

**REPORT OF THE
VIRGINIA DEPARTMENT OF VETERANS' AFFAIRS**

Veterans' Mobile Medical Facility

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 15

**COMMONWEALTH OF VIRGINIA
RICHMOND
2002**

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PREFACE

This study was conducted pursuant to House Joint Resolution Number 783, introduced by Delegate M. Kirkland "Kirk" Cox during the 2001 Session of the Virginia General Assembly. The resolution requested that the Virginia Department of Veterans' Affairs (VDVA) study the need for and operation of a mobile medical facility as a cost-effective way to bring needed services to veterans.

The resolution was reported from the Rule Committee with amendments by a vote of 17 to 0. It was agreed to by the House of Delegates, February 2, 2001 and on February 21, 2001, the Senate agreed to the resolution as amended.

Mr. Theodore "Ted" Mortensen, Director and Mr. Colbert "Bert" Boyd, Deputy Director of the Virginia Department of Veterans' Affairs conducted the study. The authors express their appreciation to Delegate Cox for his support of this study. The authors also thank the employees of the Virginia Department of Veterans' Affairs throughout the Commonwealth that provided valuable information for this study.

EXECUTIVE SUMMARY

Background

The 2001 Virginia General Assembly requested the Virginia Department of Veterans' Affairs (VDVA) through House Joint Resolution Number 783 (HJR 783) to study the need for and operation of a mobile medical facility as a cost-effective way to bring needed services to Virginia's veterans who are unable to travel to United States Department of Veterans Affairs Medical Centers (VAMC's) and to consider the following:

- An assessment of the staffing and operational needs for a mobile medical facility
- An evaluation of methods to fund the purchase of a mobile medical facility

Methodology

To initiate the study three factors had to be considered. First, the population of veterans in Virginia. Second, the eligibility of veterans to be treated at VAMC's. And finally, the location of VAMC's available to veterans in Virginia. An analysis of the *Code of Virginia* failed to disclose any provisions in §§ 2.2-1900 & 2.2-1901 that authorized the VDVA to purchase, staff and operate a mobile medical facility.

Identifying Groupings of Veterans

It was determined that the total number of veterans living in Virginia is estimated at 713,694 as of September 30, 2000. Eighty percent of those reside in the one of the 4 geographic regions: Northern, Hampton Roads, Central and Southwest Virginia. These locations closely coincide with the population distribution of the general public.

Eligibility

The United States Department of Veterans Affairs (USDVA) is the primary federal agency designated by the U.S. Congress to provide the needed medical care and treatment for veterans of the United States uniformed services. The Veterans Health Administration (VHA), an agency of the USDVA, established the criteria for the care and treatment of veterans. First, those who are combat wounded. Second, those who have a rated service connected disability. Finally, all other veterans with an honorable discharge that have no other private health care plans. An estimated eighteen percent (128,464) of veterans in Virginia are retirees from the five branches of the uniformed services. As such, these retirees are allowed by law to choose between VAMC's or the medical centers of the uniformed services for health care. Another estimated thirty-one percent (220,400) of veterans in Virginia are over the age of 65 and are therefore eligible for care and treatment under Medicare.

Location of VAMC's in Virginia

There are 8 VAMC's available to Virginia's veterans. These medical centers have established 20 Community Based Outreach Clinics (CBOC's) within Virginia and 8 more are planned in the near future. The CBOC's provide wellness and primary medical care to veterans enrolled with them. The CBOC's refer veterans to the VAMC's for secondary and tertiary treatment. It should be noted that each of the 8 VAMC's have different medical specialties, as well as wellness and primary care capabilities. The CBOC's and VAMC's provide either transportation or compensation for expenses incurred by veterans during travel to or between facilities. There are certain state veterans' service organizations (VSO's) that have been equipped with commercial medical vans to transport veterans who are unable to transport themselves between CBOC's and VAMCs.

