

Statement
Submitted for the Record

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Before the
Colorado Congressional Delegation

Concerning the
VA Medical Facility at Fitzsimons

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Members of the Colorado Congressional delegation, thank you for inviting the Paralyzed Veterans of America Mountain States Chapter to be here today. I appreciate the opportunity to discuss our concerns regarding Secretary Peake's new plans for VISN 19 and the Denver Veterans Administration (VA) replacement facility to be built at the Fitzsimons/Anschutz Medical Campus.

Background

Paralyzed Veterans of America (Paralyzed Veterans) was founded in 1946 by a small group of returning World War II veterans, all of whom had experienced catastrophic spinal cord injury and who were consigned to various military hospitals throughout the country. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, the returning veterans decided to become their own advocates and to do so through a national organization.

From the outset the founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with a spinal cord injury, be they medical, social, or economic. Paralyzed Veterans' founders were determined to create an organization that would be governed by the members, themselves, and address their own unique needs. Being told that their life expectancy could be measured in weeks or months, these individuals set as their primary goal actions that would maximize the quality of life and opportunity for all veterans and individuals with spinal cord injury - it remains so today.

To achieve its goal over the years, Paralyzed Veterans has established ongoing programs of research, sports, service representation to secure our members and other veterans' benefits, advocacy in promoting the rights of all citizens with disabilities, architecture promoting accessibility, and communications to educate the public about individuals with spinal cord injury.

Today, Paralyzed Veterans is the only congressionally chartered veterans' service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disease. There are 34 chapters across the country representing nearly 20,000 veterans. The Mountain States Chapter was chartered in 1955 and has continuously strived to service SCI/D veterans in the Rocky Mountain region of Colorado, Montana, Utah, and Wyoming.

Concerns Regarding the Revised Denver VA Replacement Facility

Paralyzed Veterans of America is opposed to the recently released revised plans for VISN 19 veterans to be treated in a shared facility being constructed by the University of Colorado Denver (UC Denver) and University of Colorado Hospital (UCH). Our opposition is based on a significant number of unanswered questions and lack of supporting data.

Many of the questions were first raised when a similar proposal was put forth in 2002 offering a shared facility as one of three options for replacing the existing, antiquated Denver VA medical facility. At that time Paralyzed Veterans communicated to then-Secretary Anthony Principi our concerns with two of the options and our support for the option creating a free-standing, wholly separate VA facility on the former Fitzsimons Army Medical Center property. After weighing the various options and input from concerned parties VA decided to move forward with the construction of a free-standing replacement VA facility that included a Spinal Cord Injury Center.

Subsequent to that decision land has been acquired on the Fitzsimons campus, the replacement hospital has been included in congressional construction authorizations, planning funds have been made available and the design process has begun. For over a year and a half Paralyzed Veterans' Architecture Program staff has been working with VA's Office of Facilities in moving the design and planning process forward. The first phase, programming, was completed in April 2006 with a projected replacement facility of over 1,300,000 square feet projected. Phase two, design schematics, was moving forward until abruptly halted in late 2007 due to size and cost issues. No further action was apparent to Paralyzed Veterans until the April 24, 2008, VA press release when Secretary Peake announced intentions to move forward with "a hospital within a hospital," the sharing of University of Colorado Hospital's proposed new towers.

This announcement rekindled Paralyzed Veterans' concerns raised years earlier when the similar proposal was put forth. At a teleconference with VISN 19 leadership, old concerns and questions were revisited with no substantive response. Specifically the following issues and questions remain unresolved or unanswered to Paralyzed Veterans satisfaction:

- Governance - Historically, line authority for the provision of veterans' health care has extended from the Secretary, through the Under Secretary for Health, to VISN directors, to, finally, individual facility directors. Under the proposal how would this line of authority be maintained? How can VA autonomy be ensured when significant numbers of staff are not VA employees?
- Management – How will the integrated facility deal with VA's system-wide directives, handbooks, manuals and other documents that govern VA health care and ensure continuity and uniformity in the provision of care?
- Assurance of Veterans' Identity – While the proposal states that there will be clear signage and unique entry points to serve veteran patients it seems that the integration into the larger University Hospital complex will subsume VA's identity. How can a unique VA identity be maintained in a community that can be leveraged into public and political support that translates into the provision of necessary resources as well as support for veterans in general?
- Employee Integration – Will existing union contracts and relationships of VA employees be maintained? If so will this present issues among similar professions employed by VA and the University of Colorado Hospital
- Pharmacy and Prosthetics – How will current VA procedures and policies for the provision of appropriate pharmaceuticals, supplies and prosthetics be maintained in an

integrated or shared environment? How can the integrity of VA's system of electronic medical records be maintained in a shared environment? How can security and patient privacy be ensured?

- Professional Liability – Veterans treated in a VA facility have certain recourse and access to benefits if they experience an adverse outcome due to treatment. Specifically Section 351 of Title 38 has been established to provide monetary benefits to such veterans. Additionally, veterans so affected have legal access through the Federal Torts Claim Act. What recourse will a veteran have in the integrated system with shared facilities, services and staff? Could this integrated system work to the detriment of veterans and create a situation where they are precluded from accessing intended benefits?
- Fourth Mission – The Veterans Health Administration is statutorily required to serve as a back-up to the Department of Defense in times of national emergency or as a resource in local emergent situations. How will this mission be conducted in the proposed shared facility?

