

RONALD FRY

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*Veterans of Foreign Wars of the United States*  
*Department of Washington*

5213 Pacific Highway East  
Fife, Washington 98424

(H)

26 September 2003

SUBJECT: Support for VA Health Care for all Veterans

**Ronald L. Fry**  
Commander

**Gary W. Hulsey**  
Sr. Vice Commander

**John C. Beam**  
Jr. Vice Commander

**Richard A. Petersen**  
Adjutant-Quartermaster

**Michael J. Peterson**  
Judge Advocate

**Joseph C. Willaford**  
Surgeon

**Milton D. Till**  
Chaplain

TO: Chairman Everett Alvarez, Jr.  
Capital Asset Realignment for Enhanced Services  
Office of the Secretary  
Department of Veterans Affairs  
Washington, D.C.

Dear Mr. Chairman Alvarez:

The Veterans of Foreign Wars (VFW) oppose any action that would further degrade Veterans Health Care Facilities or reduce Health Care services. The Current system can only support the medical illness, mental illness, acute care, and long term rehabilitative care of a small number of the Veterans eligible for VA health care as as you , Secretary Principi , President Bush , Congress , and every Veteran of the United States of America are aware the Veterans are not the problem rather it is a Problem that must rest squarely upon the allocation of the tax dollars paid by the Citizens of our great country.

The Veterans of Foreign Wars of the United States , Department of the State of Washington support a different but a more effective method of allocating funds of the Federal Budget. We, the Veterans and citizens of the United States of America demand that Congress and the President do what we expected them to do when we helped elect them by allocating all necessary funding to ensure that this countries Veterans Health Care and Benefits programs are fully funded for every eligible veteran. We also demand that Veterans financial status or assets and property not be a consideration when a Veteran needs health care from the VA. Consequently, We believe that no tax dollars should be spent or allocated for overseas projects, except humanitarian aide, until after the needs of the United States its citizens, cities , counties , and state governments are satisfied. The funds left over can then be used for overseas projects/programs.

The need for the above Budgeting concept is supported by the need and obligation the Federal Government has to our veterans and citizens. In the State of Washington there currently are more than approximately 672,000 Veterans And the Veterans population is currently growing. Currently Washington state is listed by the federal census as being Number 2 in total Veterans population but yet the VA funds Washington at Number 30 out of the 50 states. The President has instructed the Secretary of the VA to consider 13 VA hospitals for closure. Three(3) of those Hospitals are located in the State of Washington. Why are the Veterans of the state of Washington being discriminated against?

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The VFW, Department of Washington supports the plan to authorize Veterans to receive health care from their local health care professionals at local contracted sites near their homes. Currently the majority of Veterans in the state of Washington must travel 3 to 5 hours to needed health care. These Veterans often must travel through mountainous terrain that often becomes extremely difficult if not impossible during the winters in the Pacific Northwest.

The VFW, Department of Washington opposes the closure of any VA Hospital. VA officials have told us that targeted hospitals are not up to technical needs of new medical technologies. We agree that the VA must be on the cutting edge of new medical technologies however the vast majority of the illnesses suffered on a day to day basis by our Veterans can be treated by a General Practitioner or Nurse Practitioner that are currently available at the existing VA hospitals. These Hospitals don't need to be state of art or of the newest structures, we feel that those can still be of continued service.

The VFW opposes the reduction or relocation of any medical or mental treatment services. Example: The VA Hospital at Walla Walla, Washington serves a catchment area containing 60,000 Veterans spread out over 40,000 square miles in the states of Washington, Oregon, and Idaho . Veterans of at least 18 counties are treated at this hospital. The plan to close and/or reduce health care services at the Walla Walla VA Hospital must take into consideration that in the year 2002 approximately 12,000 Veterans were treated at the Hospital and yet there were between approximately 300 to over 1000 Veterans on the waiting list to get needed medical care. That means of the Estimated 60,000 eligible Veterans in the Walla Walla VA Hospital catchment area an additional 48,000 Veterans could no get treated at the VA Hospital. Question: Where do those 48,000 Veterans get medical treatment the Federal Government is obligated to provide our Veterans? The closure of any VA Hospital has far reaching negative results on our Veterans health needs attention now.

The VFW, Department of Washington cannot understand nor accept a decision that would close the VA Hospital at Vancouver, Washington. That hospital was constructed less than 5 years ago at a price of more than \$30,000,000. The VA has since built a VA office complex on the hospital grounds. In addition the VA has encouraged the local county to locate a Veterans homeless shelter on the hospital grounds . Why spend the money invested in constructing the Vancouver VA Hospital and then considering the closure of the Hospital while there are more Veterans needing the health care services it can provide and does provide now.