USDVA position of mobile medical facilities

The VHA has determined that the need for any type of mobile medical facility is inappropriate and counterproductive to sound medical practice for the care and treatment of the combat wounded and disabled veterans. There are specialized protocols and modalities needed that can only be delivered at CBOC's or VAMCs. Secondly, the 4 Veterans Integrated Service Networks (VISN's) of the VHA in the mid-Atlantic region that effect Virginia veterans have determined a mobile medical facility is cost ineffective. This is based on the veteran's population distribution.

Conclusions

The study concludes that the need for and the operation of a mobile medical facility by the VDVA is costly and ineffective as well as a medically inappropriate means of delivering primary and wellness care to combat wounded and eligible disabled veterans. This conclusion is based on 3 findings. First, the analysis of the demographics of the veterans living in Virginia indicates that only a very small number live outside a 50-mile radius from VAMC's or CBOC's. Second, the procurement, staffing and operation of a mobile medical facility is expensive, about \$955,000.00 for the first year of operation. Finally, the care and treatment of combat wounded and disabled veterans is best accomplished in a VAMC's facility that is are fully equipped and staffed with safe and proven protocols. Veterans deserve only the best medical care and treatment. They earned it.

Recommendation

There are 2 recommendations. It is recommended that the Director, VDVA:

- Be tasked with the responsibility to provide oversight on the matter of transporting veterans to VAMC's and CBOC's
- Coordinate with the USDVA to ensure that the needed medical services are provided to the combat wounded, the disabled and all eligible veterans in the Commonwealth.

INTRODUCTION

During the 2001 session of the Virginia General Assembly, Delegate M. Kirkland “Kirk” Cox introduced House Joint Resolution Number 783 (HJR 783) requesting that the Virginia Department of Veterans’ Affairs (VDVA) study the need for and operation of a mobile medical facility as a cost-effective way to bring needed services to veterans who are unable to travel to United States Department of Veterans Affairs Medical Centers (VAMC’s).

HJR 783 stated that the study should consider the following issues:

1. An evaluation of methods to fund the purchase of such a mobile medical facility, including federal funds or private contributions.
2. An assessment of the staffing and operational needs of the mobile medical facility.

The resolution was reported from the Rule Committee with amendments by a vote of 17 to 0. It was agreed to by the House of Delegates on February 6, 2001 and agreed to by the Senate on February 21, 2001. See **APPENDIX A**.

PURPOSE AND SCOPE

In order to provide a purpose and scope to the study five specific tasks were identified. These tasks offer guidance and direction for the purpose of establishing a research methodology. The tasks are:

1. To investigate the legal issues related to purchasing, staffing and operating a mobile medical facility.
2. To examine demographic and statistical data to identify groupings of veterans who are unable to travel to VAMC’s.
3. To determine what agencies (state or federal) have the responsibility to provide transportation for veterans to VAMC’s.
4. To determine the cost of purchasing, staffing and operating a mobile medical facility.
5. To evaluate the sources of funds to purchase, staff, and operate a mobile medical facility.

RESEARCH METHODOLOGY

Legal Issues

The *Code of Virginia* was examined to determine if it contained any provisions to allow for the purchase, operation and staffing of a mobile medical unit by the VDVA. The authors researched the *Code* and questioned other knowledgeable individuals.

Groupings of Veterans

Demographic and economic issues were examined to determine the location of the most populated veteran localities. The localities having the lowest veteran household income and the two highest age brackets were identified. The travel distance for veterans to the nearest VAMC's or Community Based Outreach Clinic (CBOC's) was considered.

Responsibility to Provide Transportation

State and federal agencies were contacted to determine their responsibility to provide transportation to veterans to VAMC's and CBOC's. State Veterans Service Organizations (VSO) were likewise contacted to determine their capabilities.

Costs for Purchasing, Staffing and Operating a Mobile Medical Facility

A major manufacturer was contacted in order to secure an estimated cost for an expandable van type tractor-trailer. This was considered because HJR 783 identified a van equipped with two exam rooms and facilities for dental care. The same manufacturer provided costs for a small medical transport type truck. This was considered because another section of HJR 783 implied that veterans should be transported to medical facilities. Costs to equip the expandable van were estimated because the lack of specifics HJR 783. The staffing costs were determined by using the State of Virginia's salary scale and positions descriptions. An estimate of mileage and operating expenses were obtained from the Virginia Department of Transportation.

