PROVIDING CARE FOR RURAL VETERANS:
COMMUNITY-BASED OUTPATIENT CLINICS

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WEDNESDAY, AUGUST 26, 2009

United States Senate,
Committee on Veterans Affairs,
Jesup, GA

The committee met, pursuant to notice, at 2:35 p.m., in C. Paul Scott Polytechnical Center, Altamaha Technical College, Jesup, Georgia, Hon. Johnny Isakson, presiding.

Present: Senator Isakson.

OPENING STATEMENT OF SENATOR ISAKSON

Senator Isakson. Good afternoon and welcome. I am United States Senator Johnny Isakson and I am delighted to be here, and I want to thank the Technical College and their President for all their cooperation and hospitality in allowing us to hold this hearing today.

Before I get into my opening remarks, I want to say to all our veterans that are in the audience today and that came, first of all, on behalf of all Georgians and all Americans, we thank you for your service. One of the reasons that I went on the Veterans Committee and asked to go on the Veterans Committee when I was elected to the Senate was because I wanted to do anything I could to see to it that the promise made to our veterans was delivered on,

and everywhere we could improve veterans services, we could do that. And Community-Based Outpatient Clinics are certainly one of those areas where that is taking place, and that is the purpose of this hearing today. But most importantly, on behalf of all the people of our country and of this State, we want to thank you for your service and your sacrifice for the United States of America.

On community-based outpatient clinics, since 1922 is when the first service to our veterans who came home took place, and it was generally--it was always a patient-based hospital service. And then in 1994, in Amarillo, Texas, a change took place and VA converted to--they didn't convert from hospitals to community-based clinics, but began opening community-based clinics around the United States. Today, there are over 700 community-based clinics in the United States of America serving our veterans.

A while back, there was a proposal made by the administration and the Department of Veterans Affairs to open two new clinics in this part of Georgia, one in Hinesville and one in Glynn County, and that is substantially the purpose of this meeting today.

Now, I am aware that those two--both of those clinics have been somewhat delayed, Hinesville for very obvious reasons. The Veterans Administration decided after determining we needed a clinic here, determining we needed

an expanded clinic here, and what was originally thought to be a 10,000 square-foot outpatient center is now planned to be, as I understand it--and I will be corrected by our witnesses, I am sure, if I am wrong on this--a 25,000 square-foot outpatient facility, including mental health.

As everyone knows, there is a tremendous challenge in the Gulf War, the War in Afghanistan and Iraq, for those returning with PTSD or TBI. I have personally had the privilege of seeing the marvelous work that the Augusta Uptown VA and the Eisenhower Medical Center in Augusta have done to create a seamless transition for our veterans going from DOD into veterans health care, to see the many people who came out of the war with TBI or PTSD who have been remediated, have been treated and are back in society, as we want everybody to possibly be. So the expansion of that clinic precipitated somewhat of a delay.

Glynn County, I am not sure I know exactly why, and I am sure part of the testimony will be to answer that, as well. But we have a substantial and significant number of veterans in this part of Georgia, in no small measure because of the facility at Kings Bay in Camden County and the facility at Fort Stewart in Liberty County. We want to make sure that the service to our veterans are complete, and that in terms of health care, it is reachable, or within the reach of every single veteran.

The change in 1994 at Amarillo reflected the change in both injuries as well as the need for services, and it is now a lot easier in Georgia for a veteran to get service at a clinic rather than having to drive to either Dublin, Atlanta, or Augusta, which are the location of the three hospitals. I want to personally thank the Veterans Administration for the outreach they have provided and for the investment they have made in Georgia and the clinics we have been able to open since I was elected to the United States Senate, for which I take no credit except to be a part of and I thank the Veterans Administration for having done that and for what they have done in it.

I want to introduce a couple of staff members who are with me today. Lupe, raise your hand. Lupe is the brains of the operation. I am just the front man. And Chris--Chris is my VA staff person in my office, and they will be here to assist me today.

We have passed out three-by-five cards. After the testimony and the questioning that I will give, if you will pass those forward or give them to one of my people, Nancy Bobbit is here--where is Nancy--at the back--she will collect them if you have a question, and I will ask the questions of our panelists if we have time. That will be in the off-the-record program after the testimony of this field hearing today from panel one and from panel two.

With that said, let me invite our first panel to come forward. Joe Williams, the Deputy Under Secretary for Health, Operations, and Management.

Lawrence Biro--did I pronounce it right? I do it wrong every time. I did it wrong when you were in Washington, I know, and I apologize. It is only four letters. I ought to be able to get that right. He is the Director of Veterans Integrated Service Network.

And Rebecca Wiley, Director of the Charlie Norwood VA Medical Center. I have already bragged in my opening remarks about the Charlie Norwood Center once, but I want to brag about them again. They were featured on "NBC Nightly News" about two months ago because of the miraculous and marvelous work that they are doing. And as long as I am able to serve in the United States Senate, I am going to attempt to see to it that whenever we have a DOD facility and a veterans facility in the same city, that they can replicate what has been done in Augusta, Georgia. It is truly a great service to our veterans and I congratulate you on that.

I don't know what order you were told, but my mother raised me that ladies were always first, so Rebecca? If you will try and keep your remarks to around five minutes, but if you go over, that is fine. We will take your testimony first.

Ms. Wiley. Thank you, sir. I am going to defer to Mr. Williams.

Senator Isakson. Okay. I am sorry, Mr. Williams, but she is a lot prettier than you are, so I wanted to go first with her.

Mr. Williams. Yes, sir, and I am glad you recognize that.

[Laughter.]

Senator Isakson. I am old, but I am not that old. Mr. Williams?

STATEMENT OF JOSEPH WILLIAMS, DEPUTY UNDER SECRETARY FOR HEALTH, OPERATIONS AND MANAGEMENT, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY LAWRENCE BIRO, NETWORK DIRECTOR, VETERANS INTEGRATED SERVICE NETWORK 7, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND REBECCA WILEY, DIRECTOR, CHARLIE NORWOOD VA MEDICAL CENTER

Mr. Williams. Mr. Chairman, thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs health care and facility issues in Georgia.

I am accompanied today by Mr. Lawrence Biro, the Network Director for the VA Southeast Network, VISN 7, and Ms. Rebecca Wiley, the Director of Charlie Norwood, Augusta VA Medical Center.

Today, my testimony will address the process by which VA determines where to build new Community-Based Outpatient Clinics, how such clinics are built, and the services that they provide. I will also discuss how VA provides care to veterans in Georgia. Thanks for providing this opportunity to us to address these important issues and for your continued support of our veterans.

VA determines its health care and benefits infrastructure requirements through a strategic planning

process that is closely linked to the Department's missions and goals. VA is further committed to further improving the access to health care for veterans, including veterans in rural areas, by comprehensively evaluating demographics in the market, determining clinical need for services in the area, and then aligning capital investment strategies to meet the health care needs of those veterans. VA carefully analyzes utilization trends. We look at our veteran population and the enrolled users to ensure that the appropriate mix of services is available to meet the needs of our local veterans.

