STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
MAJOR MEDICAL CONSTRUCTION LEGISLATION

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Mr. Chairman and Members of the Subcommittee:

I appreciate the opportunity to present the views of The American Legion regarding the matters of construction and funding to improve, renovate, establish, and update patient care facilities in the Department of Veterans Affairs (VA).

The American Legion understands that many of the health care delivery facilities within VA are aging and in need of improvements. Substantial renovations and improvements relating to fire, safety and modernization as well as reconfiguration to meet the demands of current standards of medical care are needed throughout the entire VA health care system. The increased demands placed on the outpatient and ambulatory care facilities of VA require substantial alterations to meet the changing space requirements. The American Legion believes that no health care system can be expected to deliver quality care in facilities that are deteriorating to states beyond rehabilitation.

With the acceleration of the timeline for completion of the Capital Asset Realignment for Enhanced Services (CARES) initiative for the remaining 20 Veterans Integrated Services Networks (VISNs), VA's Office of Facilities Management has completed assessments on 3150 buildings and over 135 million square feet, in May 2002. These assessments were used by the local facilities as planning tools for determining future space requirements. The bottom line was an estimated $4.5 billion in improvement costs.

VISNs 20, 21, and 22, all submitted VISN level planning initiatives that identified seismic projects in their CARES Market Plans. Many of the buildings are on the Extremely High Risk (EHR) list and do not comply with codes. The VA Southern Oregon Rehabilitation Center in White City, OR was constructed in 1942 and has an inpatient building constructed of unreinforced masonry, which is no longer permissible. Patient privacy, asbestos, and other infrastructure problems are inherent. The estimated price tag to correct these seismic hazards runs into the billions.

The American Legion is disappointed with the inadequacy of the construction funding in recent years as well as the suspension of construction projects during the CARES process. The American Legion is pleased to see, however, that the bills being considered today will help to alleviate the logjam created by this moratorium. It is a welcomed relief.

H.R. 116, The Veterans' New Fitzsimons Healthcare Facilities Act Of 2003

Sec. 2 Authorization of major medical facility projects, former Fitzsimons Army Medical Center, Aurora, Colorado.

This legislation authorizes the Secretary of Veterans Affairs, under 38 U.S.C. 8104, to carry out major medical facility projects at the site of the former Fitzsimons Army Medical Center. Projects selected by the Secretary may include inpatient and outpatient facilities providing acute, sub–acute, primary and long term patient care services. Project costs shall not exceed $300 million, if a combination of direct construction by VA, and capital leasing is selected or no more than $30 million per year, if capital leasing alone is selected.

The American Legion supports the relocation of the Denver Veterans Affairs Medical Center (VAMC) to Fitzsimons. The Fitzsimons Redevelopment Authority has begun converting the site of the former Army medical center to a Bio-Science Park, with the anchor tenant to be the University of Colorado Health Science Center (UCHSC). UCHSC has begun implementing its long-range plan to relocate its existing facilities, including its hospital to Fitzsimons. The Denver VAMC has had a longstanding, synergistic relationship with UCHSC and a move out to Fitzsimons would facilitate sharing, unite the Eastern Colorado Health Care System with the university, and ultimately improve the timeliness and quality of health care provided to the enrolled veterans of the Denver area.

The core space of the current VAMC is 50 years old and undersized for its mission. Its support systems are inadequate for modern health care and it is reaching a non-recovery condition. A state-of-the-art facility would create flexible space and facilitate patient treatment in space designed for modern day health care. The American Legion is pleased to support this legislation.

H.R. 1720, The Veterans Health Care Facilities Capital Improvement Act

Section 2. Authorization of major medical facility projects for patient care improvements.

This legislation offers immediate remedies for VA's critical construction needs with a great deal of flexibility to allow the Secretary to target funding throughout the entire VA health care system. We applaud every effort of Congress to ensure that VA has the necessary means to expedite critical facility improvements, such as renovations and the modernization of heavily impacted VA health care facilities.

The American Legion is concerned that the local interests of the veterans' community may not be reflected in the decision-making process within the Administration, when targeting funds for specific facilities that may be in more need of immediate attention than other facilities. Additionally, The American Legion is concerned with the review process of the project

recommendations. Every effort must be made to ensure the true needs of the stakeholders are taken into consideration before projects are approved. Stakeholder involvement in the CARES project was often overlooked.