Sources of Funds

A limited amount of research was conducted to identify sources for funding and evaluate methods to fund the purchase of such a mobile medical facility, including federal funds or private contributions. The broad range of options complicated the search for sources of funding. For example, in one paragraph of HJR 783 a van equipped with two exam rooms and facilities for dental care was identified. This would suggest a large expandable type of tractor-trailer vehicle. In another paragraph it was implied that veterans should be transported to medical facilities. This would require a fleet of small medical transport type trucks. Until size and cost factors can be established it is unwise to approach any funding source.

FINDINGS

Legal Issues

An careful and thoughtful analysis of the *Code of Virginia* failed to identify any provisions in §§ 2.2-1900 & 2.2-1901 that would authorize the Director, VDVA to purchase, operate and staff a mobile medical facility.

Identifying Groupings of Veterans

With 713,694 veterans living in Virginia based on a September 30th, 2000 report from the USDVA the study determined that there are four major veteran population centers in Virginia. The largest is the Northern part of Virginia with an estimated number of 230,000. There are over 102,000 veterans in Fairfax County alone. The Hampton Roads area consisting of Chesapeake, Hampton, Newport News Norfolk, Portsmouth, and Virginia Beach, is the general locality with the second largest number of veterans about 190,000. The remainder of the veterans' population is located in Central Virginia, the Shenandoah Valley and Southwest Virginia. See **APPENDICES B to F**

Eligibility

While examining the grouping of veterans the matter of eligibility to be served by VMAC's was considered. The USDVA is the primary federal agency designated by the U. S. Congress to provide the medical care and treatment for veterans of the United States uniformed services. The Veterans Health Administration (VHA), an agency of the USDVA, established the criteria for the care and treatment of veterans. Those criteria are: First, the combat wounded. Second, those veterans who have a rated service connected disability. Finally, all other veterans with an honorable discharge. Veterans' with private health care plans have the lowest priority within the last criteria. An estimated 18 percent (128,464) of veterans in Virginia are retirees from the five branches of the uniformed services. As such, these retirees are allowed to choose between VAMC's or medical center of the uniformed services for primary health care. An other estimated thirty-one percent (220,400) of the veterans in Virginia are over the age of 65 and are therefore eligible for care and treatment under Medicare. About half the veterans' population in Virginia eligible for treatment only in VAMC's.

Responsibility to Provide Transportation

Within the State of Virginia there are no agencies designate to provide transportation for veterans in need of medical assistance. The USDVA is the federal agency with that responsibility for transporting veterans to VMAC's. Under certain conditions VHA can authorized reimbursement for travel expenses between CBOC's and VAMC's. The authorization is a limited and based on several eligibility criteria.

Costs for purchasing, staffing and operating

The cost for the purchasing, staffing and operating of a small medical transport type truck is about \$200,000.00. The cost for purchasing, equipping, staffing and operating a large expandable type tractor-trailer van is about \$955,000.00. See **APPENDIX H**.

Sources for Funding

Both the private and federal funding sources that were contacted on an exploratory basis indicated a reluctance to proceed. They felt that until a firm determination of the costs for the van and the equipment could be established a request for funding would be inappropriate.

CONCLUSIONS

§§ 2.2 1900 & 2.2-1901 of the *Code of Virginia* fails to provide an authorization for the Director, VDVA to purchase, staff and operate a mobile medical facility. The ownership, staffing and operating a mobile medical facility beyond the current mission of the VDVA and language to do so should be added to the *Code*.

Eighty percent of Virginia's 713,694 veterans reside in fifty localities. The most populated regions are Northern, Southeast Central and Southwest Virginia. Low income and high ages of veterans does not greatly affect their ability to travel to VAMC's or CBOC's for needed services. The majority of veterans live within 50 miles of a VAMC or a CBOC. Veterans in Prince Williams, Loudoun and Virginia Beach have the longest distances to travel in order to secure needed services.

