

**STATEMENT OF
BRIAN E. LAWRENCE
ASSOCIATE NATIONAL LEGISLATIVE DIRECTOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
APRIL 24, 2002**

Mr. Chairman and Members of the Subcommittee:

On behalf of the more than one million members of the Disabled American Veterans (DAV), I appreciate the opportunity to comment on "The Veterans Major Medical Facilities Construction Act of 2002." This would authorize the Secretary of Veterans Affairs to carry out construction projects for the purpose of improving, renovating, and updating Department of Veterans Affairs (VA) medical centers.

As co-authors of the *Independent Budget (IB)*, the DAV, along with AMVETS, Paralyzed Veterans of America, and the Veterans of Foreign Wars, recommends that major construction projects be funded to make seismic corrections and environmental improvements.

The DAV is pleased with the language of this bill, which would protect vital medical facilities in areas highly vulnerable to earthquakes. In the event of a catastrophic earthquake, these facilities would hopefully withstand the impact. In addition to protecting patients, VA medical centers would become immeasurably important in providing essential medical care to victims in the highly populated metropolitan areas.

This legislation authorizes approximately \$165.6 million for seismic corrections. Though the appropriation is \$84 million below the required amount estimated in the *IB*, it is welcomed and appreciated.

Structurally sound, modern facilities are necessary to ensure adequate health care, and expansion of ambulatory services enables VA to serve the growing number of patients seeking treatment. This bill responds to changes in the veteran population by expanding ambulatory services in two VA medical centers and renovating another. Thus, DAV Resolutions 082 and 124 are indirectly met via this bill. Resolutions, adopted by our membership, determine the legislative focus of our organization. It is reassuring to recognize similar mandates in the form of legislation.

This bill changes the definition of minor facility construction by increasing the amount that may be spent on minor projects. Currently, expenditures in excess of \$4 million are considered major construction projects. Passage of this legislation would raise the threshold for medical projects to \$6 million, which addresses an issue, noted in the *IB*, that the current cap is insufficient to cover needed innovations.

The CARES initiative, as well as realignment and consolidation projects, require extensive construction investments that call for a higher spending cap. Though the \$6 million cap is well short of the \$16 million recommended in the *IB*, we welcome and are grateful for this positive provision.

The DAV was founded on the principle that our nation's first duty to veterans is the rehabilitation of its wartime disabled. High quality medical care is fundamental in this regard.

Mr. Chairman, thank you for the opportunity to present our views on this bill. The Subcommittee's effort to provide better health services for veterans signifies that their dedicated military service to our country is noted and appreciated. Clearly, the DAV's mission to improve the lives of disabled veterans is shared by the Subcommittee. We appreciate your efforts and look forward to working with you in the future on issues important to disabled veterans.

I will be glad to answer any questions this statement may have inspired.