or Temple
  - Per VA's own classification system, these patients are among the highest priority patients, and these are among the most vulnerable veterans.
  - The facility and treatment that is available to them now cannot and should not be addressed as a footnote or afterthought to the comprehensive plan.
    - There have not been specific, detailed plans for making sure that there is continuity of care throughout this process and that the care that is ultimately available is commensurate with the care presently available. So far, although there has been some discussion about how patients will be shifted, nowhere has anyone spelled out a plan to ensure that the type of care presently being provided in Waco will be made available in Austin or Temple
      - Reason for omission is they do not have capabilities and capacity to provide that care and, even with a substantial expenditure of time and money, they will not have the facilities to provide the care that is presently being provided in Waco.
- Blind Rehab program is excellent
- Original CARES Plan did not propose closure of Waco facility
  - Provided for Waco to be Regional resource
- No indication that closure of VA will result in real cost savings to VA

- No data on cost savings to VA of closing Waco hospital
- Indication that closure would result in any real cost savings to VA is questionable because cost of required capital investment elsewhere to replace facilities and services lost here is considerable.
- Site can and will be put to highest and best enhanced uses to reduce costs to VA
  - Beautiful campus
  - Partnerships with City and County and other entities
- Why close this facility with these unique and tremendous capabilities related to the care of mentally ill patients at a time when the demands for that type of care are increasing and when there is no proposal or plan in place to replace or otherwise provide those services.
- Plan does call for realigning and consolidating facilities with duplicative clinical and administrative services. The Waco VA is not such a facility. Rather, proposed plan would involve shuttering what is, by all accounts, a very good, unique program and attempting to reconstruct it, from the ground up, elsewhere. The problem is that this proposal does not ensure continuity of care and certainly does not ensure the same level of care presently available.