

# ‘CARES’: Wartime Rationing, Not Wartime Care

The VA rationing plan euphemistically called CARES (Capital Realignment for Enhanced Services) has as its alleged goal, to assess veteran healthcare needs and to “enhance” delivery of healthcare services in the geographic areas most populated by a shifting veteran population in the decades to come. Initially, the Administration’s draft CARES plan targeted 11 VA hospitals for total closure, and 33 others for major mission changes—they would be downgraded to clinics or to “Critical Access Hospitals” (limited to only 16 acute-care beds and to patient stays of 96 hours or less). Congressional Veteran Affairs committees and veterans services organizations estimated that as many as 7,066 beds nationwide are on the chopping block. So, in addition to the beds already closed, an estimated 2,152 long-term care beds, 1,630 domiciliary beds, 991 psychiatric beds, and 2,293 medical-surgical beds have been targeted for closure.

The Administration’s draft plan was released to an independent CARES Commission, which then released its proposals in January 2004. The final decision on the Commission’s proposal will be made by the Administration’s VA Secretary Principi at any time. Hospitals listed by the Commission for closure, merger, or major mission change, have been ordered not to speak about the impact of the Commission’s changes may have on veterans’ lives or on the economic and other impact on the surrounding communities.

## Case Study: Waco VA Hospital

One of the targets in the Administration's draft CARES plan and the CARES Commission is the total closure of the Waco, Texas VA hospital, which has 346 hospital beds, including 278 psychiatric beds, and a 20-bed Post-Traumatic Stress Disorder Residential Rehabilitation Program. It is considered the most comprehensive VA psychiatric hospital in the nation and the only one in Texas for long-term psychiatric care. It is the only VA facility in Texas for rehabilitation of blinded veterans; and one of only three VA centers in Texas for acute psychiatric care. It serves tens of thousands of vets, employs a highly trained workforce of 800, and has an occupancy rate of 90%. Instead of expanding the number of beds as VA doctors recommended (to eliminate long waits for treatment and for emergency care), the Administration's plan is to shut Waco down and have VA patients travel for care to other cities; or to privatize their care, "unloading" elderly nursing-home patients into whatever Medicare allows in the community.

The CARES Commission agreed with most of the Administration's plan, except that it would allow Waco to keep its 33 nursing-home beds. Gerald Cowan, senior Vice Commander of the Department of Texas Disabled America Veterans, testified that the VA "can no longer meet the needs of our nation's service-connected disabled veterans." Cowan said veterans in Texas are already asking, "Why do we have to travel hundreds of miles to Oklahoma or to Louisiana for care?" Some vets have to travel six hours roundtrip. According to a VA report, there were 134,287 vets on waiting lists for care, nationally—over 51,000 are waiting at least six months for their appointment.

Waco Mayor Linda Ethridge said the VA invested over \$100 million since 1998 to create state-of-the-art buildings at Waco's VA Medical Center, that are suited to becoming a center for excellence for long-term psychiatric care. She



The Bush Administration's slated shutdown of the large and modern Central Texas Veterans Hospital in Waco, would eliminate a score of special medical programs ranging from MRI/CAT Scan and Nuclear Medicine, to Hearing and Speech Pathology; and it would eliminate in one stroke, within Texas:

### Authorized Beds:

459 Psychiatry	36 Intermediate Medicine
408 Domiciliary	20 Post-Traumatic Stress Rehabilitation
303 Nursing Home	15 Blind Rehabilitation
134 Internal Medicine	
44 Surgery	

warned against shutting it down: Severely mentally disturbed VA patients are not candidates for deinstitutionalization. There is no capacity in the Waco or neighboring communities to care for so many patients. Closing it will endanger local non-profit community and psychiatric hospitals, due to the costs associated with emergency detention of mentally ill veterans. Waco's private or hospital psychiatrists will not treat VA patients due to "low, slow, or non-existent reimbursements."

—Linda Everett