



CAVHCS Director addresses TACC

Editor's Note: Central Alabama Veterans Health Care System's director, Glen E. Struchtemeyer recently accepted an invitation by the Tuskegee Area Chamber of Commerce to speak at their annual Eggs and Issues meeting to discuss CAVHCS' East Campus – the Tuskegee VA Medical Center. While there were several questions after his presentation, CAVHCS Salute is happy to provide his prepared comments.

I want to thank you for the opportunity to come and speak to the Tuskegee Area Chamber of Commerce meeting this morning. It is my honor and privilege to serve as the Director of the Central Alabama Health Care System. The City of Tuskegee has a rich history that reaches beyond the city limits sign.

The Tuskegee Campus has both a unique and rich history of service to our nation's Veterans. I am an amateur history buff and found studying the history of the Tuskegee Campus essential to understand some of the challenges that this history brings to my position. I spent a considerable amount of my weekends when I was in the temporary quarters studying this history.

I have told some of my VA friends that Tuskegee has perhaps the richest history of any VA in the country.

It is absolutely essential to understand the history of the facility in order to better appreciate where we are



Director Struchtemeyer provided an extensive review of the Tuskegee Medical Center's history, as well as, a look forward during the recent Tuskegee Area Chamber of Commerce Eggs and Issues meeting.

today. I hope you will allow me a few minutes to relate the results of my research so you will hopefully better understand how history has impacted our current and future direction.

In March of 1921, a committee of medical experts was appointed by the Secretary of the Treasury to advise him on the development of a national hospital system for Veterans. In June of 1921, the consultants recommended that a national hospital for Black Veterans be established. The consultants recommended that the facility be located in the South and be a separate facility rather than segregated facilities within an existing hospital. In addition to providing care for black soldiers the consultants felt that the facility would also allow for the training of black nurses and physicians.

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Hard work honored at School at Work Graduation

November 16, 2010 will be remembered as the day Central Alabama Veterans Health Care System (CAVHCS) graduated its first School at Work Class. As cameras flashed and family, friends, supervisors, and other honored guests stood to their feet, the 2010 SAW Class marched to "Pomp and Circumstance" to receive their final certificates.

After eight months of studying and completing more than 19 modules of online homework, eight CAVHCS employees successfully accomplished a renewed sense of self-esteem, academic performance beyond their expectations, and the tenacity to become more efficient and "work smart" employees.

Honor Graduates included; Francis Baker, Nursing Services; Kimberly Dawkins, Business Office; Jacqueline Groce, EMS; and James V. Harris, Transportation. Graduates with Achievement went to; Andrea' Hall, Prosthetics; Sylvia Harris, Ambulatory Care; Casey Horn, EMS; and Christopher Leonard, EMS.

Also, honored at graduation were: Dr. Carol Sanders-Smith, Manager Workforce Development/HR; M. Lynn Fischer, CEO Catalyst-Learning; and Glen A. Struchtemeyer, Director for their outstanding contributions to the School at Work program.

SAW's return on investment for CAVHCS resulted in several success stories for SAW students, including a promotion for one employee, another student passed a national test with a score of 95% and is among a cadre of

certified National Counselors for Veterans, another student is the proud owner and manager of a Home-Based Veterans health care facility, and another two students will continue their educational endeavor in health related fields via the VA scholarship programs in nursing and health care administration.



Staff Education Specialist Bonnie Dyck, (l) joins the 2010 CAVHCS School at Work graduating class following their recent graduation ceremony in the Tuskegee Campus' Bldg. 90 Theater.

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Georgia and Alabama became prime contenders for the facility due to the numbers of black soldiers from those two states that fought in WWI. The consultants encountered resistance to placing the facility in a number of locations including Montgomery. The consultants also considered Nashville, Tenn. as a possible location due to the location of Maharry Medical College.

Different groups advocated for a facility to be located in either Washington D.C. or Nashville. Tuskegee Institute emerged as a more attractive location due to the local support for the location and the work of Dr. Robert Moton.

There was a great deal of racial strife related to the establishment of the facility. Various officials were dispatched to the area and conflicting assurances were given to both white and black citizens about the control of the facility. Dr. Moton worked with the consultants chairman to develop a plan that included the donation of 300 acres for the facility.

The Tuskegee facility was dedicated on Lincoln's birthday in 1923. Vice President Coolidge attended the dedication ceremony along with a host of other dignitaries. Conflict immediately arose over the staffing of the facility. The conflicting promises of control made to various groups came to a head. A white administrator was placed in charge

of the facility, and plans were put in motion to staff the facility with white employees. Dr. Moton appealed to then President Harding.

