

STATEMENT OF

PAUL D. CURTICE, DEPARTMENT OF INDIANA SERVICE OFFICER
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS AFFAIRS
U. S. HOUSE OF REPRESENTAIVES

WITH RESPECT TO

QUALITY OF HEALTH CARE AND MANAGEMENT ISSUES AT INDIANA
VETERANS AFFAIRS MEDICAL CENTERS

INDIANAPOLIS, IN

SEPTEMBER 6, 2001

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the Veterans of Foreign Wars of the United States and the VFW Department of Indiana, I would like to thank you for the opportunity to express our views on the current state of the Veterans Affairs (VA) health care system in Indiana. I would also like to thank you for holding the hearing in Indiana where you can witness firsthand the obstacles that confront your veteran constituents when dealing with the VA.

The VA health care problems that you hear about on Capitol Hill such as waiting times, access, continuity of care, transportation, etc... are not much different from those occurring in the VA health care system in Indiana.

As the VFW's Department Service Officer for Indiana, my first concern is continuity of care. Recently, the VA released a plan for their Northern Indiana health care system that proposed closing the nursing home in Ft. Wayne and moving the patients to the Marion facility; reducing the inpatient acute medicine beds at the Marion facility; and reducing the inpatient psychiatry census by 25 percent.

The consolidation of the Ft. Wayne and Marion VAMC's may make sound fiscal sense, but it poses some real concerns to the continuity of care received by Indiana veterans. The success of their implementation relies on their ability to make a seamless transition. For example, I will assume that for the VA to achieve its goal of reducing the inpatient psychiatric census by 25 percent they will discharge as many as needed and not admit new patients. I ask is that serving the veteran?

In order for VA to fulfill its responsibility and provide a continuum of care that patient must not be discharged until access to the same services (counseling, medication, etc...) are available at an outpatient clinic near the veteran's new residence.

As for the consolidation of the nursing homes, we ask that this subcommittee and Congress ensure that VA complies with the Veterans Millennium Health Care and Benefits Act, PL 106-117, as it pertains to capacity for long term care. In addition, no veteran currently residing in long term care should be discharged to a non-VA facility. It is also important to note that the distance between Ft. Wayne and Marion is roughly 55 miles. This extra distance does place a burden on the veteran and his family.

Indiana veterans also face long waiting times for specialty exams at all VAMC's. In fact, a veteran that I represent was recently told that he could not be seen until February for his service connected asthma condition. This is an outrage that must be corrected.

The VA's focus must be timely access to quality health care and we appreciate the efforts of this subcommittee to ensure that that is the case.

This concludes my testimony and I am available for any questions this subcommittee may have.