Over the last few decades, CBOCs have shown to be effective in improving access to care for our veterans and assist us in providing a high quality of care in a cost-effective manner. The Veterans Health Administration plans to continue meeting those comprehensive health care needs for veterans nationwide by establishing new CBOCs, new outreach clinics, mobile clinics, and utilizing state-of-the-art technology to bring care closer to our veterans' home, and using resources within the communities when clinically necessary. By the end of the fiscal year 2010, VA plans to operate 833 CBOCs, and that will be 78 more than we had active in 2008.

CBOCs are developed through a methodology that partners central office with our VISNs. This allows the decision

making with regard to CBOCs and the needs and the priorities to be made in the context of future and local markets and those market circumstances. The methodology evaluates the convergence of geographic access as measured by drive-time guidelines for primary care services, projected demand for primary care and mental health services, as well. The methodology drives the initial step in VHA's national CBOC deployment plan.

A comprehensive business plan is required to submit an application, and several alternatives are reviewed within this business plan and these alternatives include renovations of the existing facility. It may include construction of a new facility, procuring a lease for space or contracting within for community resources. And these are all things that we look at to address the health care gaps as we move the CBOC application forward.

Once the analysis is completed and the access gaps are identified, VISNs will determine if a CBOC will best meet the needs of the veterans in that particular area. The VISN will then submit a business plan to VA central office for review by a panel of experts, and the review considers much of the following criteria: The quality and need of the proposal; the location in the market not meeting VA access guidelines; they will look at the quantity of users and enrollees, market penetration. There will be considerations

for unique things, including the proposal--how their proposal improves access for minority veterans, how it overcomes geographic barriers, or reaches out to the medically underserved areas. Cost effectiveness and the impact on waiting times is also looked at as part of that review criteria.

VA uses both a VA personnel management model and a contracting model when we consider staffing our CBOCs. The VA personnel management model ensures direct accountability of staff to VA managers, direct coordination of care and services with other VA programs. It delivers more efficient records management in a VA-staffed CBOC. It ensures DOD and VA collaboration at a higher degree, and education and teaching opportunities that we can all leverage and benefit from.

The contracting operations management model is used generally in areas where the veteran population is small, and we see some of those particularly in some of the smaller rural areas. The contract operation model must meet VA's quality and patient safety standards, and is cost effective because it allows VA to take advantage of existing community resources where the numbers are small.

Georgia is supported by two VISNs, the VA Southeast Network, which is the VISN 7, and the VA Sunshine Health Care Network, which is Network 8. Although the latter

extends into the Southeastern portion of the State, VISN 7 provides services to veterans in South Carolina, Georgia, and Alabama. There are an estimated 1.46 million veterans living within the boundaries of VISN 7 in fiscal year 2008, and 457,000 veterans are enrolled in that health care system.

VISN 7 includes eight VA medical centers or health care systems based in Augusta, Georgia; Atlanta, Georgia; Dublin, Charleston, South Carolina; Columbia, South Carolina; Birmingham, Alabama; Tuscaloosa; and the Central Alabama Veterans Health Care System, which have locations in Montgomery and Tuskeegee.

In fiscal year 2008, the network provided services to about 328,000 veterans out of the 457,000 enrolled. There were about 3.56 million outpatient visits and a total of 30,335 hospital inpatient discharges. The cumulative full-time employee level for this network was 12,678, and an operating budget of over $2.1 billion.

Six of our VA medical centers or health care systems have robust research programs and each has been fully accredited by the Association of Accreditation for Human Research Protection Programs. These facilities also have their own research compliance offer. Some highlights of the research being done in VISN 7 include Rehabilitation Research Center of Excellence in Atlanta and Geriatric

Research Education and Clinical Centers in Atlanta and Birmingham.

Specialty services are also available at a number of our facilities. For example, both Augusta and Birmingham offer blind rehabilitation services. Augusta is home to a spinal cord injury unit program. Central Alabama, Tuscaloosa, Atlanta, and Birmingham offer residential rehabilitation treatment programs. Augusta, Central Alabama, and Dublin provide domiciliary support, and all VA medical centers in VISN 7 have women's veterans programs.

Access to care is a priority in VISN 7. Between fiscal year 2009 and fiscal year 2010, we are opening four new CBOCs in Georgia alone to support that.

Georgia is a home to three VA medical centers, Augusta, Atlanta, and Dublin. The Atlanta facility employs 2,500 full-time employees and serves more than 65,000 uniques. In fiscal year 2008, more than 3,500 of those who served in Operation Enduring Freedom and Operation Iraqi Freedom were served by this facility. Augusta employs more than 2,100 people and serves more than 38,000 uniques and provided care to 2,400 OEF/OIF veterans in 2008. Dublin, which has been designated as a rural access facility, employs approximately 850 full-time employees and serves approximately 28,500 veterans. This includes over 1,600 OEF/OIF in 2008. The three facilities provide approximately 660,000, 360,000,

190,000 outpatient visits, respectively.

There are currently 15 active CBOCs and primary care clinics in Georgia and four more are scheduled to open by the end of 2010. The committee has expressed interest in two specific CBOC projects, Brunswick and Hinesville. The Brunswick CBOC is currently in the lease advertisement process for clinic space. VA will evaluate the offers received, which will include site selection. Proposals were due by July 31, and VA is in the process now of reviewing those responses. VA currently expects to open the clinic sometime in February of 2010.

Regarding the Hinesville market area, VA has a space plan under review by VA Real Property Service that will likely require approval by the Secretary. VA currently estimates the Hinesville CBOC to be activated around October of 2011.

In summary, with the support of the Senate Committee on Veterans Affairs and the Georgia Congressional delegation, VA is meeting the health care needs of veterans in the area.

Again, Mr. Chairman, we want to thank you for the opportunity to testify today at the hearing. My colleagues and I are available to address any questions that you may have for us.

[The prepared statement of Mr. Williams follows:]

/ COMMITTEE INSERT

Senator Isakson. Well, thank you very much, Mr. Williams. I appreciate your testimony, and I want to make note, if I remember and if I took my notes correctly, by the end of this year, we will have 78 more clinics, 833, is that right?

Mr. Williams. Yes, sir.

Senator Isakson. That is an outstanding condition.

With regard to Brunswick, my understanding is there was an RFP put out for that clinic. It came in. You all made a decision, then you decided to reopen it and you are just now in the process of making a final decision on a site, is that correct?

Mr. Williams. Yes, sir. I will defer to Mr. Biro for comments.

Mr. Biro. Yes, that is right. There was a technical flaw in the bidding process that we had to resolicit the bid. We got back several offers and we plan to move ahead on that right now.

Senator Isakson. Will this be a leased facility?

Mr. Biro. The building itself, yes, will be a leased facility.

Senator Isakson. With regard to Hinesville, I think the testimony of Mr. Williams was probably the fall or October of 2011 would be the target date. Is that meetable? Is that target meetable?