Draft Legislation to authorize certain medical facility projects for the Department of Veterans Affairs (VA)

Section 1. Authorization of major medical facility projects.

This legislation authorizes the Veterans Health Administration (VHA) to carry out the following major medical construction projects at the amounts specified:

- Construction of two bed towers to consolidate inpatient sites in inner city Chicago at the West Side Division of the VA Health Care System in an amount not to exceed $98.5 million.

- Construction in Clarke County, Nevada of a specialty facility for a multi-specialty outpatient clinic to replace the leased Las Vegas ambulatory care center and a satellite office for the Veterans Benefits Administration (VBA) in an amount not to exceed $97.3 million.

- Seismic corrections to strengthen Medical Center Building 1 of the VA Health Care System at San Diego, California at a cost not to exceed $48.6 million.

- Renovation of all inpatient care wards at the West Haven, Connecticut, facility of the VA Health Care System in Connecticut to improve the environment of care and enhance safety, privacy and accessibility and to establish a consolidated medical research facility at that location, at a cost not to exceed $50 million.

The American Legion is pleased to see all four of these projects receiving priority. Each of these areas accurately represents the current condition of the VA health care system. Such inadequate facilities as these are overburdened and unable to meet the growing demand for health care.

The American Legion National Commander, Ron Conley, has visited over fifty VA medical facilities this year. At each facility, he learns first-hand of the challenges VA administrators must overcome in order to provide timely access to quality health care faced with limited resources and inadequate facilities. During his visit to the Lakeside VAMC, Commander Conley learned of the problems that patients, seeking care in Chicago, will now encounter. The CARES process has driven significant health care out of the city of Chicago and many veterans who depended on Lakeside for their primary care are left seeking other alternatives.

Additionally, the reduced tertiary care capability at Lakeside threatens future affiliation with Northwestern University. The downsizing of services provided at Lakeside has strained the Northwestern University/VA affiliation to the limit. Lakeside's affiliation with Northwestern University not only helps the students of Northwestern, but also saves VA millions of dollars each year in health care delivery costs and provides a large pool of potential VA health care providers.

The American Legion believes that the construction of the two bed towers to consolidate inpatient care in the Chicago area should be completed, as quickly as possible. The veterans in the area have endured nearly three years of what is best described as a 'roller coaster ride' regarding the fate of veterans' health care delivery in the area. The CARES pilot program was fraught with uncertainty and displeasure concerning the process and some of the outcomes. The veterans dependent upon the Lakeside VAMC for their health care needs are the casualties of that process.

Las Vegas is one of the fastest "fast-growing" cities in the country and the Las Vegas veterans' population is growing, as well. Commander Conley visited the Las Vegas Ambulatory Care Center in November 2002. During his visit, he learned of the numerous problems with the steel used in the construction of the building and the inadequate floor supports, as well. This two-story facility, built in 1996 has been plagued with problems. The surgery room has never been used due to improper and unsafe air pressure in the room. The Commander was told that at night, employees fill the drains of the sinks with disinfectant because sewer gasses back up into the sinks and cause employees to become ill.

With the unbelievable problems VA experienced with the "new clinic," that could not be used due to structural safety issues being noted just after it was built, the multi-specialty clinic proposed is long over due. The American Legion cautions that, given what happened with the first unusable clinic, VA would do well to scrutinize and oversee the construction of this new building to ensure its soundness.

The seismic corrections proposed at the VA San Diego Health Care System date back to February 1997. Design deficiencies were noted and corrections developed, but not implemented. The American Legion believes this is a critical issue and would like to see more of the seismic corrections identified system-wide receive the funding needed to ensure VA facilities are protected from seismic occurrences. Patient safety should be the first and foremost concern. It would be a tragedy to have one of these buildings collapse as a result of Congress' tight purse strings.

The VA Connecticut Health Care System West Haven Campus is in dire need of the proposed improvements. The West Haven Campus is just one part of the Connecticut VA, which also includes the Newington Campus and six Community Based Outpatient Clinics (CBOCs). With more than 330,000 veterans in Connecticut and the southern New England area, the need for adequate inpatient care wards at West Haven is paramount.

