

**United States Senate Committee On Veterans' Affairs**

**Senate Hearing  
Monday, April 12, 2004  
Walla Walla Community College  
Walla Walla, Washington**

**Lanny Myers, Commander of The American Legion Department of Washington**

Good afternoon Senator Murray. I am Lanny Myers, Commander of The American Legion Department of Washington.

I want to thank you for affording me the opportunity testify and express the views of the 50,000 members of The American Legion family in the state of Washington regarding the Capital Asset Realignment for Enhanced Services (CARES), specifically as it applies to recommendations pertaining to the Department of Veterans Affairs hospital in Walla Walla. Today, I will be speaking on behalf of The American Legion; however, my goal is also to represent all veterans who may suffer as a result of the proposed closure of the Walla Walla hospital.

The CARES initiative is unprecedented when considering the broad scope of the VA health care mission and the potential effects the final decision will have on its ability to fulfill its mission. Implementation of the proposed recommendations will greatly impact services provided, not only to veterans currently seeking access to quality health care, but also those active duty, Guard and Reserve members currently serving who will one day turn to the VA for health care.

The CARES strategy presents a formidable challenge. As proposed in October 2000, this was to be an 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. It appeared to be a noble endeavor; however, as recommendations were being finalized and the CARES Commission Report to the Secretary of Veteran Affairs was released in February of this year, The American Legion became concerned with contingency language contained in the report that does not clarify certain proposed recommendations. Recommendations including terminology such as "proposed feasibility studies" and "transfer or contract of services" must not be left open to speculation or loose interpretation.

As The American Legion National Commander recently remarked, the CARES commission has emphasized the "CAR" element of the strategy while ignoring the "ES" aspect. The Draft National CARES Plan reflects a number of proposals to close, realign or consolidate services while remaining vague on "Enhanced Services" recommendations. The American Legion cannot support the closing of the Walla Walla or any other facility, which could

deny veterans access to health care until the proposed alternative health care architecture is specific and comprehensive, and the transfer of services is complete.

I had the privilege of attending the meetings held by the CARES Commission as they met to solicit testimony in September of last year. During testimony at the hearing held at the Walla Walla hospital, a representative of the VA Veterans Hospital Administration indicated that there was not enough money in the world to bring the Walla Walla facility up to currently acceptable standards for clean, efficient, modern and effective health care. Historical considerations, notwithstanding, The American Legion recognizes that the physical condition of the facility may be beyond cost effective repair and we accept the reality of a need to rebuild rather than renovate.

However, the issue is not simply bricks and mortar. The issue is whether the nearly 60,000 veterans in the Washington, Oregon, Idaho and Montana catchment area, who represent a potential need for health care services in this area, will be adequately served under the provisions of the CARES proposal.

When considering the future of the Walla Walla hospital, one should keep in mind that the veterans of Washington State face the same delays that plague much of the rest of our nation. Any closure resulting in a reduction of services could be catastrophic. Forgive me for being repetitious but these numbers bear repeating.

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

Please note the use of the term “enrolled” veterans. VISN 20 projections for enrollments, funding, and the need for facilities are each based on artificially low projections. When coupled with the elimination of outreach programs, this results in even lower utilization by the veteran’s community and continually lower enrollments, despite an increasing veteran population. A major concern within The American Legion is the possibility that marketing studies may not have captured all those veterans who sought care, but were not enrolled on a waiting list, and those who are eligible, but have not yet sought care, including many currently working Viet Nam era veterans whose health care insurance may lapse when they retire. Historical utilization patterns and speculative demographic projections can lead to false conclusions regarding future demand. Decisions based on these false conclusions can only result in grossly inadequate veterans health care services in southeast Washington.

Other issues of consideration are not unique to Washington State but common throughout the Western states. The vast distances between VA facilities are common to our states

west of the Rockies. While sparsely populated, these areas present a unique set of challenges to the CARES study. From the data-cruncher perspective, the population density is low and numbers of eligible veterans are widely dispersed so requirements may be underestimated. However, the limited number of facilities frequently requires that veterans drive an entire day to reach the nearest VA health care facility. Options such as enhanced Fee Basis policies, Community Based Outreach Centers and mobile health care vans must be considered and established prior to the termination of any current treatment facilities.

