

United States Senate Committee On Veterans' Affairs
Senate Hearing
Monday, April 12, 2004
Walla Walla Community College
Walla Walla, Washington

Testimony of John King, Director
Washington State Department of Veterans Affairs

Thank you for the opportunity to speak before you today. Your commitment to the CARES process is evident and it is of utmost importance to the veterans of Washington.

I want to begin by commending the outstanding leadership of Dr. Burger and the diligent work of the entire VISN 20 team. They have established a reputation for providing exceptional care to Washington's veterans, and I thank you.

WDVA's goal is to ensure services are available to meet veterans current and future care needs. At the CARES Commission Hearings both on September 26 in Vancouver and September 29 in Walla Walla, I had the opportunity to highlight several concerns.

1. Disproportionately low market penetration within Washington State.
2. Inordinately long waiting lines within VISN 20.
3. Comparatively low number of Community Based Outpatient Clinics in Washington State.
4. The elimination of Outreach to veterans within VISN 20.
5. And, lack of focus on the demographic projections showing that Washington State's veteran population is growing - in spite of a national decline - and that the population is rapidly aging.

Each of these concerns was based on a careful examination of VA data, either from the VetPop 2001 (adjusted for the 2000 census), the Veterans Health Administration waiting line data, or VA web site.

Each of the inequities affecting veterans in Washington State has only built on the other. For example, the number of veterans currently enrolled in the VA Health Care System is the basis for future projections; however, in Washington only a fraction of the state's veterans are users of the system. That is why I am so engaged in the CARES process. Allow me to emphasize the word **process**. My concerns are not about people. Our VA staff are wonderful care providers. I do not think anyone can objectively refute the quality of care. I am concerned, however, about the process and what initiatives like VERA are not doing to ensure the equitable distribution of resources to this state...the state of Washington. The VA data that I am reviewing does not support the idea that this state is getting an equitable share. I am asking that we take a fresh look at each inequity and ensure resources are distributed in a different way.

Since the September CARES Commission hearings, I am pleased to report that some progress has been made in the area of Market Penetration.

- Within Washington State, market penetration has improved slightly. In 2002, 11.5% of the state's veterans were "enrolled users" of the VA Health Care System. In 2003, this number was up to 12.38%, while the national average remains above 17%. The *real people* affected by this are the 6,700 Washington Veterans who were added to the rolls of the VA Health Care Centers.
- However, it also means that while there are 79,000 veterans in Washington receiving care, I must ask myself about the others....where are they and why are they not enrolled in our VA health care system? I have heard some ideas, I have heard subjective reasoning in an attempt to soften what the data seems to be saying. I am asking again, that we review the data, investigate the need to generate data that we might not have, and to ask that the process be focused to make decisions based on the facts, not perceptions.
- Washington is still 49th (counting the District of Columbia) in the nation in terms of the percentage of veterans being served by the VA Health Care System.
- Collectively we must strive to correct this inequity.

In regard to waiting times, I have been told there are significant reductions in specialty care waiting lines and I look forward to reviewing the Veteran Health Administration data once it is updated and available. CARES can significantly impact waiting times by redistributing resources to areas with high waiting times.

Now, specific to the issues of the Walla Walla facility; it is fair to say that something must be done in Walla Walla. Aging facilities will not be functional forever and it is wise to plan for the future. However, we must ensure that the CARES spirit is honored and that services are *enhanced* as a result of any consolidation or realignment and not simply discontinued. The community has a demonstrated need and has little infrastructure to support this need without careful planning and preparation by the VA.

The VA owns the property and currently has extremely proficient administrative and service staff at Walla Walla. New investments should be made before buildings or services are closed. New construction should replace the old buildings and the talent and quality should be retained and maintained. Veterans from all over Oregon, Idaho and Washington depend on this facility, and appreciate the quality of staff and services they get.

If the National CARES plan does not see the merit of investing in this hospital, but instead replaces services in a new way, then the veterans community must understand where the services will be provided and who will provide them. Washington, Oregon, and Idaho veterans need these services **now** and will need them into the future.

Having said that, I would point out the fact that this campus has a wealth of possibilities and this is an opportunity to foster creative partnerships with the community, local government, and state government.

- For example, the provision of long-term care could be accomplished through a state veterans home, similar to the one established to serve Spokane's aging veteran population. I would also interject the need to ensure federal employees are retained as part of the transition planning.

- Another opportunity is around the provision of mental health services. Service providers have shared with me the lack of infrastructure for mental health services in this area. Truly, this is an area that could have a significant detrimental effect on some individuals if there is not a comprehensive and user friendly system in place prior to the shut-down of current services.
- A lack of psychiatric inpatient facilities is the most glaring issue and the VA must establish how it will address this and the many other issues that will come with a consolidation of services.

It is my hope the VA will do a thorough assessment of veterans needs now and into the future to craft a plan that will live up to the CARES name - Capital Asset Realignment for ENHANCED Service.