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SUBJECT: Support for VA Health Care for all Veterans

**RECOMMENDATIONS:**

Do not close or reduce Health Care Services at existing Health Care Facilities,

Do establish contract Health Care sites in or near the Veterans residence and if at all feasible with the Veterans local Doctor and/or clinic or hospital,

Do treat Veterans on medical need not on the Category method of Classification,

Do not charge any Veteran for any part of medical care. Veterans have already paid for their medical care by service in our Armed Forces where many paid in blood.

Do treat all Veterans for health care needs and not just the lucky few who are able to get on the enrollment list,

Ensure that any new programs to be implemented are on line and doing what they are supposed to do before taking any part of the existing system off line, don't leave any gap in VA Health Care,

Stop the MEANS system of qualifying Veterans for Health Care, treat all eligible Veterans,

Prepare a budget that reflects the funding needed to treat all Veterans,

Stop allowing medically unqualified VA employees from screening a Veterans needs for medical treatment and appointments,

Process Prescriptions from a Veterans private Doctor in addition to the VA Contract Doctors,

Refer to Veterans as patients not customers,

Review the ratio of administrative staff to health care staff to ensure the best patient to Doctor ratio possible.

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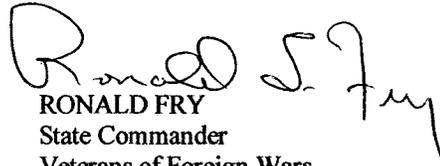
SUBJECT: Support for VA Health Care for all Veterans

The Veterans of Foreign Wars, Department of Washington fully support any Health Care system that will guarantee full medical care for all Veterans. We also appreciate the VA staff that takes care of our Nations Veterans. The VFW, the Department of Washington thanks all VA employs for their care of our Veterans.

The Veterans of Foreign Wars are very concerned at the mental anguish created when the VA takes any action that is perceived by the Veteran to prevent or interfere with his/her medical treatment, reduction of health care ,or mental stability.

The VA Plan must include all aspects of health care to include mental Health and rehabilitative care.

Anything less than full medical care of our Veterans will be unacceptable.

  
RONALD FRY  
State Commander  
Veterans of Foreign Wars  
Department of Washington

**STATEMENT OF  
JIM MARSZALEK  
NATIONAL SERVICE OFFICER  
OF THE  
DISABLED AMERICAN VETERANS  
BEFORE THE  
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION  
WALLA WALLA, WASHINGTON  
SEPTEMBER 29, 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 20.

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 services 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. According to the 2000 US Census, 670,628 veterans live in the state of Washington. This is a 4 percent

increase in the last decade, while nationally the veteran population is declining. This amplified population of veterans will place a considerable demand on VA Medical Centers within VISN 20. We comprehend the need for realignment or reorganization. Thus, a plan to ensure care and services are readily available and accessible is clearly essential.

American Lake, Walla Walla and the Vancouver division of the Portland, Oregon VA Medical Center were among sites mentioned for additional review and potential mission change, closure, or realignment. The growth in Washington's population over the last decade along with their increasing demand for health care services, provides a compelling reason to continue finding innovative ways to meet the care requirements of the veterans greater Washington area, not cut the services which are currently in existence.

The Western Washington Market presently serves almost 80,000 enrolled veterans and is anticipating a 33% increase in 2012 and leveling off to a 30% increase in enrolled veterans equating to almost 24,000 new enrollees by 2022. Gaps between demand and available resources identified as Planning Initiatives for the Western Washington Market includes Primary Care with an 89% gap projected - Specialty Care with a 123% gap projected – Inpatient Medicine with a 35% gap projected.

We concur with the solutions proposed to realign the resources in VISN 20 as outlined in VISN 20's Proposed Market Plan and *not* the entire Draft National CARES Plan. Specifically, the VISN's plan and the Draft National CARES Plan both include establishing CBOC's in the Central Washington area since access to primary care for the Inland North Market fell below the 70% target with only 55% of the enrolled veterans located within the access guidelines; therefore, we support proposed plan to establish a CBOC in the Central Washington area.

The Jonathan M. Wainwright Medical Center in Walla Walla provides primary, inpatient medical and psychiatric care to more than 11, 000 veterans each year. We acknowledge the proposed plan for this particular facility is not an attempt to close it; rather it is an attempt to provide enhanced services.