Mr. Biro. That is a very conservative date. The problem there is the belief that there isn't a suitable building in the Hinesville area, at least with our real estate people right now. We just rode over from Charleston and we kind of feel that, looking a little harder, we may find a building that would be appropriate for a veterans clinic. We are also thinking of starting maybe doing some outreach there a little bit earlier, as early as we can. But right now, the 2011 date is based on the size of the lease requires many more approvals.

Senator Isakson. I would like to ask you to consider doing something in Hinesville, if you don't mind. As you probably are aware, the Secretary of the Army recently pulled back on a previous commitment to move a brigade combat team to Fort Stewart. The community has made a significant investment in additional facilities in anticipation of the brigade combat team coming. I don't know if any of those facilities would be appropriate for a veterans clinic, but I think there is an obligation on behalf of the country because of pulling that commitment to do everything they can to make that community whole.

So I would like to personally ask if you would make sure that you reach out to the banks and the development community who have put in over $400 million in investment in the Hinesville-Fort Stewart area in anticipation of that

combat team coming that is now not coming. If there was a building that was suitable and the VA could lease it for that purpose, it would be a win-win proposition for the VA and certainly help that community that is going to struggle because of the pull-out of that commitment by Secretary Gates. So if you would promise me you would make that consideration, I would very much appreciate it.

Mr. Biro. Yes, I will. I will make contact immediately and do the market survey there.

Senator Isakson. Mr. Williams, did I understand correctly that in Regions 7 and 8, there are 1.4 million veterans, or in just Region 7? Do you remember?

Mr. Biro. Can I answer that? That is just VISN 7.

Senator Isakson. Just VISN 7. And 457,000 are enrolled in care?

Mr. Biro. That is enrolled, yes.

Senator Isakson. And you treated--what was the number you actually treated?

Mr. Biro. Roughly over 300,000. I think it is 324,000. But it is over 300,000.

Senator Isakson. Mr. Biro, you are responsible for the Atlanta hospital, are you not?

Mr. Biro. Yes.

Senator Isakson. Okay. This hearing is not about the Atlanta hospital, but I think I have an obligation to ask a

question about it, too, particularly on behalf of our veterans. The hospital is going through a renovation and an expansion, which I was proud to help procure the money for. But the Clairmont Road facility and the need for construction has significantly restricted parking for veterans coming for services. I want to thank the hospital publicly for the efforts they have made in terms of shuttles and other things, but are we making some improvement in accessibility, to your knowledge, for those veterans that come there for services?

Mr. Biro. The remote parking, we are making progress with that. We ran into one little glitch about how we can transport people, but we are making progress. We do have on the plans, which would not be real immediate, is a parking structure in the front of that building where the parking lot is, which would then alleviate the parking. So we are working on it in as many ways that we can.

Besides being the Network Director, I am a veteran and I do get my services at Atlanta and frequently joke that if I saw that parking problem, I would drive by. I have a spot, so I can park. But yes, that is an issue I am very sensitive of.

Senator Isakson. I appreciate that. I don't want to interrupt my questions, but the Mayor of Hinesville, would the Mayor of Hinesville who just arrived stand up? Didn't I

see him come in back there? I want the record to reflect that I have already asked the question for the VA to consider existing facilities that Hinesville has prepared that were in anticipation of the brigade combat team for its lease operation for its veterans clinic, Mr. Mayor. So I wanted to let you know we have already looked out for you. Thank you, sir, and thank you for what you do, Mayor.

Ms. Wiley, I always brag about what you all do there. It is nothing short of remarkable. How is the progress coming with the seamless transition, and how is the rate of cures in terms of TBI progressing?

Ms. Wiley. Well, thank you, Senator, for your continued support of our program. We are very proud of it, too. At this time, we continue to have a very strong relationship with the DOD, and this year to date, we have treated approximately the same number of active duty soldiers through our rehab and TBI program that we did for the total year last year. So we continue to see a very strong relationship.

We have also initiated another program through our domiciliary, our TRRP program, and that was a pilot program this last year and we have had tremendous success with treatment of patients with specific TBI-related diagnoses who did not need hospital-level care but needed domiciliary type of care. I believe that our results to date have been

approximately a 35 percent return to duty rate for those soldiers. So it is our aim for the coming year to continue to explore ways to work with the DOD, not only at Fort Gordon, but expand that a bit in the Southeast to offer that service for other soldiers.

Senator Isakson. And if I am not mistaken, not only is the return rate now at 35 percent, but improving, but a lot of those people are returning actually to the theater of operations in Afghanistan or Iraq, is that not correct?

Ms. Wiley. That is correct, sir. I am just not sure of what that--of the 35 percent, how many of those return to the theater.

Senator Isakson. Well, it is a great credit to Augusta. When I had the field hearing at Augusta, I guess it has been two years ago now--it may have been last year--I met a Sergeant Harris as I was touring the facility, and if you remember, she turned the corner. She had been hit with an IED her second day in Iraq and had suffered from TBI, came back, was assigned to veterans and dismissed from the military. You all turned her around at the clinic and she was reenlisting and was going back to Iraq, which is a great testimony to what you are doing there at the Augusta center.

On the Augusta facility, there was an incident with regard to either endoscopy or colonoscopy in terms of equipment and sterilization. Has that been addressed?

Ms. Wiley. Absolutely, sir. Our situation regarding reusable medical equipment had to do with endoscopies, which is the device that is used to go down the nose or the throat. Since that time, we have instituted a complete revision of all of our standard operating procedures, all of our processes for reusable medical equipment, and we have been surveyed externally and internally numerous times in the last two months and have had 100 percent results from those surveys.

Senator Isakson. Mr. Williams, on that subject, has that incident resulted in a change within the system to ensure a redundancy in terms of sterilization?

Mr. Williams. Yes, sir. The changes that Ms. Wiley spoke to are not only changes that are happening at the Augusta facility, but they are happening across the country. Our network directors and medical center directors all took aggressive actions to move forward to assess where they were with regards to standard operating procedures and outcomes. We deployed managers, leaders, teams across the country to assess all of our facilities.

From that, and I am sure you are aware that a recent review by the IG teams that went out indicated that we had substantial compliance with the standards, and not only did we demonstrate that we had addressed those issues that had been identified, that we had actually moved beyond and were

learning new things and taking opportunities to make even more efficiencies occur, such as limiting the number of places where we perform these procedures, standardizing our standard operating procedures at medical centers, readdressing our training and education.

So, yes, sir, we have looked at this from a systems standpoint and we are demonstrating that type of improvement in compliance across the country.

Senator Isakson. Thank you for that answer.

In your testimony, when you talked about where you place--the criteria you go by to place an outpatient clinic, you mentioned quality, access guidelines, market penetration, and the medically underserved.

Mr. Williams. Yes, sir.

Senator Isakson. And when I heard you talk about the medically underserved, I heard you mention that was the preponderance of your contract providers were in medically underserved clinics, is that correct? Did I hear you say that, or was I not--

Mr. Williams. I don't recall.