Commander Conley noted in the facility report of his visit to West Haven that the funding dollars are not meeting the current demand for care. In 1998, West Haven served 35,000 veteran patients. In 2002, they served 50,000. The average waiting time for a primary care appointment at West Haven is 90 days and as of April the number of veterans waiting 90 days is 184.

The outdated, inefficient layout of the current patient care space needs the attention and funds proposed in this bill to ensure veterans are getting the best of care in the most conducive environment. The American Legion applauds Ranking Democratic Member Lane Evans (IL) for introducing this important legislation.

Section 3. Authorization of a major medical facility lease.

The VA may enter into a lease for a major medical facility in Charlotte, North Carolina in an amount not to exceed $3 million.

Access for primary care in the Charlotte area must be improved. In the VISN Market Plan, it was stated that a Specialty Outpatient Clinic (SOPC) is planned for Charlotte, NC. Along with six new proposed CBOCs for the Southwest Market, demand on Specialty Care, Mental Health and Primary Care should be relieved. The American Legion notes the proposed placement of CBOCs to meet the CARES access standard of 70 percent throughout all of the VISN Market Plans.

Section 4. Limitation on disposal of Lakeside Division, Department of Veterans Affairs medical facilities, Chicago, Illinois.

No funds available to VA may be used for disposal of the Lakeside Division facility of VA's medical facilities in Chicago, Illinois until VA has entered into a new contract to construct a new bed tower at the West Side VAMC in Chicago. The term disposal includes entering into a long-term lease or sharing agreement under which a party other than VA has control of the property.

It would be an injustice to dispose of the Lakeside facility before a contract authorizing the construction of the new bed tower is in place. The American Legion believes the construction should be completed and the new facility actively treating patients before any changes take place at the Lakeside facility.

H.R. 2307, to provide for the establishment of new Department of Veterans Affairs medical facilities for veterans in the area of Columbus, Ohio, and in south Texas.

Section 1. New Department of Veterans Affairs Medical Facility, Columbus, Ohio.

The Market Plans submitted by VISN 10 through the CARES process proposes to contract out in the community for beds to raise the access standards for hospital care from 39 percent to 83 percent by Fiscal Year 2012. It is clear that something needs to be done with the lack of care in the Columbus area and the increased demand through at least 2012. The American Legion does not agree with always contracting out for care in order to meet demand. The possibility of building a new facility in the Columbus area should be revisited by the CARES team and flushed out keeping in mind the needs of the veteran.

Section 2. New Department of Veterans Affairs Medical Facility, South Texas.

Again, The American Legion recognizes the fact that VA is going through an enormous and complicated process to target those areas and facilities where veterans reside and get their care. The South Texas market in VISN 17 has identified the need for expanded service and space in order to meet the demands for veteran care in the future.

The American Legion believes this bill is a step in the right direction and we support it in so far as there has been some recognition of the lack of access, as well as the increased need in the South Texas and Columbus areas.

Conclusion

The American Legion continues to advocate for adequate VA construction appropriations. The quality of VA medical facilities directly affects VA's ability to provide timely access to quality health care. The American Legion's recommendations for VA construction funding are based on sound, realistic assessments of system-wide needs.

CARES is being relied upon as a panacea for the ills within the physical structure of the VA health care system. The American Legion is concerned that too much reliance is being placed on this comprehensive initiative to fulfill the structural needs of VA rather than fixing apparent and immediate needs of critical VA care facilities. While CARES seeks to improve the overall future physical VA health care system, VA is delaying the urgent repairs and renovations necessary to many of the currently used facilities that are being relied upon by veterans.

The legislation before us today is a solid step in the right direction to address the immediate construction needs of the VA's health care facilities. Congress must make every effort to continue to fund and authorize the necessary projects to improve the overall VA health care system.

Mr. Chairman, we applaud you and the Members of this distinguished Subcommittee for the work that you have done and continue to do for the Nation's veterans and their families. The American Legion looks forward to working with you and the Members of this Subcommittee to improve the lives of America's veterans and their families.