Finally, within the last two weeks, Paralyzed Veterans received information dated March 24, 2008, on a new Health Care Center Facility (HCCF) Leasing Program that would create a “new” network of VA facilities. The HCCF initiative alters VA's approach by making inpatient services supported by local contracts with affiliate or community hospitals through VA referrals, and by focusing on large, leased outpatient clinics based on a standardized design (HCCFs).

According to the defined criteria for inclusion, Denver could potentially be considered and used as a prototype for the new initiative. Without direct confirmation from the VA, the new plan set forth by the VISN 19 Director unnervingly resembles the elements of the HCCF initiative.

Furthermore, one of the arguments for the new initiative is an attempt to meet the VA's capital needs while taking into consideration the current backlog of major construction projects (approximately \$10 billion) and the limited funding available. Fortunately, Congress has already begun appropriating funds for replacing Denver's antiquated VA Medical Center and therefore should not be considered a “trial” site for the new HCCF initiative.

The question remains if indeed the new VISN plan is a result of the HCCF initiative.

Concerns Regarding the Elimination of a Spinal Cord Injury Center

The original Project Eagle plans that were developed over the last few years between the Eastern Colorado Health Care System (ECHCS) and the Paralyzed Veterans included a comprehensive thirty (30) bed SCI Center. The sudden and unjustifiable elimination of the SCI Center, after architectural designs had already been drafted and submitted to VA Central Office, seems questionable and an inefficient use of time and taxpayer dollars.

Instead, the revised proposal for the replacement facility calls for the establishment of care for Spinal Cord Injured veterans. As presented, the proposal projects the need for eight (8) beds to meet the needs of VISN 19 veterans with spinal cord injury or dysfunction. The original Capital Asset Realignment for Enhanced Services (CARES) report included ‘Acute SCI Projected Bed Levels’ based on veterans’ demographics in VISN 19. The report projected the need for twenty-

nine (9) beds for FY 2012 and thirty-five (35) beds for FY 2022. Furthermore, the number of SCI users in this VISN for FY03 was 449 veterans. The projected SCI users for FY 2012 are 674 veterans and it increases to 798 veterans for FY2022. That is a 150% increase in the next four years alone, without consideration for the number of veterans sustaining spinal cord injuries during the current conflict.

In assessing the new proposal it appears only those spinal cord injured veterans accessing facilities in VISN 19 were counted in projecting the need for 8 beds. This approach fails to account for those veterans with spinal cord injury or dysfunction who followed VA's own protocol for seeking treatment at out-of-VISN SCI centers as recommended by the "hub and spoke" system of care. SCI/D veterans are an aging population who are currently required to travel to Albuquerque, Long Beach, Seattle, or other SCI centers in order to receive care for pressure sores, bowel & bladder issues, yearly evaluations and other specialty services only provided in SCI centers.

In a 2004 VA briefing on SCI CARES projections, it was stated that the updated acute care model was designed to support the CARES planning recommendations to "improve access through better geographic distribution of SCI centers." VISN 19 is the largest geographic VISN in the adjoining 48 states, yet does not have a SCI Center. Furthermore, then-Secretary Principi also stated that CARES is a plan to modernize and improve VA's health care system and that elements of his decision included the potential need for creating four new – and the expansion of five existing – spinal cord injury centers.

How does the VA or the VISN justify their approach and account for the disparity between the CARES recommendation and the new proposal?

Even if the proposal is modified to include a 30 bed spinal cord injury unit questions still remain:

- Can the spinal cord unit be created meeting VA's own design guidelines, including first floor location and assigned SCI/D parking, in the proposed new tower?
- Will staffing requirements for the unit be consistent with the guidelines agreed to by the VA and the Paralyzed Veterans?
- Will Paralyzed Veterans be assured the same access afforded them in other VA spinal cord injury centers to both counsel veterans and conduct site visits?
- VA's guidelines call for the establishment of spinal cord injury centers at a tertiary care hospital to ensure that the center is supported by the full range of medical and ancillary health services. Will the proposed downsized facility support all the necessary medical specialties and services with VA staff?

Eliminating the SCI Center from the Fitzsimons VA Facility will be a disservice to hundreds of veterans in this region and undoubtedly contradicts what the VA claims to be a priority. This project is of vital importance to Paralyzed Veterans and the local chapter. We urge the VA to utilize the original plans previously sanctioned by Paralyzed Veterans to guarantee SCI/D veterans in this region are fully cared for.

Conclusion

The VA's lack of specific information and reasons for the new plan causes deep concern among the veteran community, but even more so among veterans with SCI/D. From the perspective of Paralyzed Veterans, the revised proposal leaves much to be addressed and fails to meet the recommendations put forth in the CARES report. It is disconcerting that the VA has developed and presented a new VISN-wide plan for health care that blatantly disregards its own agency's assessments and recommendations for a SCI Center in Denver. While efforts to move some services to outlying areas to meet localized veteran need is commendable, it does not support the elimination of a new, tertiary care replacement facility to meet the complex needs of VISN 19 veterans. If the ultimate goal is to service veterans close to their homes then the proposed SCI center should not be disregarded in the new plan.

It is reassuring to see that the state's Congressional leaders are also concerned about the lack of specific information provided by the VA. As a veterans service organization that exists solely to advocate for SCI/D veterans, we will work with the VA, VISN 19 and Congress to ensure veterans in this region are receiving the level of specialty care services they require. To that end, we will not stand by and allow the VA to use Denver as a model on how to reconstruct their internal standard operating procedures, which will inevitably be at the expense of veterans in this region.

Again, I would like to thank you for the opportunity to testify. I would be happy to answer any questions you may have.