The estimated expenditures for the State of Virginia to provided this service to veterans is beyond the VDVA's current appropriations.

The cost-effectiveness to purchase, staff and to operate a mobile medical facility is questionable.

The sources for funding are reluctant to proceed until a firm cost for the project is established.

Because the matter of transporting veterans to VAMC's and CBOC's is a shared responsibility the Director, VDVA should monitor the transportation system to ensure that Virginia's veterans are being served.

The USDVA through the VHA has the responsibility to provide health care to the combat wounded and disabled veterans in Virginia and the Director, VDVA should monitor the system to ensure that services are properly provided.

RECOMMENDATIONS

The Director of the Virginia Department of Veterans' Affairs should be tasked with the responsibility to provide oversight on the matter of transporting veterans to VAMC's and CBOC's

The Director of the Virginia Department of Veterans' Affairs is charged with the responsibility to coordinate and mobilize all of the current transportation systems into one network. This veterans' transportation network should be responsible for transporting veterans to VAMC's and CBOC's.

HOUSE JOINT RESOLUTION NO. 783

Requesting the Department of Veterans' Affairs to study the need for and operation of a mobile medical facility as a cost-effective way to bring needed services to veterans.

Agreed to by the House of Delegates, February 6, 2001

Agreed to by the Senate, February 21, 2001

WHEREAS, people are the foundation of every branch of the armed forces, and without highly qualified, dedicated men and women, even the most sophisticated weaponry will not provide a deterrent force necessary for this country to remain at peace; and
WHEREAS, military retirees, dependents and military survivors constitute at least 43 percent of the total 8.3 million eligible military medical beneficiaries; and
WHEREAS, because of the nature of their service, many former servicemen suffer from a wide array of physical illnesses, as well as a number of disabilities that result directly from the trauma of military service in combat; and
WHEREAS, nearly 40 percent of the military treatment facilities around the country have been closed, forcing retirees and other medical beneficiaries to seek care under different plans or to forego treatment because current facilities are inaccessible; and
WHEREAS, some veterans are unemployed, and some are homeless--suffering from a variety of disabilities, including substance abuse disorders; and
WHEREAS, some states are beginning to address the problem of reaching out to veterans to protect them as they have protected their country; and
WHEREAS, in at least one state, a mobile service center contained in a van equipped with two exam rooms and facilities for dental care, travels around the state to provide interventions and immediate assistance of food, clothing, health screening and assessment, Veterans' Administration benefit determination, and counseling; and assessment of housing, mental health, substance abuse, employment, educational and vocational needs; and
WHEREAS, one state enlisted part of the funds from the Department of Veterans' Affairs and solicited private donations and contributions to complete the purchase; now, therefore, be it RESOLVED by the House of Delegates, the Senate concurring, that the Department of Veterans' Affairs study the need for and operation of a mobile medical facility as a cost-effective way to bring needed services to veterans who are unable to travel to Veterans' Administration medical centers. The Department shall include in its study an evaluation of methods to fund the purchase of such a mobile medical facility, including federal funds or private contributions; and an assessment of the staffing and operational needs of the mobile facility, including the use of volunteers from public service organizations.
All agencies of the Commonwealth shall provide assistance to the Department for this study, upon request.
The Department of Veterans' Affairs shall complete its work in time to submit its findings and recommendations by November 30, 2001, to the Governor and the 2002 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX A