Senator Isakson. Well, let me ask the question another way and maybe Mr. Biro would want to answer it. Of our 800, or soon to be 833 outpatient clinics, how many of the providers are staff VA providers and how many of them are contract providers?

Mr. Williams. I don't have that specific information, but we can provide that for you.

Mr. Biro. We will have to take it for the record.

Senator Isakson. Do you have just a ballpark guess?

Mr. Biro. I think only about two out of the ones in Georgia--

Senator Isakson. Are contract?

Mr. Biro. --are contract, yes.

Senator Isakson. Okay. Thank you very much.

I am going to ask the question I have been handed, but I don't know if I understand the question or not. What is the potential for VA/DOD collaboration at the Hinesville clinic?

Mr. Biro. It is great. We are already working with Fort Stewart. We have people there already as liaison. We are already doing the discharge, exit physicals there. We will certainly talk to the Commander of the hospital there on how we can cooperate.

Senator Isakson. Well, let me ask you this question with regard to Uptown VA in Augusta and Eisenhower. The closest hospital, I guess, to Hinesville would be Dublin?

Mr. Biro. That is right. The Hinesville facility is going to be run by the Charleston VA.

Senator Isakson. By the Charleston? Is it--

Mr. Biro. Right, Charleston, South Carolina.

Senator Isakson. I know proximity is essential to what you all have done in Augusta, Ms. Wiley, but is it possible to adopt some of the seamless transition procedures they have done in Augusta in this new Hinesville facility with Charleston?

Mr. Biro. Yes. Yes. Like I said, we are doing the separation physicals now, or are in the process of--at least we are coordinating them and we are in the process of doing even more. So we will make sure that that continues to work.

Senator Isakson. I think Secretary Shinseki has been very impressed with what has happened there and I think the results bear out that that is an important thing to cover.

Two questions. Ms. Wiley, let me ask you this question. You have been at Augusta long enough to make a determination since the Warrior Transition Centers were upgraded--beginning of the upgrade here about, I guess, 18 months ago. Are you seeing--are the Warrior Transition Centers helping in terms of the condition of the veterans who come out of DOD and into VA health care? Is that a loaded question?

Ms. Wiley. Yes, it is, sir.

Senator Isakson. Okay.

Ms. Wiley. What I can tell you--

Senator Isakson. Well, give me a loaded answer.

Ms. Wiley. What I can tell you that I observe is maybe not an answer that could be applicable to everyplace else, because in Augusta, because we have such a close relationship with the Warrior Transition Unit and the VA, we have a lot of interconnectedness that occurs that is unique to our situation. And because of that, the positive working relationship that we have because of the active duty unit also translates to a very positive working relationship as we are transitioning soldiers back into veteran status.

Senator Isakson. Second question, with regard to the Transition Centers. I was struck when I went through the center at Fort Stewart last year at the number of women that were going through the Warrior Transition Center, and unlike TBI and PTSD, many of their problems were orthopedic, in particular because of the weight of the amount of equipment that many of them were carrying on the battlefield. Was that a correct observation, number one, on my part? And number two, what are we doing to address that in terms of their care?

Ms. Wiley. Well, again, I could tell you what we are doing in Augusta as soldiers become veterans. We have established a women's clinic that opened in April--

Senator Isakson. Great.

Ms. Wiley. --specifically to address women's needs, and we have a gynecologist and a practitioner who is devoted

to the women's clinic. We also have a relationship with Eisenhower regarding mammography services and work collaboratively with them on all of our women's needs.

Senator Isakson. Was I correct in my observation about orthopedic problems, or is it more so other types?

Ms. Wiley. I can't tell you that for sure, but I will find that out for you.

Senator Isakson. I wish you would, because when I was with the people at Fort Stewart, that specifically was--I asked the question. It appeared to me there were a disproportionate number of women in the center versus the ratio in the service and I asked the question, why, and the immediate answer was, because of the orthopedic difficulties from weights and things like that. So check into that for me and let me know.

Excuse me one second.

[Pause.]

Senator Isakson. Whoever is in control of the volume, I will speak louder and if--it is the testimony. Okay. The loudmouth politician is okay, but you all will have to be a little louder in your responses.

With regard to the underserved and rural care, we are at 11 community-based clinics now, right? No, that is wrong. We are at 15 going to 19 in Georgia, is that correct?

Mr. Biro. Yes.

Senator Isakson. Can you tell me, Mr. Biro, about how that affects accessibility for the average veteran? I mean, we are in a technical college in Georgia and we like to say that we have a technical education center within reach of 45 minutes of every student that wants technical education. Are we getting to a point that our veterans have reasonably quick access to outpatient clinics if they don't go to the hospital?

Mr. Biro. We are getting there. We are working on this, and we have this formula, as Mr. Williams had pointed out, that there be no more than a particular length of commuting time. It is about 30, 60, or 90 minutes, depending upon the saturation. So we have a map and we are turning that map green by--the map is gray, and as we put new clinics in, it turns green, showing that the clinics are close enough. Are we finished? No, but we are making progress. We are making a lot of progress.

Senator Isakson. Thirty to 90 minutes is great progress compared to three hospitals and no clinics, which we had just a few years ago, so I commend you on what you are doing and continuing to do.

I am going to summarize, unless somebody behind me reminds me of something I forgot to ask, by talking about a couple of things I had mentioned earlier. One, we thank you

very much for the emphasis on Glynn County and Brunswick and the emphasis on Hinesville, and I think both of the answers were that the opening of Brunswick in 2010 and the opening of Hinesville in late 2011 are conservative estimates, which means it might happen sooner and we certainly hope that takes place.

But also with regard to Hinesville, I want to repeat what I said earlier. I sincerely hope the administration will consider looking at those facilities that have been built in preparation for the brigade combat team coming which has now been withdrawn and see if one of those facilities doesn't match with the VA's use, which would be a win-win, I think, for the VA and the Army and it would certainly be a win for Liberty County and the City of Hinesville.

And once again, I thank--whoops, I have got another question.

[Pause.]

Senator Isakson. Okay. Mr. Williams, I have been asked to ask you a question I know you know the answer to. The new Health Care Center Facility Program--do you know what that is?

Mr. Williams. Pardon me, sir--

Senator Isakson. The new Health Care Facility Program? HCC? I am not an acronym guy. I apologize.

Mr. Williams. Yes, sir.

Senator Isakson. Tell me how that is going to work.

Mr. Williams. Well, the concept of a health care center is one of the components of our continuum of care that we provide to our veterans. If you look from our mobile clinics to an outreach clinic to a CBOC, we are able to increase the number of services we provide based upon the needs in those particular areas and based upon the resources that are available and are able to be provided.

The HCC kind of fits in between a medical center with inpatient beds and an independent clinic. It is a large outpatient operation with--it typically would have some special--a lot of specialty care, ambulatory surgery, high-end diagnostic capabilities. It typically will not have an inpatient bed section, and you will see some of these can be as large as from 300,000 to 500,000 square feet, depending on need. But again, what distinguishes it from others is that it is typically much larger than a CBOC and sometimes larger than an independent clinic, but does not fit a full medical center profile. Typically, it doesn't have inpatient beds.

