Congress of the United States
Washington, DC 20515

August 25, 2003

CARES Commission
c/o Mr. Richard E. Larson
Executive Director
810 Vermont Avenue, NW
Washington, DC 20480

Dear Committee Members:

We are writing to raise serious concerns regarding the recent draft National CARES plan and the potential negative impact it will have on the level of care veterans in Massachusetts receive. Specifically, we strongly urge you to reconsider the proposal to realign in-patient care from the Bedford Veterans hospital to different VA facilities in VISN1.

As you know, the Bedford hospital is well respected across the country for many of its programs and the quality of care it offers veterans from across New England. By moving the services offered at the Bedford facility to other campuses, valuable programs are at serious risk of being diminished.

One of the most successful and unique programs is the Geriatrics Research Education and Clinical Center (GRECC), which is the nation's premier center for veterans suffering from Alzheimer's disease. This facility offers veterans a unique approach to Alzheimer's care by incorporating dementia research with its in-patient population. The program offers a continuity of care from outpatient to daycare to long-term care that saves money by not immediately placing patients in hospital care. It would simply be impossible to recreate this unique and vital program in a different hospital.

In addition to the GRECC program, Bedford offers other programs that are in danger of being marginalized if the draft National CARES plan is to go into effect. The entire Bedford campus will be impacted by the loss of in-patient care, especially the programs that draw on patient referrals. Bedford has three of the largest and most effective rehabilitation programs of their kind: Compensated Work Therapy (CWT), CWT Transitional Residence (TR), and the Mental Health Intensive Case Management Program (MHICM). All of these programs are innovative and effective forms of rehabilitation, with a large number of the veterans receiving care from the Domiciliary and In-patient units before entering one of these three programs. Moving in-patient services from Bedford will force veterans to different facilities that may not offer such successful rehabilitation programs, thus harming the quality of care in the region.

The draft National CARES plan suggests that all of the beds moved from Bedford can be allocated to regional hospitals in Brockton, West Roxbury and Manchester. This will certainly affect the veterans currently receiving care at Bedford, but these hospitals mentioned above are already over-burdened and cannot absorb the in-patient services from Bedford without affecting the quality of care they currently offer. The quality of care veterans now receive once they are enrolled in a VISN1 hospital is second to none. But we fear that by relocating all of the in-patient beds from Bedford, the VA will seriously diminish that quality throughout VISN1.

Furthermore, the draft National CARES Plan fails to adequately address the negative impact a realignment will have upon the dedicated and hardworking Bedford VA employees. While the plan implies that all employment will remain at similar wages and benefits, it does not take into account the hardships that changes in conditions will impose upon employees and their families. In-patient services transferred from Bedford to the Brockton or Manchester Veteran's hospitals will require employees to travel greater distances to and from work. As a result, many of the VA's skilled professionals will seek alternative employment that is closer to home, leaving the VA Healthcare System with a gap in services.

VISN 1 should be commended for including all of the necessary stakeholders in developing their market plan. Veterans Service Organizations, employees, congressional offices, union leaders and academic affiliates all had a chance to review the plan and take part in the process. The VISN, after conducting months of review and analyzing data, submitted a comprehensive market plan that did not include moving any in-patient beds from Bedford. We believe they had sound reasoning to make this determination. Also, in developing their market plan the VISN projected a dramatic increase in the future need for in-patient beds in the region.

We strongly believe that shifting in-patient care out of Bedford hospital will have a negative impact on the veterans and the employees. We respectfully urge you to reconsider this proposal. Thank you for your attention.

Sincerely,

Edward M. Kennedy
United States Senator

John F. Kerry
United States Senator

Edward J. Markey
United States Representative

Barney Frank
United States Representative

Richard E. Neal
United States Representative

John W. Olver
United States Representative

Martin T. Meehan
United States Representative

James P. McGovern
United States Representative

John F. Tierney
United States Representative

Michael E. Capuano
United States Representative

William D. Delahunt
United States Representative

Stephen F. Lynch
United States Representative