Top 50 Localities with Most Veterans

1. Fairfax	102,670	26. Augusta	5,626
2. Virginia Beach	48,784	27. Henry	5,545
3. Prince Williams	27,354	28. Danville	5,517
4. Henrico	25,506	29. Frederick	5,281
5. Chesterfield	22,909	30. Campbell	5,079
6. Chesapeake	22,366	31. Washington County	4,993
7. Norfolk	21,955	32. Tazewell	4,692
8. Richmond	19,373	33. Pittsylvania	4,673
9. Arlington	17,913	34. Petersburg	4,597
10. Newport News	17,891	35. Shenandoah	4,197
11. Loudoun	14,985	36. Franklin	4,168
12. Alexandria	13,503	37. Gloucester	3,950
13. Roanoke City	11,117	38. Pulaski	3,873
14. Portsmouth	10,982	39. Salem City	3,812
15. Stafford	9,608	40. Warren	3,546
16. Roanoke County	9,474	41. Charlottesville City	3,524
17. Spotsylvania	8,780	42. Orange	3,490
18. Hanover	8,205	43. Manassas City	3,488
19. Lynchburg	6,970	44. Botetourt	3,436
20. Albermarle	6,843	45. Wise	3,389
21. York	6,396	46. Accomac	3,284
22. Fauquier	6,137	47. Culpeper	3,210
23. James City	5,936	48. Mecklenburg	3,174
24. Suffolk	5,785	49. Staunton City	3,161
25. Rockingham	5,744	50. Prince George	3,086

Top 50 Localities with Veterans' Household Income Under \$10,000

1. Norfolk	2,977	26. Lee	481
2. Richmond	2,792	27. Suffolk	478
3. Fairfax	2,135	28. Augusta	449
4. Hampton	1,685	29. Amherst	448
5. Newport News	1,679	30. Campbell	448
6. Roanoke City	1,599	31. Smyth	437
7. Virginia Beach	1,591	32. Prince William	430
8. Portsmouth	1,083	33. Accomac	423
9. Henrico	1,055	34. Pulaski	416
10. Chesapeake	857	35. Scott	416
11. Lynchburg	853	36. Staunton	409
12. Danville	716	37. Albermarle	399
13. Tazewell	716	38. Rockingham	398
14. Petersburg	621	39. Buckingham	396
15. Chesterfield	611	40. Franklin	394
16. Washington Co.	565	41. Wythe	381
17. Alexandria	556	42. Shenandoah	376
18. Salem	529	43. Halifax	373
19. Wise	526	44. Russell	370
20. Roanoke Co.	523	45. Prince George	339
21. Pittsylvania	520	46. Bristol	325
22. Mecklenburg	499	47. Nottoway	321
23. Montgomery	495	48. Bedford	320
24. Carroll	490	49. Charlottesville	320
25. Henry	487	50. Harrisonburg	301

Top 50 localities with Veterans Between Ages 50-69

1. Fairfax County	48,370	26. Montgomery	2,570
2. Va. Beach	15,700	27. Danville	2,470
3. Chesterfield	10,850	28. York	2,410
4. Hanover	10,690	29. Washington County	2,350
5. Arlington	7,390	30. Franklin	2,320
6. Chesapeake	7,390	31. Tazewell	2,290
7. Norfolk	7,270	32. Pittsylvania	2,220
8. Hampton	6,360	33. Campbell	2,190
9. Richmond	6,190	34. Suffolk	2,120
10. Newport News	5,810	35. James City	2,070
11. Loudoun	5,110	36. Pulaski	1,930
12. Alexandria	4,830	37. Wise	1,820
13. Roanoke County	4,750	38. Shenandoah	1,800
14. Roanoke City	4,260	39. Petersburg	1,690
15. Spotsylvania	4,040	40. Fauquier	1,680
16. Portsmouth	3,700	41. Salem	1,570
17. Hanover	3,610	42. Warren	1,520
18. Stafford	3,190	43. Botetourt	1,520
19. Frederick	3,100	44. Smythe	1,430
20. Albermarle	3,040	45. Gloucester	1,410
21. Rockingham	2,930	46. Culpeper	1,410
22. Bedford County	2,800	47. Accomac	1,410
23. Lynchburg	2,720	48. Manassas City	1,400
24. Augusta	2,639	49. Fairfax City	1,390
25. Henry	2,620	50. Charlottesville	1,380