Senator Isakson. Well, let me thank all three of you for your testimony and for your service to our veterans. I will excuse you, and I am going to call our second panel up. Thank you very much.

Mr. Williams. Thank you, sir.

Senator Isakson. Mr. Williams, will you be able to wait until the second panel is complete? Thank you very much.

Our second panel is Mr. Tom Cook, the Assistant Commissioner of the Georgia Department of Veterans Services; Al Spears, the Quartermaster, Georgia Veterans of Foreign Wars; and Cort Nordeoff, the Southeast Georgia District Commander for Disabled American Veterans.

Let me, again, before the testimony, and I think each one of you are prepared to give testimony, is that correct?

Mr. Spears. Yes, sir.

Senator Isakson. Yes. Good. I want to say to Mr. Tom Cook, I want you to deliver my best wishes to Pete Wheeler.

Mr. Cook. Certainly.

Senator Isakson. Georgia is proud of all of its veterans, but it is particularly proud--we have had the best Commissioner of Veterans Affairs any State could possibly have. He is older than dirt and he has been around, and his entire life, he has dedicated to the veterans of Georgia, and I just want you to personally extend to him my thanks. I worked with him for years when I was in the Georgia Legislature, as I have worked with you, and I think you all do a fantastic, tremendous job. And please tell him I said so.

Mr. Cook. I certainly will. Yes, sir.

Senator Isakson. If it is all right with you, we will go with Mr. Cook first for his testimony, and then to Mr. Nordeoff, and then Mr. Spears. Is that all right? Mr. Cook?

STATEMENT OF TOM COOK, ASSISTANT COMMISSIONER, FIELD OPERATIONS AND CLAIMS, GEORGIA DEPARTMENT OF VETERANS SERVICES

Mr. Cook. Thank you, Mr. Chairman and distinguished guests. It is an honor for me to be here, and thank you for inviting our Department to testify this afternoon. Commissioner Wheeler sends his personal regrets for not being able to be here due to his wife's serious health problems. It is my privilege to testify on his behalf, and Senator Isakson, Commissioner Wheeler wants you to know that he values your friendship and that he appreciates the interest of your committee regarding veterans having top-notch and accessible health care available throughout all of Georgia.

As requested, we will limit our oral testimony to five minutes. We submitted our written testimony, complete testimony, to you. We believe that our testimony reflects the feelings of the majority of veterans who are being treated in the VA clinics.

The feedback we received has been overwhelmingly positive and veterans are very pleased with the quality of care they are receiving. They speak highly of the screening done by the nurses. They state that the physicians are very dedicated to their jobs, very thorough in their examinations, that they listen carefully to what they say.

Veterans seem very impressed with the increasing availability of clinics and they are delighted that they no longer have to make the long drive to Atlanta, Dublin, Augusta, or Northern Florida for their routine appointments. They state that their appointments are scheduled in a timely manner and that they are seen promptly once they arrive. And on a very positive note, we received many favorable comments regarding mental health treatment.

Co-location of State veterans service offices within the clinics facilitates one-stop shopping for our veterans health care and benefits concerns. We are presently co-located in the Athens, Savannah, St. Marys, and Valdosta clinics and we would like for future plans to include space for our Department's representatives, as well, if possible. We currently have, as has been said, 15 clinics open in Georgia.

Within the past year, new clinics have opened in St. Marys, Perry, and Stockbridge, and within the next few months we would hope they would be open in Newnan, certainly, then Brunswick as soon as possible. We eagerly await also the opening of clinics within the next or so in Hinesville, Statesboro, Blairsville, Carrollton, and Milledgeville. And additionally, we understand that VA is planning to open a clinic in Waycross. These clinics are centrally and strategically located throughout Georgia and

it is absolutely critical that all of them open as planned for our veterans to have the accessible outpatient health care they deserve.

We are disappointed that the contract for the Brunswick clinic had to be rebid due to complaints for contractors, and our understanding is that the estimates are that the clinic will open later this fall or down the road, as soon as we can. Although the delay is inconvenient for the veterans in the area, it does not seem to us to be excessive, at least not yet. We believe that VA is doing everything they can to open the clinic as soon as possible.

Although the focus of this hearing is on clinics, we believe that it is imperative that we emphasize the need for another VA hospital on the Southwest side of Atlanta. The Atlanta VA Hospital has too many patients and too few parking spaces. As Commissioner Wheeler would so eloquently state, the situation is much like trying to put a size 12 foot inside a size six shoe. We believe the answer to this problem is the Southwest Atlanta Medical Center, which is available on the Southwest side of Atlanta right now, and we understand that a request is at the VA central office. We request the support of your committee, sir, in getting this important request approved by the VA as soon as possible. We have provided pictures of that hospital so you can see how nice it is and how much parking is available there. I

have some extra copies with me, as well.

Thanks again for allowing us to testify. I will be happy to answer any questions you might have now or later, and may God bless the important service you provide and may God bless the United States of America. Thank you, sir.

[The prepared statement of Mr. Cook follows:]

Senator Isakson. Well, Tom, thank you very much. In your reference to Brunswick, I would say the numbers the VA committed, I think by mid-2010 in Brunswick, not the end of this year, but certainly within that reasonable period of time. I appreciate that very much.

And also, for all of you, your previously submitted printed testimony will, by unanimous consent, be published in the record, so it will be accepted from all of you.

Mr. Nordeoff?

STATEMENT OF CORT NORDEOFF, SOUTHEAST GEORGIA DISTRICT COMMANDER, DISABLED AMERICAN VETERANS

Mr. Nordeoff. Senator Isakson, I am honored and privileged to appear before you today. As the Southeast District commander of the Disabled American Veterans, I appear to you today on behalf of the State Commander of Georgia, Freddie Swint, and the 54,526 fellow disabled veterans in the Southeast District of Georgia.

Our National Office in Washington, D.C., submitted a written statement for this hearing today. I ask that the statement be made a part of the record of this hearing.

Senator Isakson. Without objection.

Mr. Nordeoff. At this time, sir, I would like to thank yourself and the Department of Veterans Affairs for all the positive steps that both have taken to provide for the increased medical health for the veterans of the State of Georgia.

Due to the overwhelming numbers of Disabled American Veterans who reside in the districts, the need for a VA clinic is of utmost importance. For the State of Georgia, we have 133 community out-based clinics, with only two on the East Coast. One clinic is located in the Northeast of the district, while the other one is located in the Southeast of the district.

While the Hinesville clinic would help serve the 15,425

disabled veterans who reside in the five surrounding counties, which could lessen the number of veterans who are currently being seen at the Savannah, Georgia clinic, and that is not counting the 25,672 disabled veterans that are located in Chatham County. This could cut down on travel times for the veterans from an hour to two hours to approximately 30 to 40 minutes anywhere within the district.