The President ordered a review of the staffing that led to a delay in the opening of the facility. On April 28 President Harding orders the staffing of the facility to be totally African American. This led to a white backlash. By mid May President Harding shifted his position and rescinded the directive. The hospital opened June 21 with a white staff.

Veterans Bureau officials maintained that this was a temporary situation until African American staff could be hired. Racial tensions increased and on July 3rd the Ku Klux Klan (KKK) held a rally in Montgomery to protest black personnel at the facility. The KKK then moved their rally to Tuskegee on the evening of July 3rd to rally against the staffing plan. There was much anticipation of violence in Tuskegee.

Threats were made against Dr. Moton and the Institute. Frank Hines the Director of the Veterans Bureau

interceded and pushed his plan for converting the staff to an all African American Staff. This led to the eventual conversion of the entire staff to African American.

In 1954 Congress considered building a second black staffed facility in the North. Most prominently mentioned was Virginia. The 1954 measure was defeated.

"Thus the Central Alabama Health Care System was born, consolidating the Montgomery and Tuskegee facilities. As I recall we were one of around 21 systems impacted by this decision."

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CAVHCS All-Stars



A group of CAVHCS Combined Federal Campaign Key Workers were honored during the recent CFC Breakfast at the O'Club on Maxwell, AFB. CAVHCS established a new record for CFC contributions for the second year in a row. The CAVHCS 2010 CFC contributions totaled \$76,980.72.

Front Row: (L - R); Gloria Brown, Mary H. Smith, Project Officer, Roberta Lewis and Kathy Fitzpatrick. Row Two: Gwendolyn Wright, Catherine Wright and Brenda Bradford. Row Three: Johnnie Moore, Elsie Dixon, Nagee-Ullah Hassan and Thomas Tilman. Stage Level: Left of Poster: Glen Struchtemeyer, CAVHCS Director, Patricia Jowers, Beverly Keppel, Maj. Gen. David Fadok, Vice Commander, USAF Air University. Right of Poster: William Wheat, Jr., CAVHCS Project Officer, Kimber Khouri, Judy Davidson, Project Officer and Xavier (Lew) Lewis, CFC River Region Director.

The River Region also set a new record of \$1,120,597.00.

The CAVHCS Salute

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President Eisenhower directed that the VA desegregate all of the VA facilities. This was part of his directive aimed at fully implementing President Truman's Executive Order in 1948 to desegregate the military. This order was great for the country, but became a major blow to the mission of the Tuskegee VA. Now African American Veterans would receive care at VA facilities all thru the South rather than just a singular facility in Alabama.

A second major historical event for Tuskegee was during the President Clinton administration. The administration was seeking ways to reduce the federal deficit and address health care needs in the country. His administration proposed allowing non-Veterans access to VA facilities in rural areas. They selected two demonstration sites, Tuskegee and Salem, Va.

The plan envisioned would address rural access for care and deficit reduction. The plan was to be a 3-year experiment. The plan was supported by local Veterans groups. However, the national Veteran's Service Organizations reacted negatively to allowing non-Veterans in the VA facilities.

Since this plan was proposed during an election year, the Senate became involved and voted 91 – 3 against the proposal. Due to the political outcry, the Secretary of the VA was forced to resign taking the blame for the idea. This is another major historical event to remember as it sent a clear signal that treating non-Veterans in VA facilities would not be allowed.

During the Clinton administration, another major proposal had a dramatic impact on the VA. The VA proposed a radical change for health care delivery to Veterans. As a part of this transformation the VA was charged with reducing overhead and redundant services across the system. This led to a number of consolidations of facilities. Thus the Central Alabama Health Care System was born, consolidating the Montgomery and Tuskegee facilities. As I recall we were one of around 21 systems impacted by this decision. During this consolidation redundant services were eliminated with the Montgomery Campus given the General Medical Surgical mission and the Tuskegee Campus obtaining the Inpatient Mental Health, Rehab, and Long Term Care mission.

Another major change introduced during this period was the change in eligibility for VA care. Before the late 1980's the VA was primarily an inpatient based program. Patients were treated for hospitalized conditions and followed on an outpatient basis until the conditions related to the admission had been addressed. Eligibility reform shifted the emphasis to preventive care and outpatient care for Veterans. This opened the VA up to large number of Veterans who had not previously been seen.

