

STATEMENT OF
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BEFORE THE

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

H.R. 1720 -- VETERANS HEALTH CARE FACILITIES CAPITAL IMPROVEMENT ACT,
H.R. 116 -- RELOCATING DENVER VA MEDICAL CENTER,
H.R. 2307 -- ESTABLISHING A NEW VA MEDICAL FACILITY, AND
H.R. 2349 -- MAJOR MEDICAL FACILITY PROJECTS FOR VA

WASHINGTON, DC

JUNE 11, 2003

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.6 million men and women of the Veterans of Foreign Wars of the United States (VFW) and our Ladies Auxiliary, I would like to extend our appreciation for being included in today's important hearing on these bills related to construction within the Department of Veterans Affairs (VA). While we, as well as this subcommittee, appropriately focus the majority of our attention on medical care, it is essential that we also place an emphasis on VA's decaying physical assets.

VA has one of the largest building inventories in the federal government: over 5,000 buildings, including 163 medical centers and over 850 outpatient clinics. Not only does the sheer size of the system create difficulties, age does too. Although many new facilities have been built in recent years, the average age of VA buildings is over 50 years old and growing older each day.

It is essential for VA to build, renovate, and maintain healthcare facilities that are able to provide quality healthcare without sacrificing patient and worker safety and convenience so VA can continue to take care of our nation's veterans long into the future.

This construction process, however, is currently broken. We feel that the Capital Assets Realignment for Enhanced Services (CARES) process is being used as an excuse to not do any major construction, all while the aged VA infrastructure deteriorates daily. There are a large number of urgent projects that must be addressed, including those that affect patient and worker safety, such as the over 70 buildings in "exceptionally high risk" of catastrophic collapse because VA is not making necessary seismic improvements. While we appreciate and support the idea of CARES, we strongly believe that this cannot preclude VA from construction, especially at high-risk buildings.

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

The VFW is pleased to strongly support the *Veterans Health Care Facilities Capital Improvement Act*. This legislation would authorize the Secretary to carry out certain major construction projects to improve, renovate, or update VA facilities without requiring Congress' specific authorization for individual projects. Further, for these projects, the legislation authorizes the appropriation of \$500 million in fiscal year (FY) 2004, \$600 million in FY 2005, and \$700 million in FY 2006.

We feel this legislation would be a great benefit to veterans, as it would significantly enhance VA's ability to carry out major construction projects. First, it would improve VA's ability to respond to its immediate needs without having to wait for a new appropriations cycle.

Second, it would provide VA with greater flexibility in choosing projects, resulting in timelier repair of urgent priorities, such as the aforementioned seismic improvements.

Third, the legislation would offer the incentive for more manageable projects that are targeted to address veterans' needs, including improved access for the disabled, safety improvements, or access to care. This could, for example, include renovating or adding patient beds, or expanding specialty program capabilities. We believe that a smaller, incremental approach would also lead to more effective use of resources as VA could continuously adjust the plans for any changes in constituency or technology.

We also fully support the increased appropriations recommendations contained in the bill. They acknowledge the current crisis in which VA finds itself. Despite recent increases, the amount of money appropriated for major construction is significantly lower than it was even ten years ago. As a result, VA is not currently able to maintain and enhance those aging buildings under its control. Over time, patient and worker safety and access will continue to grow as a problem. We are nearing the tipping point and this legislation would help avert the crisis. We feel that the recommended \$500 million appropriation would greatly enhance VA's ability to meet the challenges that their current physical assets present.

This legislation is similar to legislation we supported and that passed the House in the 107th Congress, H.R. 811. Unfortunately, the Senate did not approve similar legislation and the Appropriations Committees did not include the funding increases either. We would hope that these committees would favorably consider this legislation, and we will continue to urge them to do so.

H.R. 116, A bill to authorize relocation of the Denver VA Medical Center

The VFW is generally supportive of this legislation that would give the Secretary of VA the authority to enter into a lease or a construction agreement for a new VA medical facility at the former Fitzsimons Army Medical Center in Aurora, Colorado.

Although we support this legislation, as it would result in a new medical facility for veterans, we do have some reservations. First, would veterans remain a priority? VA must have proper representation on the governing board of the complex, which would be constructed in cooperation with the University of Colorado. Without proper representation, we cannot be assured that veterans would receive the priority, access, and care they are entitled to.

Second, how responsive could VA be to veterans' needs, given a less-than-complete share of authority on that governing board? VA must be able to adapt to any changes in the veteran population, in technology and in healthcare and business practices to remain able to effectively treat veterans. Without proper control and representation, the partnership may compromise this ability.

If we can receive assurances in the answers to these questions, we will be pleased to support the legislation more strongly. We must be convinced, however, that the partnership will not erode VA's ability to provide timely, accessible, high-quality care to Denver's veterans.

***H.R. 2307, A bill 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; and
H.R. 2349, A bill to authorize certain major medical facility projects for the Department of Veterans Affairs***

The VFW supports both H.R. 2349 and H.R. 2307. These bills authorize major construction projects at sites around the country to construct and repair inpatient and outpatient facilities, as well as to improve safety.

We continue to feel that VA should not delay major construction projects, if there is already a demonstrated need, even if the CARES process is not yet complete. The process has taken three years already. Just this past week, in a memorandum dated June 4, VA Under Secretary for Health, Robert Roswell, stated that the process will be delayed again as they aim to gather more information. As we, and other veterans' organizations, stated in the Independent Budget, "While

VA planning has ignored its current construction responsibilities and focused exclusively on the CARES promise of guidance, the ‘perfect’ has become the enemy of the ‘good’.”

These projects are consistent with sites and construction projects that CARES is looking at. These projects would benefit the veterans VA serves; and in the case of the seismic improvements, would greatly improve their safety and VA’s ability to provide services into the future. Going forward with these projects is the right thing to do. Our nation’s veterans cannot afford any more delays.

Mr. Chairman, this concludes my testimony. I would be pleased to answer any questions that you or the members of this subcommittee may have.