Hinesville is the home of the Third Infantry Division, who is currently discharging soldiers on a daily basis, which adds to the percentage of 7,620 disabled veterans who reside in Liberty County and Hinesville. Also, with a clinic in Brunswick, we could help serve those 7,480 disabled veterans who reside in the three surrounding counties, which could lessen the number of veterans that are currently being seen in Kingsland, Georgia clinic, which is not counting the 5,949 disabled veterans who reside in Camden County.

With the number of disabled veterans that are now in the district, the Disabled American Veterans just recently purchased a van for the Southeast District to provide transportation for the disabled veterans so they will be able to make their appointments or any other medical treatment that the VA needs.

Thank you, sir. This concludes my testimony. On behalf of the Disabled American Veterans, I would be pleased

to answer any questions from you or from the other members.

[The prepared statement of Mr. Nordeoff follows:]

Senator Isakson. Thank you very much, Mr. Nordeoff. Mr. Spears?

STATEMENT OF ALBERT R. SPEARS, QUARTERMASTER, DEPARTMENT OF GEORGIA, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. Spears. Good afternoon, Senator and members of your staff. First, if I can, I haven't heard anyone say anything, but I would like to offer the condolences, prayers, and best wishes for the family of Senator Kennedy, the lion of the Senate. Senator Kennedy helped many on both sides of the aisle in his many years and he was himself a veteran.

Thank you for inviting the Veterans of Foreign Wars of the United States to share its views with you on this important topic. As you know, I am Albert Spears, the State Adjutant Quartermaster of the Department of Georgia Veterans of Foreign Wars.

The topic of the Community-Based Outpatient Clinics, CBOCs, as you recognized, is both important and timely. But the topic is not a stand-alone topic. There are significant issues that affect the CBOCs and quality of care that they provide, the range of services that they offer, and the placement of those clinics. The ideal is to place and staff with Department of Veterans Affairs employees CBOCs in a reasonable proximity of the homes of the veterans to be served. The CBOCs and the system administering them must not only be located near the population to be served, but

also must provide the range of services required not just today, but tomorrow and into the future.

I would like to sit here and tell you that everything is great with the CBOCs. I want to tell you that the quality of care is world class, the range of services is direct and as it should be, and that a CBOC is currently located exactly across Georgia, where it should be, but I cannot.

Currently in Georgia, our CBOCs are operated by VAMCs in South Carolina, Florida, Alabama, as well as Georgia, and we have people from Georgia going into Tennessee. We need some sort of better coordination and may even need some sort of CBOC command in Georgia. The point will not be lost on you that these represent not only several different hospitals and medical centers, but several different Veterans Integrated Service Networks, or VISNs. Consistency of service is not only a strong point.

The CBOCs must meet the needs not only of the many elderly veterans from World War II, Korea, and Vietnam, they must increasingly meet the needs of the younger veteran of the current conflicts of the First Gulf War, Operation Enduring Freedom, and Operation Iraqi Freedom. Each must deal with the medical issues of age-related diabetes, for example, and those of traumatic brain injury and traumatic amputation on the battlefield.

We must also not ignore the needs of our female veterans. While each of us realizes the current makeup of the all-volunteer military, we must acknowledge and understand that women are veterans, too. It is not just a slogan or a campaign speech. Women have been a vital part of the Armed Forces since the days when Molly Pitcher kept the guns firing at the Battle of Monmouth to today's females being awarded the Silver Star for gallantry in action.

And to our enduring discredit, they have not always been treated with honor, respect, and the dignity that they deserve. Yet we have women veterans having their civilian medical insurance being charged by the VA when they are being treated at the VA for service-connected disabilities, and this continues.

Regardless of the value of the CBOCs throughout Georgia, a female veteran cannot obtain routine care that is required for her as expected by her age group, and female veterans represent about 25 percent of the veterans population needing care in Georgia. Our female veterans express that the medical health care providers within the VA system and contracted health care providers frequently do not take them seriously. The providers do not seem concerned about our female warriors' medical problems and their associated various conditions and combat environment.

The VA simply must deal also with the issue of child

care. Pap smears, mammograms, pre- and post-menopausal care, sexual trauma are practically nonexistent in the system today, especially in the CBOC. This does not even consider the other needs and other gynecological needs such as fertility counseling that may be necessary since we have decided to make so many of these young women professional athletes by the various services' physical and strength training that many of our female warriors have not had normal menstrual cycles in years.

There are various programs established for and targeting female veterans, but most require travel to centers and programs that simply cannot be considered reasonable, especially for our younger female veterans that are frequently single parents.

One point that I pray is not missed and does not fall on deaf ears, a female veteran that files a claim for service connection as a victim of sexual trauma while in the service, whether it was last week or 60 years ago, should be considered presumptive if she is suffering the mental effects of that trauma. She should not be further traumatized and revictimized by having to provide service connection when every cog in the system in which she was operating told her to take it and forget it happened when it happened.

Remember that the movie "The General's Daughter" was,

in essence, a true story of rape in the military and that was what we call the modern military. We must all remember the scandals over the years of the drill sergeants and their trainees and the scandals of the rapes and the institutional cover-ups at various service academies. Presumption of service connection is a must-do. It cannot wait and it must be done now, by legislation, if necessary.

Again, I realize that the CBOC cannot do everything, but we are not serving any of our post-traumatic stress victims properly at the CBOC, nor are we doing a very good job at the VAMCs. The staff of each is trying hard, and I want to stress this. The staff of each is trying hard to accommodate the need, but it simply is not being met. The suicide rate demonstrates that fact.

Our female warriors should be placed in PTSD group counseling sessions with other female veterans. This can be as simple as mental health visiting and establishing a group within the women's clinic each month.

For the topic at hand, the Brunswick CBOC, I found no one that discussed any dissatisfaction with that facility except the time that it is taking to get it online.

With noted exceptions regarding female veterans, the CBOCs are providing outstanding services and an adequate range of services. Many clinics have appointment waiting times and procedures that are excessive.

We must also remember that with the reduction of medical staffs in rural America, much of the previous access to medical care that may have been available in an area has been diminished drastically. I have noticed as I have driven through the State of Georgia numerous offices of health care providers that have been closed, as well as clinics and hospitals. There may be an opportunity to lease or purchase some of these facilities for CBOCs in needed areas, as an example, in McRae in Telfair County. That hospital was closed within the last year. Such efforts may be beneficial to attract medical-related businesses to the area, such as pharmacies and drug stores.

Prime irritants within the CBOCs, but the entire VA health care system--and I am just about finished, if you would bear with me--telephone numbers. There never seems to be a direct telephone number to anybody. I can call your office direct, and even if you are not on the floor, I can talk to you. But unfortunately, I can't call Larry Biro, not a direct line. I have got to go through three switchboards and two patient advocates in order to get there.

Appointment wait times--some CBOCs have a very short waiting time, such as Stockbridge, and others have a significantly longer waiting time, such as Smyrna. Endless round-robin telephone systems--no one minds a truly

responsive telephone menu system, but too many of them are endless loops within the VA system.