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So why did I recount all of this history? Well it is absolutely critical to understand the history to equate how we got here and how this impacts where we may go in the future. Before the 1954 Desegregation Order the Tuskegee Campus was a large facility with over 2,000 operating beds at one time. Once that order opened the other facilities in the South, Tuskegee experienced a dramatic decrease in demand for inpatient beds. Then during the 1980's mental health treatment took a dramatic turn in this country. Institutionalization of mental health patients became unacceptable with the advent of medications designed to control a significant number of disorders. This led to another dramatic decrease in patients across the VA and certainly impacted Tuskegee.

With this decrease in services rendered at the Tuskegee Campus the VA developed the proposal for treating non-Veterans in VA facilities. This idea was designed to address the needs of rural communities lacking health care resources and more effectively using the infrastructures of VA facilities under utilized by the VA. Due to the political backlash the VA abandoned the idea of introducing non-Veteran care in VA facilities.

During this same period the VA continued its push to reduce redundant services and overhead within the systems. This led to the decision to close

the Emergency Room (ER) at Tuskegee. You may ask why the VA put the ER in Montgomery and not Tuskegee. The short answer is Veteran population. By the latest VA estimates there are 1,240 veterans in all of Macon County. Montgomery is the population center for the system. The Medical/Surgical program is at Montgomery. This creates a second challenge to ER services. The VA established stringent clinic requirements for facilities to operate emergency rooms. Tuskegee could not meet these requirements.

My simple layman's analysis of these requirements is to use an example. If you are having a stroke or heart attack, you need not only access to an ER, but the support facilities of a medical inpatient facility. Coming to the Tuskegee Campus in effect delays your access to these lifesaving services.

Another question I get asked frequently is why has the number of inpatient mental health beds declined so dramatically here? Again, there was the previously mentioned desegregation order that shifted dramatic numbers of patients away from Tuskegee. Then there was the introduction of antipsychotic Thorazine. This allowed for a significant movement of inpatients to outpatient care.

Over the years other drugs were introduced that further accelerated this process. There was also the

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Director Glen E. Struchtemeyer recently addressed the Tuskegee Area Chamber of Commerce annual Eggs and Issues meeting in the University of Tuskegee Kellogg Hotel and Convention Center.

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Olmstead Supreme Court decision that ruled patients must be treated in the least restrictive environment. Across the country inpatient state hospital mental health beds went from 558,922 in 1955 to 63,525 by 1998. There was also a consumer movement in the country that demanded patients be treated in outpatient settings rather than institutional facilities.

Utilization of outpatient services in the country grew from 1,202,000 visits in 1969 to 4 Million by 1998. To give you an idea the dramatic declines in mental health beds in the VA in 1971 there were 41,857 by 1995 there were 17,010. In the mid 1990’s the VA established a budget philosophy that accelerated the decline in inpatient beds further by placing a reimbursement tax on inpatient mental health care. It called for a 25% reduction in the reimbursement for inpatient mental health services. The motivation was to drive mental health care into outpatient settings. All of this contributed to a significant reduction of inpatient care at the Tuskegee facility.

As I stated earlier, eligibility reform was introduced to the VA in the late 1980’s. This change shifted the focus of VA care. Outpatient and preventive care became critical components of the VA system. The VA has put a focus on providing outpatient care within 30 minutes or 30 miles of our Veterans.

Our service area includes 140,000 Veterans according to 2009 census estimates. As stated earlier, Macon County has 1,240 veterans or .89% of the population for our catchment area. Contrast that with Montgomery County that has 21,062 or 15% of our population. The Columbus area with Muscogee County has 22,599 or 16% Russell County has 4,598 or 3.3% of our population. The saving grace for Tuskegee in terms of Veteran population is Lee County with 10,882 or 7.8% of population. However even with that there was a push to put a VA clinic in Opelika that would serve that Veteran population.

Now you may ask why does it matter other than the desire to meet the 30 mile, 30 minute rule. Well there is a big financial cost associated with Veterans traveling for outpatient care. The VA reimburses veterans for the cost of travel to and from scheduled appointments. That reimbursement is currently .51 cents per mile to the closest VA offering that service.

To illustrate that cost impact, if I bring a Veteran from Dothan, Ala. to Tuskegee for an outpatient visit it costs us \$81 in travel costs; Columbus, Ga. to Tuskegee \$43 and Enterprise, Ala. to Tuskegee \$71. We are paying some Veterans over \$100 per visit in travel costs. For one month we paid \$10,000 in travel costs for Veterans to come from Columbus to Tuskegee for PTSD outpatient care. Our patient travel costs create a significant overhead burden on the facility.