However, unlike the Draft National CARES Plan, we believe it is not acceptable to close Walla Walla's nursing home for residents with family in the community and relocate them to the Spokane VAMC. The 152-mile distance between the facilities would ultimately cause diminished contact and a financial burden with family and or visitors. In addition, Walla Walla is a small community and the VA is one of the largest employers in the area. The proposal to replace the 30-bed Nursing Home is based on trying to decrease the impact on employees and the community. Thus, we believe the nursing home should not be relocated, unless there is adequate capabilities within the community of Walla Walla to contract for these must needed services.

Furthermore, shifting inpatient care such as acute medical care and psychiatry to a small community such as Walla Walla will have a significant impact on the staff and the community. We believe the overall goal of the Inland North Market plan is to establish a long-term care presence on the existing campus and expanding the specialty care and mental health services to projected growth in those areas.

Within the VISN 20 Market Plan there are plans in place to provide sharing agreements of services between the VA and the Department of Defense. Following September 11, 2001, the Department of Defense denied access to shared facilities such as Alaska. The DAV is concerned as to the accessibility of military installations during a time of heightened national security alerts. This particular concern has been persistent for two years without a successful resolution negotiated between parties.

In closing, the local DAV members of VISN 20 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.

Good morning. I am Bill Schrier, Past Commander of The American Legion Department of Washington, Alternate National Executive Committeeman, Vice-Chairman of the National Legislative Commission and member of Governor Locke's Veterans' Affairs Advisory Committee. I am proud to be speaking as a representative of The American Legion; however, it is my goal to represent all veterans to the best of my ability. Thank you for inviting me to testify before this very important Commission.

I would like to preface (or begin) my comments by thanking the members of this Commission for the time and effort they have put forth in this most formidable endeavor. Each of us in this room is very aware of the dedication and careful consideration you have afforded the varied and diverse service market areas you have studied. Your report reflects a thorough and thoughtful consideration of the facts.

The American Legion has reviewed the CARES National Plan and comments from other stakeholders, including many of those present here today. We share the concerns of our fellow advocates. Given the time constraints here today, I will not revisit all those concerns, rather I would like to address a number of general observations that impact not only on the CARES initiative but also the overall VA health care environment.

CARES, Capital Asset Realignment for Enhanced Services. As proposed in October 2000, this was to be a ground up, complete examination and evaluation of medical services provided throughout the United States by the US Department of Veterans Affairs with a goal of identifying and shifting resources from those facilities being underused to those being overwhelmed. No one would propose to argue with such a noble and ambitious endeavor. A comprehensive plan has been proposed and we may be nearing the implementation phase, where the success or failure of this program will be judged by all of the stakeholders including, politicians, VA leadership, hospital employees and, of course, our veterans. We were encouraged at The American Legion National Convention this year where Secretary Principi forcefully proclaimed that the CARES program would result in absolutely no changes whatsoever to the VA Health Care System unless he was absolutely certain that such a change would provide enhanced services to our veterans. However, if such changes are pursued, it is essential that no VA medical facilities should be closed, sold, transferred or downsized until the proposed movement of services is complete and veterans are being treated in the new locations.

During the past year The American Legion Past National Commander, Ron Conley, visited over 60 VA medical facilities and concluded that the VA Health Care system was "A System Worth Saving". The American Legion has stood shoulder to shoulder with the Congress, the President, the Department of Veterans Affairs and the American people to ensure that all veterans receive the health care, rehabilitation and readjustment services they earned. While many have been helped, many have not-they continue to wait months, even years, for health care. Services are being rationed and eligible veterans are being denied care from the very system created to meet their unique health care needs. Our nation is not unmindful of its obligation "to care for him who shall have borne the battle, and for his widow and orphan"; however, the gap between federal funding and patient demand is straining the system and creating a backlog of patients numbering in

the tens of thousands. Successful CARES implementation notwithstanding, the realignment of inadequate resources can serve only as a temporary, potentially inequitable fix to a larger overall funding problem.

As we turn our attention to the VISN 20 market, it is clear that our veterans face many of the same delays accessing health service that plague the rest of our nation. Additionally, many veterans across our state travel excessively long distances to obtain such care. Being sparsely populated, these areas present a unique set of challenges to the CARES study. From the data cruncher perspective, the population density is low; numbers of eligible veterans are widely dispersed and facilities may be perceived as underutilized. The perception does not reflect the reality of the actual demand potential in these markets. Many veterans in these areas will use VA medical resources only as a last resort. They may have to drive an entire day to reach the nearest VA health care facility.

