## United States Senate

WASHINGTON, DC 20510

September 29, 2005

Walla Walla VAMC Local Advisory Panel P.O. Box 1427 Washington Grove, MD 20880-1427

Dear Members of the Local Advisory Panel,

Since the Department of Veterans Affairs (VA) announced plans to close the Jonathan Wainwright Memorial Veterans Affairs Medical Center in Walla Walla, Washington, veterans and other constituents have told us that they value having a regional facility for rural Southeast Washington and Northeast Oregon that provides an excellent quality of care.

This facility serves 69,000 veterans, providing vital primary care, substance abuse, long-term and mental health services. Those veterans it serves have been adamant: They do not want the facility to close, and they do not want the facility's mission to be reduced. The services provided at the Walla Walla facility are vital to veterans and their families throughout the region.

Last year, Veterans Integrated Service Network (VISN) 20 Director Dr. Leslie Burger testified before the Senate Veterans' Affairs Committee hearing, stating that the services the VA had announced its intention to reduce were not available elsewhere in Southeast Washington or Northeast Oregon. Dr. Burger admitted to Senator Murray that the VA has not included funds to build a new regional facility in its budgets.

While some in the VA claim that the need for the facility in Walla Walla has decreased, there is evidence to the contrary. The VA's Assistant Deputy Under Secretary for Health, Dennis M. Lewis, told the Senate Veterans' Affairs Committee last month that VISN 20 has seen twice the national average in utilization. As more American troops come home from Iraq, Afghanistan, and elsewhere, those numbers will grow.

As you know Pricewaterhouse Coopers has completed its examination of various options to realign care and has come up with seven options.

The initial VISN 20 report to the CARES commission highlighted significant gaps in outpatient primary, specialty, and mental health care and inpatient psychiatry, as well as access to primary, acute hospital and tertiary care. We believe there has been no effort to meet any of those needs since the report was issued in February 2004. If anything, access to care has only worsened in the last 19 months within VISN 20.

We request that you approach with caution any Pricewaterhouse Coopers options that include reducing capital assets in the region while committing to future expansions of VA services. Given the budgetary challenges the VA faces and the track record of promising services that have not yet become a reality, we request that you demand a clear plan on how and when the VA plans to move forward with any option.

With no services in the region to replace those provided by the Walla Medical Center, rising utilization rates in VISN 20, and no clear commitment to actually providing the expanded services promised, we hope you will examine each option carefully and select those that best keep the needs of veterans in mind.

Sincerely,

Patty Murray

United States Senator

Gordon Smith

United States Senator

Ron Wyden

United States Senator

Maria Cantwell

United States Senator