

**STATEMENT OF
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THE AMERICAN LEGION
FIELD HEARING BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
BUILDING THE CRITICAL HEALTH INFRASTRUCTURE FOR VETERANS IN
ORLANDO, FLORIDA**

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Mr. Chairman and Members of the Committee:

Thank you for the opportunity to present The American Legion's views on the importance of a fully functional health infrastructure for veterans in central Florida. In 2004, through the Capital Asset Realignment for Enhanced Services (CARES) process, it was ascertained that the Central Florida catchment area was underserved. Less than half of the catchment area veterans were within access standards for hospital care. This justified the need to build a new replacement medical facility.

As the construction of the Orlando Veterans Affairs Medical Center (Orlando VAMC) gets underway, The American Legion restates its position on building a health care system that revolves around the special needs of veterans. In accordance with the CARES Commission Report of 2004, The American Legion also reiterates the tasks of identification of the intricacies of services and surgical procedures, post-operative and intensive care, patient safety, and supportive infrastructure. We also stress the importance of the ongoing modernization and configuration of Department of Veterans Affairs (VA) facilities to ensure they constantly meet the demands of advanced medicine.

By 2012, the campus is mandated to be fully functional on its new location in South Orlando (Lake Nona) across from the new University of Central Florida Medical School. The American Legion applauds VA for its continued efforts in connecting its medical facilities with institutions of modern advanced medicine and technology.

While The American Legion also applauds the VA on its transition from caring for 90,000 veterans at the current facility to 400,000 veterans in the upcoming facility, we feel inclined to remind the Congress of the importance of the new facility's physical purpose; which is to accommodate the ever-progressing medical disciplines within its walls to ensure deliverance of quality and adequate care to this nation's veterans.

Due to the ongoing complexity of illnesses and conditions from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) returnees, as well as the medical issues of the growing number of aging Gulf War and Vietnam veterans and current elderly Korean War and World War II enrolled veterans receiving and seeking VA health care, a more sophisticated and serviceable infrastructure is required. This includes the

assurance of comprehensive care for women veterans. Currently, approximately 49 percent of women veterans are dual medical system users. This means they are using VA and non-VA services for their health care needs. This is due to the lack of needed medical care available at VA.

According to a recent National Institute of Health report, women veterans' use of VA and non-VA providers is influenced by the scope of clinical services and dissatisfaction with those services. It was recommended that VA clinics either promote routine gynecological care within primary care clinic settings or pair traditional primary care with VA women's clinics to enhance coordination and comprehensiveness of medical care and, thus, reduce the fragmentation of care for women veterans.

In addition, all must be mindful of the upcoming increase of newly enrolled Priority Group 8 veterans into the VA health care system. The increase will begin with approximately 265,000 veterans by July 2009. With Florida being second only to California with the largest population of veterans, one can assume the influx will have a significant impact on the VA health care system in Florida to include, within the Central Florida region. It is the position of The American Legion that all mandated personnel involved in the building of the new VAMC must remain proactive throughout its construction and beyond due to the complex issues the current facility faces.

To improve on the future, we are to constantly be reminded of the lack of quality care veterans have received in the central region of Florida and the importance that it be maintained far beyond the level of complacency. In a recent Government Office Accountability (GAO) report, it was discovered that the VA was experiencing a shortage of nurses. Nurses are the largest group of health care providers employed by the VA. According to the GAO report on shortages of nurses, it was noted that maintaining the nurse workforce at VA is critical to the care of the veteran population, since studies have shown that a shortage of nurses, especially when combined with a greater workload, can adversely affect patients and the care they receive. For example, hospitals with fewer nurses have demonstrated higher rates of problems such as urinary tract infections and pneumonia. The American Legion urges the Congress to assess the very issues, past and present, and ensure those problems aren't transferred to the upcoming facility.

Also, according to the Orlando VAMC, many veterans who previously did not require services are currently enrolling due to job losses and financial hardships. In December 2008, the Orlando VAMC patient enrollment increased by 20 percent with approximately 600 new patients. The Orlando VAMC management expects higher numbers monthly throughout 2009. From 2007 to present VA has added approximately 600 new employees. This implies a significant increase of demand for services at the current facility, which will be transferred to the Lake Nona location.

With regard to the dilapidating physical plant of the Orlando medical facility, The American Legion believes that no health care delivery system can be expected to provide quality care unless the physical settings that house such care are also state of the art. The resulting deficiencies from the shortcomings of the current facility cannot be allowed to

permeate the culture of the upcoming facility. The American Legion's recommends when constructing the new facility that terms like "best practices" and "striving to maintain excellence" must be taken literally by VA to ensure all enrolled veterans will receive the best medical care in the new state of the art facility.

The GAO report of March 2007, "*VA Should Better Monitor Implementation and Impact of Capital Asset Alignment Decisions*," noted various issues that warranted the construction of a new Orlando medical facility. They included:

- **Facility condition and location.** Expanding the existing Orlando medical facility to meet growing demand was ruled out as an option because there was inadequate land available at the existing site to accommodate a larger facility, thereby warranting the need for a new facility.
- **Access issues.** GAO ascertained that a new medical facility was needed in Orlando to meet the CARES access proximity standard. This was warranted because only 45 percent of the veteran population in the Sunshine Health Care Network resided in an area that met the standard. It was concluded that the new facility would increase the percentage of veterans living within one hour of acute patient care to approximately 80 percent.
- **Veteran population growth.** The Central Florida region had the largest workload gap and greatest infrastructure need of any market in the nation.

The American Legion urges the execution of all policies that led to the decision, design and construction of the new medical facility, to include, the GAO recommendation that VA implement a new staffing system and assess the barriers to alternative work schedules to alleviate retention and staff shortages, particularly within the nursing division. Every issue discussed in this presentation is essential to a completely functional and effective health care system. All are intertwined with the purpose of caring for veterans with various complex issues. Leaving these issues and anticipated issues unattended would render this task futile.

In conclusion, as this project develops, The American Legion recommends the Congress be constantly aware of new medical issues that arise and anticipate treating them. Such issues include, military sexual trauma (MST), women veterans' comprehensive care, traumatic brain injury, mental health, spinal cord injury, blindness and other eye injuries, long-term care, increased outreach, and the inclusion of newly enrolled Priority Group 8 veterans, to name a few.

Mr. Chairman, thank you again for this opportunity to address this Committee on the importance of infrastructure within the Central Florida health care network. The American Legion looks forward to working with you to continue to enhance the mission to provide adequate and quality care to Central Florida's veterans.