Top 50 Localities with Veterans Over Age 70

1. Fairfax	21,720	26.Campbell	1,420
2. Henrico	7,340	27.James City	1,400
3. Virginia Beach	6,910	28.Washington County	1,360
4. Richmond	6,130	29.Tazewell	1,310
5. Norfolk	5,640	30.Franklin County	1,300
6. Chesterfield	5,170	31.Spotsylvania	1,300
7. Arlington	4,610	32.Shenandoah	1,250
8. Roanoke City	3,110	33.Montgomery	1,230
9. Alexandria	2,910	34.Frederick	1,210
10. Hampton	2,780	35.Charlottesville	1,200
11. Chesapeake	2,760	36.Suffolk	1,150
12. Portsmouth	2,540	37. Orange	1,140
13. Newport News	2,540	38. Accomac	1,140
14. Prince William	2,430	39.Pulaski	1,090
15. Roanoke County	2,410	40.Fredericksburg	1,080
16. Lynchburg	2,400	41.Fauquier	1,060
17. Albermarle	1,830	42.Pittsylvania	1,040
18. Danville	1,740	43.Augusta	1,010
19. Hanover	1,710	44.Wise	970
20. Henry	1,660	45.Stafford	930
21. Buckingham	1,660	46.Mecklenburg	910
22. Petersburg	1,620	47.Amherst	880
23. Salem	1,610	48.Hopewell	880
24. Loudoun	1,580	49.Botetourt	830
25. Bedford County	1,480	50.Culpeper	770

Ranking of the Top 50 Localities and Mileage to nearest VAMC's and CBOC's

Cities with most vets	Ranking With Vets' income under 10K	Ranking with Vets Over 70yrs old	Ranking with Vets Between 50-69 yrs.	Combined Ranked Scores	Distance in miles to nearest VAMC	Distance to CBOCs
1. Fairfax	3	1	1	1	WDC- 24	Alexandria-25
2. Va. Beach	7	3	2	2	HMT- 35	
3. Prince William	32	14	51	13	WDC- 45 MBG-80	Alexandria-40
4. Henrico	9	2	51	10	RHM-12	Fredericksburg-48
5. Chesterfield	15	6	3	7	RHM- 6	Fredericksburg-60
6. Chesapeake	10	11	6	8	HMT- 25	None
7. Norfolk	1	5	7	3	HMT- 20	None
8. Richmond	2	4	9	4	RHM- 3	Fredericksburg-53
9. Arlington	51	7	5	11	WDC- 25	Alexandria-20
10. Newport News	5	13	10	6	HMT-15	None
11. Loudoun	51	24	11	12	MBG-35	Stephen City-25 Frederick, Md-25 Alexandria-25
12. Alexandria	17	9	12	9	WDC-15	Alexandria-10
13. Roanoke City	6	8	14	5	SLM-10	Danville-85

Note:

(a) If a locality was not ranked in the top 50 in any category they are assigned a ranking of 51.

(b) Initials for VAMC's

BEC-Beckley, WV

DUR-Durham, NC

HMT-Hampton, VA

MBG-Martinsburg, W.Va.

