



National Veterans Affairs and Rehabilitation Commission

1608 K Street, N.W. • Washington, D.C. 20006

K. Robert Lewis, Chairman - Connecticut

Peter S. Gaytan, Director - Maryland

06-08

February 29, 2008

**STATEMENT OF
JOSEPH L. WILSON, DEPUTY DIRECTOR
VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
VETERANS AFFAIRS CONSTRUCTION AUTHORIZATION**

FEBRUARY 27, 2008

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to present The American Legion's views on "VA Construction Authorization" within the Department of Veterans Affairs (VA).

Proper assessment and improvements to the infrastructure of the VA healthcare system is vital in ensuring America's veterans are well served. The average age of VA health care facilities is approximately 49 years old. Proper funding must be provided to update and improve VA facilities.

With the enactment of Public Law 110-161, the Consolidated Appropriations Act for FY 2008, VA was provided the largest increase in veterans' funding in its 77-year existence. The American Legion applauds Congress for this much needed increase.

However, there are questions, such as, whether or not current construction funding adequately maintains VA's aging facilities, as well as its ongoing requirement for major and minor construction.

Major Construction

When former VA Secretary Anthony Principi testified before the House Veterans' Affairs Subcommittee on Health in 2004, he stated that the Capital Asset Realignment for Enhanced Services (CARES) reflected a need for additional investments of approximately a billion dollars per year over five years to modernize VA's medical infrastructure, as well as enhance veterans' access to care. CARES became the premier plan for the correction and upgrade of VA's infrastructure.

The FY 2009 budget request was \$582 million for Major Construction, falling far below the amount recommended by former Secretary Principi. From 2004 to 2007, only \$2.83 billion for CARES projects had been appropriated, an overall shortage of funding.

Mr. Chairman, veterans' health care is ongoing, 24 hours daily, 7 days weekly, and 365 days annually. In addition, returning veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) are returning home and seeking health care within the VA health care system.

The FY 2009 budget does not begin to accommodate the needs of the VHA, not to mention planned projects of previous fiscal years. To date, four of the ten previously planned projects, to include San Juan, Puerto Rico, Los Angeles, California, Fayetteville, Arkansas, and St. Louis, Missouri, have received no funding. Delays in funding cause delays in health care.

According to VA, the top three FY 2008 projects, Tampa, Florida; Bay Pines, Florida; and Seattle, Washington would cost approximately \$334 million, but none received a funding request. In addition, the ten partially funded projects have a balance of \$1.59 billion. The aforementioned alone adds up to almost \$2 billion.

Mr. Chairman, when the Veterans Hospital Emergency Repair Act was passed in 2001, there was a construction backlog that continued to grow. During the CARES process, there was the de facto moratorium on construction, but the health care needs for this nation's veterans didn't cease during this time, and yet still, the construction backlog increased.

Minor Construction

VA's Minor Construction budget includes any project with an estimated cost equal to or less than \$10 million. Maintaining the infrastructure of VA's facilities is no minor task. This is mainly due to the average age of the facilities. These structures constantly require renovations, upgrades, and expansions. The health care delivery facilities of VA are increasingly aging and in need of substantial renovation and improvements related to fire, seismic safety and privacy standards that can be achieved with an adequate Minor Construction budget.

A System Worth Saving Site Visits

From 2006 to date, The American Legion's National Field Service Staff and System Worth Saving Task Force have visited a combined total of 113 VA Medical Centers, Community Based

Outpatient Clinics, and Vet Centers in all 21 Veterans Integrated Service Networks (VISN's). During these site visits, many facilities reported space and infrastructure as their main challenges.

The American Legion receives daily calls from veterans who are concerned for their safety due to the closure of 24-hour emergency rooms in the rural areas such as Alabama and Louisiana. Within these rural areas, it was reported that the nearest VA facility was approximately one hour away.

During The American Legion's 2006 site visits, our overall report ascertained that maintenance and replacement of VA's physical plant was an ongoing process and a major challenge to facility Directors. It was also reported that deferred maintenance and the need for entirely new facilities presented an enormous budgetary challenge. The repairs in most of the facilities visited was largely successful, however, some parts of the infrastructures still posed significant risk of further deterioration. For example, it was reported that the underground main at the Albany VAMC could fail at any time and, theoretically, deprive large parts of the facility of heating.

During The American Legion's April 27, 2006 site visit to the Wilmington VA Medical Center in Delaware, building issues included a shortage of usable space to allow for expansion of needed programs to accommodate the influx of new veterans. The facility lacked construction funding for this project. With regard to funding adequacy for ongoing construction projects at Wilmington, there were no approvals for the Wilmington facility for major or minor construction for FY 2006.

The American Legion visited the Togus VA Medical Center in Augusta, Maine on January 9, 2006 to conduct a full site visit. It was reported the considerable maintenance required for the older buildings had been neglected, with management citing \$61 million in deferred maintenance. Other areas urgently requiring work included remediation of structural deficiencies, masonry restoration, roof repairs, and reconstruction/repairs to roads and parking lots.

In 2007, the National Field Service Representatives focused on VA Polytrauma Centers and Vet Centers, but also maintained, in thought, their connection to the entire VA Medical Center system. During The American Legion's visit to the St. Louis VAMC on May 16, 2007, it was reported that major work was required on outpatient wards. These wards were previously converted from inpatient wards but were never renovated. The outpatient clinics were in need of modernization. The overall report of this facility included an outdated facility and lack of space.

During The American Legion's site visit to the VA Puget Sound Health Care System in Seattle, Washington on May 7, 2007, it was reported that there was a problem with various funding, which involved the operation of each building and their function. Puget Sound reported when it comes to funding construction projects, it is like "robbing Peter to pay Paul."

The Sepulveda Vet Center visit was one of the most unique site visits, being that it is the sole Vet Center to remain on VAMC grounds. The building that houses the Sepulveda Vet Center programs lacks heating due to an inoperable furnace. The Vet Center reported that there was no

budget for that expense. Although our visit didn't extend to the respective VA Medical Center, it gave rise to questions of their needs.

Mr. Chairman, the issues mentioned are a microcosm of structural problems throughout the VA Medical Center system. Although not mentioned in this testimony, The American Legion maintains an account of its site visits in the annual publication of its 'System Worth Saving' report.

Conclusion

As time progresses, the demand for VA health care is increasing while failure to improve the infrastructure causes unsafe conditions for veterans, as well as VA staff. The American Legion continues to insist that sufficient funding must be provided to maintain, improve and realign VA health care facilities.

Mr. Chairman and members of the Subcommittee, The American Legion sincerely appreciates the opportunity to submit testimony and looks forward to working with you and your colleagues to resolve this critical issue. Thank you.