

**Testimony to the U.S. House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health**

**Presented by:
Raymond S. Greenberg, MD, PhD
President, Medical University of South Carolina**

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Mr. Chairman and members of the Committee, thank you for inviting me to testify today. It is a privilege to share my thoughts with you, and also to host you on the campus of the Medical University of South Carolina (MUSC).

First and foremost, I am here to tell you how much the Medical University values its relationship with veterans and with the Veterans' Administration (VA). South Carolinians have served our nation in the armed services with pride and with distinction. Many have suffered serious health consequences of their service and it is a privilege for us to be able to help care for these veterans as a partner with the VA.

Our relationship with the VA is deep and long-standing. We work with our colleagues at the VA in every aspect of our mission. In clinical care, virtually all of the attending physicians at the Charleston (Ralph H. Johnson) VA Medical Center (VAMC) are MUSC faculty members. In the educational arena, all of the physicians-in-training at the Charleston VAMC are in MUSC residencies. With respect to research, many of the most productive scientists at MUSC are investigators in the VA system. In fact, the facility in which we are meeting today is a visible symbol of our collaboration – the Strom Thurmond Research Building is owned by the Medical University, but half of the laboratory space is leased to the VA to conduct its scientific work. This joint research building, now in operation for more than eight years, is one of only a handful of such shared facilities in the country. It works and it works well. We believe

the same type of success can be achieved by coordinating facilities in the clinical arena.

Before proceeding further, let me emphasize here that the first priority in considering any linkage of MUSC and VA hospitals is to better meet the health care needs of veterans. **It is our position that any deal that does not improve health care for veterans is not a good deal for anybody.**

In that light, let me advance the case for closer integration of hospital facilities. First, both the Ralph H. Johnson VAMC and the Medical University have aging hospitals. Both have been maintained admirably, but the fact remains that they were designed 40 to 50 years ago, and as a result, cannot accommodate the size and complexity of contemporary medical equipment and technology. Therefore, they are not the best environment for delivering state-of-the-art care. Recognizing those limitations, the Medical University has begun the stepwise process of replacing its hospital, the first phase of which is under construction across the street and will be completed by early 2007. The immediate adjacency of this site to the Ralph H. Johnson VAMC makes it feasible to build future facilities in a cooperative way.

Second, the devastation that Hurricane Katrina wrought on the Gulf Coast VAMCs serves as a warning about what could happen in Charleston. The Ralph H. Johnson VAMC is built on low-lying land adjacent to a tidal river in a hurricane prone coastal area. It also sits in a city with a history of destructive earthquakes. This facility was designed prior to current standards for wind, flood and earthquake resistance. Let us not allow the disaster of Hurricane Katrina to be revisited in this vulnerable setting.

Third, building integrated facilities would allow sharing of infrastructure, such as expensive operating rooms and imaging equipment. By avoiding duplicating this infrastructure, money could be saved on both sides and redirected back into providing more services to patients. Everybody in this room is well aware of the spiraling costs of health care and anything

that can be done to reduce costs in the future is something that warrants our support and encouragement.

Fourth, we believe that the quality of care will be improved by integrating facilities. For example, in certain specialty areas for which the Medical University is nationally recognized, such as the treatment of digestive disorders, the Ralph H. Johnson VAMC could be designated as a VA Center of Excellence, so that veterans would not have to travel from their homes in South Carolina to remote specialty centers, such as Atlanta. From the VISN level, a center of excellence in Charleston would also allow consolidation of some services here, avoiding duplication elsewhere.

Let me state emphatically here, that we are not proposing that the MUSC would “take over” the operation of the VA.

Quite to the contrary, we want to preserve all of the current advantages of a dedicated VA hospital, while saving the federal government money and increasing service capabilities.

Any coordination of facilities would be guided by principles to protect the interests of veterans and those who serve them.

First, there would be a dedicated veterans’ bed tower, so that veterans would not be housed interspersed in with other patients. Second, the VAMC identity would be displayed prominently on its facilities. Third, veterans will be guaranteed to have equal or preferred access to any and all shared facilities. Fourth, the dedicated employees of the VAMC would be given every consideration in any integration of staffing.

There is no existing model for what we are proposing, so we cannot simply copy what has been done elsewhere. The hard work of exploring this opportunity has begun with representatives of the VA and the Medical University meeting regularly for the past six weeks. These meetings have been highly productive and I commend the spirit of cooperation that has been demonstrated on both sides. Four working groups have been organized to deal respectively with issues concerning: (1) clinical integration, (2) governance, (3) finance, and (4) legal matters. An oversight group has been setting the general direction and coordinating the work of the

four groups. An interim report of our progress has just been completed, and with your permission Mr. Chairman, I would like to have that report admitted into the official record of this hearing.

Again, thank you for allowing me the opportunity to address you this morning.