MTN-Mountainhome, TN

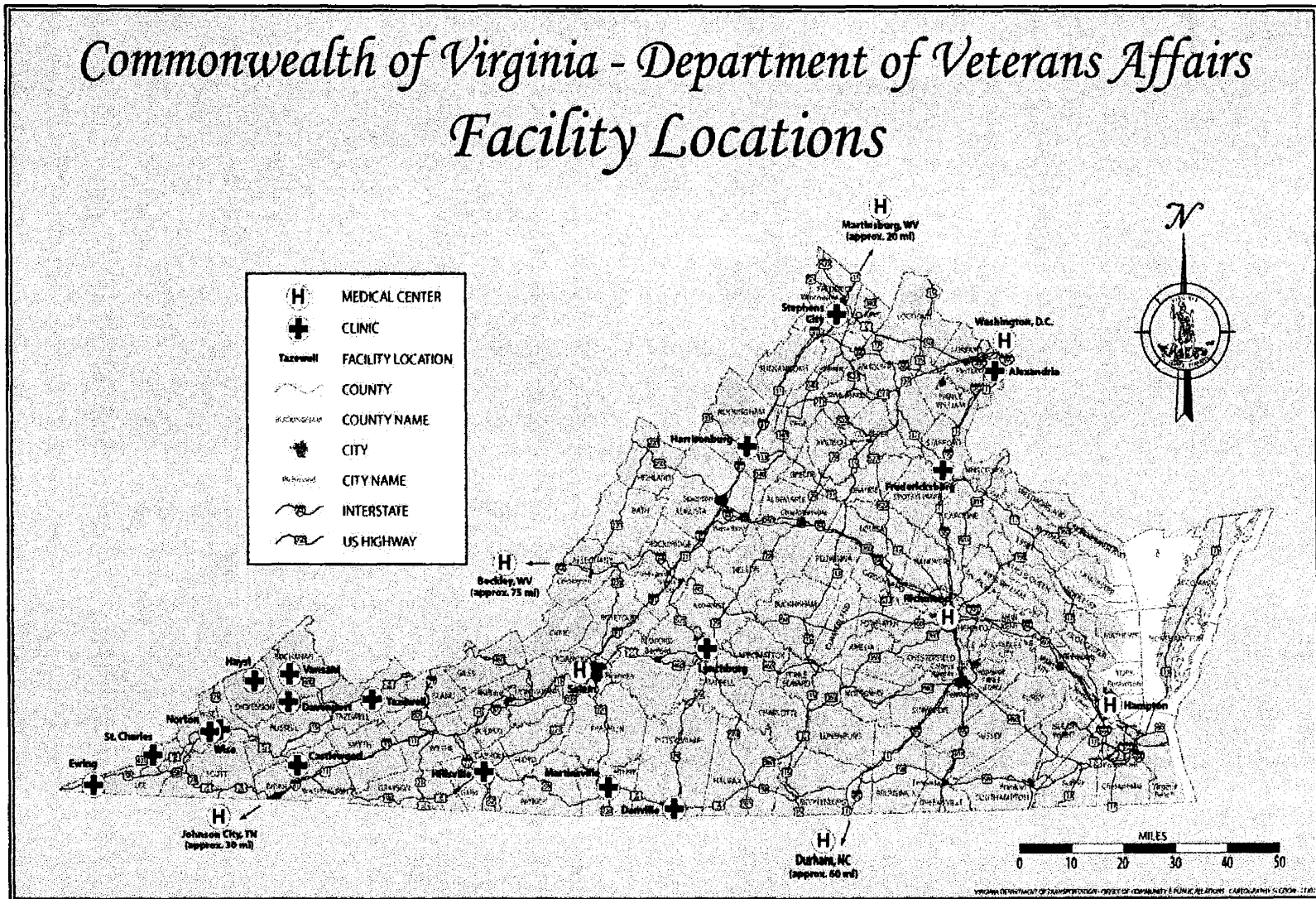
RHM-Richmond, VA

SLM-Salem, VA

WDC-Washington, D.C

APPENDIX F

Commonwealth of Virginia - Department of Veterans Affairs Facility Locations



APPENDIX G

VIRGINIA DEPARTMENT OF TRANSPORTATION - OFFICE OF COMMUNITY & PUBLIC RELATIONS - CARTOGRAPHY SECTION - 2/04

Table of Costs to Purchase, Staff and Operate a Mobile Medical Facility

Mobile Medical Facility	Estimated Purchase and Equipment Price	Annual cost for a Driver	Annual Cost for a Physician and Nurse	Annual Operating cost (Fuel, maintenance) based on 5,000 miles driven	Total Cost to Purchase, Staff and Operate
Medical Transport Truck	\$90,000	\$70,000	N/A	\$40,000	\$200,000
Large Primary Care Facility 30'-37' Long	\$200,000 Van \$400,000 Equipment	\$70,000	\$150,000 Physician \$75,000 Nurse	\$60,000	\$955,000