Another area of concern was re-emphasized at a meeting of The Advisory Committee on Minority Veterans, held in Seattle. The committee determined that one of the most vulnerable and in-need segments of our veteran's community, Native Americans, may be placed even more at risk under the recommendations of the National CARES Plan. Veterans of the many tribes, including the Colville Confederation of Tribes, the Yakima and other Native American Nations rely heavily on the Walla Walla VA hospital. These veterans live in areas that are sorely underserved and, again, the lack of outreach has served to further disenfranchise those who are not fortunate to live near a VA facility.

Many veterans living in rural areas of Washington state suffer from Post Traumatic Stress Disorder (PTSD) along with its associated symptomologies including self-medicating substance abuse and dual diagnosis disorders. Currently, there are no community inpatient psychiatric beds in Walla Walla, other than in VA facilities, and there are very limited community beds in the Tri-Cities and Yakima areas. The proposed realignment of mental health services in Walla Walla will result in no VA inpatient psychiatric beds in all of Eastern Washington, Oregon and much of Montana. A reliance on community psychiatric services will demand significant recruitment and training efforts to ensure local practitioners possess the knowledge, skills and abilities to treat veterans suffering from PTSD and other war-related trauma.

As we carefully consider options within the 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 Southeast Washington, Montana or Eastern Oregon. The Walla Walla facility performs an important role in this region and is critical to meeting the health care needs of the current and future veterans community it serves.

Recently, a television news story profiled VA health care issues. The stories are common to us all; long waits to be enrolled, long waits to be seen, not enough caregivers... When asked if he was frustrated by the delays, one veteran being interviewed replied, "It's scary and it's a real pain, but I can live with it because it's free". Madam Senator, I was very troubled by this veteran's response. Veterans' health care is not free; every veteran entitled to health care prepaid the price of health services through the sacrifices made while serving his or her nation.

Management decisions continue to be convoluted at even the highest levels. As the VA hospital system is being forced to subsidize its operations through third party billing, those who provide the majority of that funding (priority group 8) are denied access.

Stakeholders throughout the nation were asked to develop market assessments and plans to enhance veterans' care, but the National Plan was drafted without consideration of local and regional input. Essentially, the plan was developed in a vacuum and only after that fact were the interested parties queried for comment.

As a cautionary note, I urge all advocates for veterans' health care to proceed carefully as we consider the options before us. Failure to enhance services to veterans may be catastrophic beyond anticipation. 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", "outlived its usefulness" "bureaucratic quagmire" and "black hole of fiscal irresponsibility" echoed throughout the halls of Congress. One need not linger long within those same halls to hear similar misgivings about the current VA health care system. The tones are hushed, but should broad based support waiver, those harboring ill will certainly raise up with a renewed challenge to the efficacy of the system. It is incumbent upon us, the stakeholders, to ensure the viability of the VA health care system. 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.

We must focus on the VA health care mission requirement rather than budget requirements. As long as funding for VA health care is discretionary rather than mandatory, the system remains in jeopardy. The recommendations to close VA hospitals and initiate restructuring of long-term care, mental health and domiciliary services during a time when hundreds of thousands of soldiers, sailors, marines and airmen are being sent to foreign lands to fight a war reflects a serious flaw in the manner in which we fund a system vital to the health care needs of this nation's veterans.

Once again, our nation is at war. The cost of war goes far beyond bullets and bombs. It continues as long as veterans suffer the physical and emotional wounds of war. The American Legion will do whatever is required to ensure guaranteed health care for all eligible veterans for as long as our nation depends on our young men and women to be the defenders of our freedom.

Madam Chairperson, this concludes my testimony. I again thank you for this opportunity to express the views of The American Legion Department of Washington and look forward to working with you and your colleagues to ensure "enhanced services" for all of America's veterans and their families.