In closing, I must return to the treatment of our female veterans. Our women warriors served this nation in the true spirit of Palace Athena and they need to receive the health care treatment to which they are entitled. Only one clinic at the VAMC Atlanta treats these great warriors. The purchase of the Southwest Atlanta Medical Center in Atlanta is available now. Purchase of that facility and conversion to a VA medical center could facilitate the expansion of health care services across the board so desperately needed, and by freeing up space in Decatur or making it available at Southwest Atlanta Medical.

Thank you for inviting me here today, and I welcome any questions.

[The prepared statement of Mr. Spears follows:]

Senator Isakson. Well, thank you, Mr. Spears.

First of all, Mr. Nordeoff, if I made my notes correctly in your testimony, there are 54,526 disabled veterans in Southeastern Georgia?

Mr. Nordeoff. Yes, sir.

Senator Isakson. And you made note to the extensive burden on the Savannah facility now, but I want to ask you this question. With the opening of a Hinesville facility in 2011 and the Brunswick facility in 2010, will that--do you think that meets the needs of those 54,000 and reduces the extended time periods?

Mr. Nordeoff. Yes, sir, I believe it is going to help a lot, because right now, that would end up giving Hinesville and the local area 15,000 people going there. Savannah would have 25,000. So it would influx a whole bunch of--

Senator Isakson. Savannah would have 25,000 after the opening of Hinesville?

Mr. Nordeoff. Yes, sir.

Senator Isakson. Okay.

Mr. Nordeoff. Yes, sir. They have got 25,672 as we speak.

Senator Isakson. Okay.

Mr. Nordeoff. Plus there are 15,000 from the surrounding areas in Hinesville, Georgia.

Senator Isakson. Some of those 25,000 that are at Savannah, that are using Savannah now, would probably transition to Hinesville, would they not?

Mr. Nordeoff. Yes, sir, I would imagine.

Senator Isakson. So it would relieve some of Savannah's pressure by opening Hinesville.

Mr. Nordeoff. Yes, sir. Yes, sir.

Senator Isakson. What about the positive effect of Brunswick? Have you quantified that?

Mr. Nordeoff. Yes, sir. Yes, sir. Brunswick, just where Kingsland is, sir, Camden County, they are doing 5,949 veterans as we speak. Now, from the three surrounding counties, there are 7,408 disabled veterans. So with a Brunswick clinic and the three surrounding areas, they would end up taking 7,480 [sic] off of Kingsland, where Kingsland is running 5,949, sir.

Senator Isakson. So the timely opening of Brunswick and Hinesville will make a dramatic improvement in the accessibility for veterans in this region?

Mr. Nordeoff. Yes, sir. The Brunswick clinic wouldn't have to be as big as the Hinesville clinic. The Hinesville clinic has got to be something to maintain, you know, your PTSD and everything like that.

Senator Isakson. Well, let the record reflect that is precisely why we are having this hearing today, so that is

exactly the intent we plan for.

Mr. Spears, on your statement with regard to the presumption of service connection in terms of sexual harassment or abuse, you are referring that presumption to the VA's responsibility to treat, not to the conviction of a perpetrator, is that correct?

Mr. Spears. Yes, sir. I am not speaking of any prosecution or anything. I am talking about if the mental-- if a psychiatrist has found that this person has, indeed, suffered that trauma and so forth, it should be considered service connected, period. I am not talking about prosecution or anything of that nature.

Senator Isakson. I just want to make sure the record was correct on that.

Mr. Spears. Yes, sir. Absolutely.

Senator Isakson. And also, I do appreciate your emphasis on women. As you know, in the earlier panel, I made reference to the trauma that a number of women are going through in our Warrior Transition Centers because of the uniqueness of some of the injuries that they are affected with, orthopedically and other ways, and I appreciate your raising that attention.

And I will say, in my interaction with the VA hospitals and facilities, I think that is of note to them now. I think, not that they were not looking at it before, but I

think the intensity of the number of unique health-related circumstances is causing a bigger focus on our women veterans and we appreciate their service and I appreciate your bringing that up.

Mr. Spears. Yes, sir. Thank you. And I also noted that after I filed my testimony with your office and with the Senate Veterans Affairs Committee, that Secretary Shinseki has come out and has modified some of the requirements on PTSD.

Senator Isakson. Thank you for that. I have one other question for you, if I can.

Mr. Spears. Yes, sir.

Senator Isakson. From your discussion with veterans, have you been able to tell a difference in patient satisfaction between VA-staffed clinics and contract clinics?

Mr. Spears. Yes, sir. Quite honestly, and there is a portion of it in my prepared remarks, the veteran himself, and whether it is just a perception, but as you know, when you are in there, perception is reality, that they are better treated by VA employees. Many times it is because the VA employees themselves are veterans, as Mr. Biro mentioned. He is a veteran. They feel that they are better treated and you don't really get across necessarily to a contractor that that old guy wearing two hearing aids and

walking on a walker and talking too loud in the waiting room is a guy who 65 years ago charged a machine gun nest and saved countless Marines.

Senator Isakson. My comment on that would be, I think that is an appropriate issue to raise, and I think as the VA contracts for services, that recognition should be there so that sensitivity becomes a part of the contract. I don't think the care of the physicians itself is substandard, but I think maybe the lack of sensitivity to the veteran may not be there simply because, unfortunately, it is like the United States Senate. There are only 27 of us, I think, that served, or 30, something like that, and there is a disconnect in some cases. I think possibly the VA could note in their contracts with the providers to make some note of that that is coming from veterans to recognize who these men and women are and where they have come from and what they have done to sacrifice for our country.

Tom--excuse me for calling you Tom, but we are old friends, so I am going to do that whether you like it or not, if that is okay. Did VA contact your office when it was apparent that there would be delays in opening the Brunswick clinic? And how would you rate the communication from the VA to your Department in Georgia?

Mr. Cook. My hearing is--did you ask, did VA contact us--

Senator Isakson. Were you in contact when the delays of Brunswick were encountered with the first re-do of the first contract to go to a second offering? Were you made aware that was happening so you could communicate it?

Mr. Cook. We were not made--to my knowledge, we were not made aware, no, sir, not until the--when the issue was raised by your office in conjunction with this hearing. That could be as much part of us as them, but I do not believe that as far as a delay in the contract or the rebidding process, that we were not aware of it until the call came to prepare for this hearing, and then we started asking questions at that point as far as what was going on with it and what the delay involved.

Senator Isakson. Well, the reason I asked the question is, I understand the tremendous--I understand Mr. Spears' comments about how many computers you have to talk to on the telephone before you get to a person. I deal with that frustration myself. Communication is a very important thing, and a lot of frustration with services is more out of frustration with the lack of information and communication than it is the actual service. So I think there is a good lesson.

You know that in representing your servicemen that you represent, either Foreign Wars, VFW, American Legion, Disabled Veterans, whatever. I think it should be well

noted, one of the best things the Georgia Department of Veterans Services has gone for it is Pete Wheeler is a one-man communications center and he makes sure the veterans know that he knows what is on their minds. So your comments there are well noted.