Permit me cite the case of our Washington State Legion Commander who requires a sleep study. He lives 75 miles north of the Spokane VA medical center; however, the VA health care professionals have ordered him to report to the Walla Walla Medical Center, some 175 miles south of Spokane for the study. The fact that the earliest appointment was over nine months away is another indicator that these facilities are not underused. Will closing the facilities result in enhanced service to this veteran? Are we considering all options including more reasonable Fee Basis policies, Community Based Outreach Centers and mobile health care vans? Before we rush to embracing facility closure as the answer, perhaps we should consider if we are currently employing best practices. We are extremely concerned that certain proposals, if carried out, would seriously degrade the current levels of care for veterans. As we seriously study these options in the framework and context of CARES, we should not lose sight of these singular facts. Just as we strove to leave no comrade behind on the battlefield, we must leave no veteran behind when it comes to health care, even if he or she does live in an isolated community in Montana or Eastern Oregon.

As we pursue this issue, we are troubled by the convoluted logic trail upon which the CARES initiative has been spawned. The perception of a Joseph Heller type "Catch-22" is difficult to dismiss. "We are challenged locate additional funding sources by identifying and closing VA facilities that are underutilized when the facilities are, in fact, underutilized because of a lack of patients who are being denied care due to lack of funding."

Let's look at the figures:

Puget Sound VA Health Care System - 55,000 served, 1,500 enrolled and waiting  
Spokane VA Medical Center - 19,299 served, 3,000 enrolled veterans waiting  
Jonathon M. Wainwright Memorial VA Medical Center, Walla Walla - 11,800 served, 1,207 enrolled - waiting up to a year.

These figures do not support any contention that facilities are being underutilized.

Please note the use of the term "enrolled" veterans. A major concern within The American Legion is the very real probability that local CARES marketing studies do not

accurately establish the actual potential demand in upcoming years. Studies of those enrolled does not capture data on those who have sought care and were not enrolled, those who have not yet sought care, including the large number of currently working Viet Nam era veterans whose health care insurance will likely lapse upon retirement, and other categories of veterans who were not considered during demographic analysis. Have we considered those Priority Group 7 and 8 veterans that are routinely being denied care? Additionally, assertions that Washington veterans are younger or healthier than our counterparts across the county may be true today. But we must focus on the future. Closure of facilities based on our health or circumstances today is irresponsible. What health services will be available to us and to those who follow us in twenty years?

Another area of concern was re-emphasized at a meeting of The Advisory Committee on Minority Veterans, which was held in Seattle last week (Sep 25). The committee discussed the fact that one of the most vulnerable and in-need segments of our veteran's community, Native Americans and Hispanics, may be placed even more at risk by the recommendations of the National Plan. Proposed plan action threatens to further lessen the continuum of services available to those minority veterans in the Colville Consolidated Tribes, Yakima Reservation and others in a significant geographical area from Walla Walla and the Oregon border, up through the center of the state to the Canadian border.

During The American Legion national convention in St. Louis recently, a local TV news reporter went to the local VA hospital and interviewed veterans as they came and went from their appointments. When asked if he was frustrated by the delays, one veteran replied, "It's scary and it's a real pain, but I can live with it because it's free". I, for one, was very troubled by this veteran's response. VA care is **not free**! Every eligible veteran prepaid the price of health services through his or her sacrifices while serving our nation.

As a cautionary note, I urge members of this committee to carefully proceed with the task before them. Failure to enhance services to veterans is not an option and may be catastrophic beyond anyone's anticipation. Many may recall where, in the not too distant past, the VA hospital system was a target for elimination by several members of congress. Terms like "White elephant", "arcane remnant of the past", and "black hole of fiscal irresponsibility" reflected serious misgivings about the VA health care system. It is incumbent upon us, the stakeholders, to work to ensure the viability of the system and continue to advocate for a health care system that not only focuses on veteran unique health issues, but also the very real role in support of Homeland Security and Department of Defense contingency care planning. As The American Legion Past National Commander Ron Conley observed, it is a system worth saving. If we do nothing or we fail in our endeavor at this juncture, the system may be beyond salvation.

Once again, our nation is at war. It is incumbent upon us to recognize that the cost of war goes far beyond the cost of bullets and bombs. It continues as long as veterans suffer the wounds and scars of war. The American Legion will do whatever possible to guarantee health care for all eligible veterans for as long as our nation depends on our young men and women to be serve as the defenders of our freedom.