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COMMITTEE ON WAYS AND MEANS

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Congress of the United States

House of Representatives
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The Honorable Denis McDonough Secretary U.S. Department of Veterans Affairs 810 Vermont Ave NW Washington, D.C. 20420

Dear Secretary McDonough,

Thank you for your service on behalf of our nation's veterans. I welcome your upcoming trip to my home state of Ohio and appreciate your visit to the Chillicothe VA Medical Center (VAMC). In advance of your visit, I write to express my reservations regarding the Department of Veterans Affairs' (VA) recommendation to close the Chillicothe VAMC as part of the ongoing Asset and Infrastructure Review (AIR) Act process to modernize and realign the VA health care system.

As Chairman of the House Veterans Affairs Subcommittee on Health during drafting and enactment of the VA MISSION Act, I was proud of the work Congress did to enhance and streamline veterans' access to community care, expand the Caregiver Program, and improve VA's capacity to provide timely, quality care to patients. I was also pleased with the work that the House and Senate Veterans' Affairs committees did to include AIR in the MISSION Act. I fully believe it is time for a non-partisan, independent review of VA's assets to ensure that VA's medical facilities and infrastructure are prepared to adequately care for the next generation of veterans. However, I am concerned that the recommendation to close the Chillicothe VAMC runs counter to this goal and would have an adverse impact on the ability of veterans in Southern Ohio to receive the care they need and deserve.

After reviewing VA's market assessment for the Western and Central Ohio regions, I remain unconvinced that VA's recommended course of action, including closing the Chillicothe VAMC, meets the criteria established by VA as required in Section 203 of the MISSION Act. I do not believe that closing the Chillicothe VAMC and attempting to replace its services by establishing a multi-specialty community-based outpatient clinic (MS-CBOC) in Chillicothe, a standalone community living center (CLC) in Circleville, and a strategic partnership with the Dayton VAMC to accept CLC and residential rehabilitation treatment program (RRTP) patients "maintains or improves veteran access to care," which is one of the principal criteria under Section 203.

As VA's market assessment indicates, while Chillicothe does have a comparatively low demand for inpatient medical services, the facility has robust demand for inpatient mental health, CLC, and RRTP services. The recommendations leave many unanswered questions as to how this

demand will be met in a way that "maintains or improves veteran access to care." The market assessment does not detail what the capabilities of the proposed MS-CBOC in Chillicothe will be, nor does it provide detail on how veterans will be able to travel 90 minutes to the Dayton VAMC or to a provider within VA's community care network besides a brief recommendation to create an undefined "veteran transportation network" to facilitate access for veterans. I am concerned that even if veterans have transportation to Dayton, the 90-minute trip will prove disruptive and even potentially harmful for veterans' health.

As the Asset and Infrastructure Review process moves forward, I encourage VA to think creatively about the ways that the Chillicothe facility can meet VA's goals to modernize and serve veterans in Southern Ohio more effectively. There are several ways the facility can provide value into the future, including robust outpatient services to meet veterans' demand for care.

I hope that during your visit to Chillicothe, you will see firsthand the necessity of VA's presence in the community and will work with the AIR Commission and in your role as Secretary to ensure that veterans in Southern Ohio retain access to the first class care they have earned and deserve.

Sincerely,

Brad R. Wenstrup, D.P.M.

Member of Congress