Another question I get is why not reopen the inpatient medical beds in Tuskegee. The need for inpatient medical beds for our service area is quite low. Currently I run

a single 27 bed Inpatient Medical Surgical Ward at Montgomery. I operate a 10 bed ICU (Intensive Care unit). At Tuskegee we operate a 30 bed Inpatient Mental Health unit. We operate approximately 100 long term care beds. Our Domiciliary Programs have 73 beds. Splitting any of these units between the two campuses would only increase my cost to operate significantly.

So let’s talk about the future of the Tuskegee facility. When I talk to the staff at the facility about our future at Tuskegee we must identify our mission strengths and build on them. The mission strengths of our facility are Inpatient Mental Health, Long Term Care, and our Domiciliary/Rehab programs. These are all very critical

programs that are located on the campus. We must and will continue to strengthen these programs.

At the same time, we must be aware of vulnerabilities. The VA is continuing to focus on reducing redundant services and reducing overhead costs. The Tuskegee Campus has close to 500,000 sq. ft. of unused space. While these buildings are locked, there is still maintenance costs associated with the buildings. I run a fire department because of a lack of community services that adds over \$1 Million a year.

My utilities at Tuskegee run over a \$1 Million more per year than at Montgomery. To give you an example, I took one month’s electric bill at Montgomery and computed the unit of use cost and did the same thing for Tuskegee. I then applied the Montgomery per use rate to the Tuskegee usage and found that I paid \$38,000 for that one month’s usage at Tuskegee versus what it would have cost at Montgomery. For the last year if I had paid Montgomery electric rates for my Tuskegee usage my bill would have been \$145,000 less.

I then took a look at sewer charges and found that we paid Montgomery 19,000 for a year’s worth of sewer charges and paid a quarter million at Tuskegee. My sewer charge in Tuskegee is higher than the water rate. Compared to Montgomery where it is a fraction of the water rate.

So why do I tell you this? When you ask about vulnerabilities, the “green eyeshade folks” (accounting) look at my overhead costs and tell me I have the highest overhead in the three-state network of VA facilities here in the South.

So one could argue, since the VA does not pay property tax it should pay more for some of these services. The VA may not pay property tax, but my employees pay a county earnings tax. In 2009, they paid a half-million dollars in earnings taxes to Macon County. I would imagine that my employees are one of the biggest - if not the biggest - contributors to the earnings tax in the county.

My Fire Department also serves the community. We have mutual aid agreements with various area departments. We have been called to assist with structural fires in a number of instances in the area. We have responded to emergency assistance calls for vehicle

“We are focused on the future of Tuskegee, and I intend to continue and push my three pillars of strength at Tuskegee, Mental Health, Rehab and Long Term Care, while reducing the overhead wherever possible.”

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accidents. Most recently we responded to wrecks on I -85 assisting the volunteer fire departments.

This past year we were able to work with the State of Alabama to secure the paving of the road into our campus. This is not a state road, yet the State Highway Commissioner wanted to do this project to show support for our Veterans. This saved the county a considerable sum of money.

We have also opened up our theater building for community use. We have a defined process for accessing and using the facility. This is another way we are attempting to support our community.

This next spring we will be hosting the Macon County Cancer Walk for Life event on our property. This past week we conducted a Holiday Food Drive at both campuses. The Tuskegee Campus collected more than 700 lbs. of canned goods that will be delivered today here in Tuskegee.

So where are we going. We are in the middle of construction project that will provide new space for our Rehab programs. This will provide modern space for these patients and allow me to close a building with 70,000 sq. ft. of space, thus reducing my overhead costs.

We are renovating our Nursing Home Care Unit to provide a home environment for our patients. It is really something. We have also proposed the construction of a new Mental Health Unit that will allow us to modernize the Inpatient Mental Health Unit. Why new when I have all of the unused space? The short answer is new is less expensive than renovating old - plus more functional.

We are focused on the future of Tuskegee and I intend to continue and push my three pillars of strength at Tuskegee, Mental Health, Rehab and Long Term Care, while reducing the overhead wherever possible.

I would like to make one more point about overhead costs and the question about an expanded outpatient facility at Montgomery. I have been asked why not build it in Tuskegee or retrofit old buildings for the clinic. The short answer is costs. We currently pay .51 cents per mile for outpatients to travel to our facilities for care. If I move the Montgomery workload to Tuskegee the travel costs alone would be dramatic. It would also violate the VA principle of putting outpatient services within 30 miles or 30 minutes of the Veteran.