Mr. Cook. The other part that I believe you asked, in terms of our communication level with the VA, I think it is very good. When we ask, we will certainly get an answer and there is no problem there. I think, likely with the contract rebid issue and perhaps some other things that we don't get in on, it is more so the flurry of activity of what we are in on, the issues that we are dealing with and working with and so many things are going on at the same time that if it doesn't get raised to our attention by, say, a veteran in the field somewhere, one of our offices, then we don't inquire whether it should have been shared or whether there could be--I am sure it could be improved.

Communication on all accounts and all levels likely can be improved. But the Commissioner has a way of finding out and knowing. But at times, we just have so much going on, particularly right now with the budget issues and trying to fight for survival for our programs and what we do that that has likely got us tunnel-visioned on some things that we should have been in on.

Senator Isakson. Mr. Biro, why don't you join us up at

the table. I am going to ask a question that might involve your participating in the answer. In fact, I know it will, so that is why I want you to join us.

Pete Wheeler, as represented by Tom Cook's testimony, mentioned the second Atlanta VA hospital. You did a great job of testifying as to the criteria that you go through in terms of determining outpatient clinics. Can you share with me and with the audience what criteria you go through in terms of the establishment of a new residential hospital facility?

Mr. Biro. It is very similar to the one we talked about for Community-Based Outpatient Clinics. It is based on data. It is an actuarial model of utilization that the Department runs for us and projects the demands for services many, many--I am saying 40 or 50 services over a period of time based on the veteran population, using a model that takes private utilization, takes VA utilization, Medicare, and does a very complex analysis of that.

Senator Isakson. Do you know if any analysis is being done given the Atlanta region now?

Mr. Biro. Yes, it has been. It is finished. What the data shows is a tremendous growth in outpatient needs, of several hundred thousand square feet of additional clinical space for outpatient facilities, need for residential rehabilitation for mental health patients, and what you are

asking about, the acute care shows about ten to 12 more beds, which are--

Senator Isakson. For acute care?

Mr. Biro. For acute care.

Senator Isakson. So you need more clinical--the study indicates more clinical services, but not that much actually bed services or residential services?

Mr. Biro. Inpatient acute care.

Senator Isakson. And that service is based on what the Clairmont facility will be when the renovations are finished there?

Mr. Biro. Yes, sir. That is correct.

Senator Isakson. Okay. Will the Department normally, based on the study they run, make the request, or do you wait for the State through their Representatives or Senators to make the request for that consideration?

Mr. Biro. We work off that data. As Mr. Williams pointed out, we work off that data. It is constantly updated. The appropriation is based on that data. Everything is based on that database. And so we follow the plan, and Senators and Representatives can ask for an exception, but we follow the plan. The Department follows the plan.

Senator Isakson. Well, my observation to the results that you mentioned is that one of the reasons the outpatient

clinics are so successful, and I think you can tell by the nods of heads every time something like that has been said by our veterans, is the nature of care is changing dramatically from in-bed care to outpatient care. Even our amputees--I go to Walter Reed quite frequently to visit with our amputees and visit with our men and women who sacrificed, and it is remarkable, the technology that VA is applying and how those veterans are coming out of those facilities, and their needs are more outpatient services once they come out than they are inpatient residential service. So I guess what you are saying is that 12 beds residential is not a huge number compared to the number we already have, but there is a shortfall of the clinical services that we need to look at.

Mr. Biro. Yes, that is right.

Senator Isakson. All right. If that is the case--and I am not being presumptive here and I don't want to be presumptive here, but I think Mr. Spears made reference to the same type thing--does that beg the question that the need is a clinic, an outpatient clinic specifically for those PTSD, TBI, and other related mental health services?

Mr. Biro. Yeah. We will proceed to get enough space. As you have already brought up, we have an application in for a health care center, as Mr. Williams talked about. We will also proceed along a parallel line to lease several

hundred thousand square feet of clinic space in the Atlanta area. So we are moving on the plan.

Senator Isakson. So the health care center might be one of the solutions to that problem?

Mr. Biro. Right.

Senator Isakson. Okay. Tom, have you got any comments on those questions? I wanted Pete to make sure you knew I asked all of them.

Mr. Cook. I believe certainly he supports--the Commissioner supports as many clinics as we can open and rehab facilities and any expansion of health care in any realm. I think the point that needs to be emphasized along with the bed space is the specialty care appointments, because with the growth of the clinics and expansion of the clinics, particularly in the Atlanta area, that the referrals to the medical center for specialty care appointments is growing, or at least that is our position--correct me if I am wrong--and if that is the case, that it is not just simply a bed issue, even though Position B would have made the hospital on the Southwest side of Atlanta, but the specialty care referrals, as well, that that is where we have a problem right now inside the Atlanta Medical Center with the specialty care.

Senator Isakson. Well, my observation at Clairmont, I was overwhelmingly impressed with the specialty services

available at Clairmont, particularly blindness, specialty services like that. I would presume, Mr. Biro, that those types of services could be accommodated in a clinical setting, because if I remember correctly, when I visited the Blind and Low-Vision Center at Clairmont, it was an outpatient part of the hospital itself, if I am not mistaken.

Mr. Biro. Right, and I may have not been real specific. What we are saying we are planning, we are planning for not only primary care, but all specialties, or the core set of specialties. So we will have space to cover that. That requires what is happening is almost every VA is that the primary care is moving out of the main building and more specialty care is going there. But we are also going down the route of having more specialty care in the Community-Based Outpatient Clinics or remotely. So we are moving along that. We would take care of all needs.

Senator Isakson. Well, I want to thank you. I learned a lot, and I appreciate your candor and I appreciate, Tom, your raising that question, because we have received, what, hundreds, Chris, of calls regarding Clairmont, mostly over the parking right now and that inconvenience, but also about the growing demand and need, particularly because of the number of Gulf War and Iraqi Freedom and Enduring Freedom veterans who are coming back to the metropolitan Atlanta,

region.

Mr. Spears, my staff reminded me you were making comments with regard to the women's issue. S. 252 is expected to clear when we return. This has the pilot program for therapy in a retreat setting. It has a status report on implementation of having a Women's Veterans Coordinator in every health facility, day care for women, and things like that. So the committee is moving forward on those provisions and I am sorry I didn't mention that early on in your comments.

Mr. Spears. Yes, Senator, and those coordinators are doing an outstanding job, by the way. Much of what I got was from some of those coordinators.

Senator Isakson. Thank you for that.

I will tell you what. Let me see, Mr. Williams, if you could pull a chair up, and let our VA lady from Augusta come up and take this chair at the end. I am going to gavel the official hearing closed so we can then respond to some questions that I have that have been presented to me from the operation.

I would also note--Lupe, I think this is correct--I will ask unanimous consent that the record remain open for ten days if there is any additional testimony you would like to submit with regard to questions I asked or any things that came up during the course of the hearing.

But now, for the purpose of Q&A, I will gavel this part of the hearing closed.

[Whereupon, at 3:50 p.m., the committee was adjourned.]