So in closing I was asked about what the community could do to help the VA. I could use help on overhead costs. Also recruitment of professional staff is a real challenge for us. I have moved 10 times with the VA. The first question my wife and I considered whenever we moved what is the quality of schools. The perception of quality is critical.

A second question we would look at would be security. Another issue would be community services, retail availability, community entertainment, affordable and new housing. And of course that earnings tax makes the area less attractive to prospective employees. I moved here from St. Louis. We had a city earnings tax and everyone moved to the county and beyond to avoid the earnings tax on employees. Businesses would not locate in the city without sizable tax abatements. It has a huge impact on the facility.

I want to thank you for allowing me to come this morning. I am committed to this facility. I want to continue its rich history of service to Veterans at this facility. With your help, I am confident we can succeed. Thank you.

Joint Commission Heath Care High 5 *IN THE NEWS*

- 1 CPR Guidelines Updated**
The American Heart Association in October updated its guidelines for performing CPR. Visit www.heart.org to view the new guidelines.
- 2 CMS Moves to Curb Elder Patient Abuse**
In a move aimed at combating abuse and neglect in the nation’s long term care facilities, the Centers for Medicare & Medicaid Services (CMS) has awarded more than \$13 million to six states to design comprehensive applicant criminal background check programs for jobs involving direct resident care.
- 3 Special Populations at Higher Risk of Food Allergy**
A new study estimates that 2.5% of the United States population, or about 7.6 million Americans, have food allergies. Food allergy rates were found to be higher for children, non-Hispanic African-Americans, and males, according to a study published in the Oct. 2010 issue of the Journal of Allergy and Clinical Immunology.
- 4 Personalized treatment Shows Promise in Depression Care**
Improvements in chronically depressed patients can be sustained with interventions that meet a patient’s needs and have flexible protocol for monitoring depression, according to a study in the Sept./Oct. 2010 issue of the Annals of Family Medicine.
- 5 Theme announced for 2011 Patient Safety Week**
National Patient Safety Awareness week will take place March 6–11, 2011. The theme for the 2011 observance is “Are you in?”
Commit to Safe Health Care,” highlighting the need for healthcare participants - from patient to provider - to be informed, involved, and invested in making health care safe.



Director's Office staff like Barbara Green collected canned good donations prior to the recent All Employee Holiday Parties and Food Drives. Each can of food donated translated to a Holiday Party raffle ticket. CAVHCS donated more than 1800 pounds of food to the Montgomery Area Food Bank and the Macon County Food Pantry. So while more than 50 CAVHCS employees took home prizes - everyone who donated was a winner.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> National Clean Up Your Computer Month <input type="checkbox"/> National Get Organized Month <input type="checkbox"/> National Glaucoma Awareness Month <input type="checkbox"/> National Mentoring Month						1 *New Year's Day *Emancipation Proclamation (1863)
National Folic Acid Awareness Week (Jan. 2-8)						
2	3	4	5	6	7	8
Home Office Safety & Security Week (Jan. 9-15)						
9 *U.S. Landing on Luzon (1945)	10 *National Cut Your Energy Costs Day	11	12 *First Elected Woman Senator Hattie Wyatt (1932)	13	14 *Ratification Day Treaty of Paris (1784)	15 * Pentagon Completed (1943)
Healthy Weight Week (Jan. 16-22)						
16 *Gulf War Begins (1991) *Religious Freedom Day (1786)	17 *Martin Luther King, Jr. Day	18 *Lewis & Clark Expedition Commissioned (1803)	19	20 *Women's Healthy Weight Day	21	22
National Certified Nurse Anesthetists Week (Jan. 23-29); National Medical Group Practice Week (Jan. 24-28)						
23	24 	25 *National IV Nurse Day	26	27 *Vietnam Peace Agreement Signed (1973) *Liberation of Auschwitz (1945)	28	29
30 *Tet Offensive Begins (1968)	31	<input type="checkbox"/> Cervical Health Awareness Month <input type="checkbox"/> Thyroid Awareness Month <input type="checkbox"/> National Radon Action Month <input type="checkbox"/> National Volunteer Blood Donor Month <input type="checkbox"/> Poverty in America Awareness Month <input type="checkbox"/> National Self-Defense Awareness Month <input type="checkbox"/> National Birth Defects Prevention Month <input type="checkbox"/> Self-Help Group Awareness Month				

The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Editorial considerations will be made for propriety, promptness and print space.