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National Veterans Affairs and Rehabilitation Commission

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**STATEMENT OF
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VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
ASSESSING CARES AND THE FUTURE OF VA'S HEALTH INFRASTRUCTURE**

JUNE 9, 2009

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to present The American Legion's views on the future of the Department of Veterans Affairs (VA) infrastructure. It is The American Legion's position that Congress keep in mind the importance of continuity of care during a service member's transition from active duty to the community.

Within the VA medical system are various divisions that accommodate a high demand of services, to include extended care and rehabilitation, mental health, pharmacy, primary care, research, social work, spinal cord injury (SCI), and women's health. Quality care throughout those divisions may be hindered when buildings that house them aren't equipped to accommodate and/or sustain modern technologies and medicines.

Since the late 1990s, VA has gone through a critical transformation in its shifting from primarily hospital-based care to outpatient care. As the transition occurred, VA's infrastructure surpassed obsolete. This brought about the Capital Asset Realignment for Enhanced Services (CARES) process in 1999. This process was implemented to enhance outpatient and inpatient care and special programs, to include SCI, blind rehabilitation, seriously mentally ill and long-term care through proper upgrading, sizing, and location of VA facilities. However, once CARES was

underway, the Commission did not include mental health and long-term care needs in its final recommendations, due to the lack of sufficient data. As a result, all of the facilities identified for closure were providing nationally-recognized mental health and long-term care services.

In 2004, the VA completed the CARES process, which called for critical construction needs for outdated VA hospitals and clinics throughout the nation. The Secretary of VA reported Congress would have to include \$1 billion annually for six years to ensure the success of CARES. The American Legion has recommended the same figure in its annual budget recommendation since the CARES decision. Due to lack of funding over the years, it is believed VA has been playing fiscal catch-up.

Although the VA had begun implementing CARES decisions, a Government Accountability Office (GAO) report found implementation was not being centrally tracked or monitored to determine the impact the CARES process has or hasn't had on the mission. GAO was also tasked with examining how CARES contributes to the Veterans Health Administration (VHA) capital planning process; the extent to which the CARES process considered capital asset alignment alternatives; and the extent to which VA had implemented CARES decisions and how the application has helped VA carry out its mission.

Through CARES the VA developed a model to estimate the demand for health care services, as well as ascertain the capacity or availability of infrastructure to meet the demand. It was the recommendation of the VA to meet future health care demand by building medical facilities and opening more Community Based Outpatient Clinics (CBOCs).

GAO further examined the CARES process by other means such as conducting six site visits to VA facilities in Walla Walla, El Paso, Big Spring, Orlando, Pittsburgh, and Los Angeles.

They found critical infrastructure problems at the following facilities:

- **Walla Walla** – The facility was in poor and dilapidated condition, to include buildings that dated back to the early 1900s. They also discovered lead-based paint and seismic issues.
- **Greater Los Angeles** – Infrastructure and life safety issues were discovered as well as seismic structural deficiencies for some of the old buildings. Most of the buildings also required major repairs, including seismic and structural upgrades, with the main hospital building at “exceptional” high risk for earthquake damage.
- **Orlando** – The Orlando facility had the greatest infrastructure need of any “market” in the country. The new facility is transitioning from that which accommodated 90,000 veterans to a population of 400,000.
- **Pittsburgh** – Buildings at the Pittsburgh Highland Drive facility were found in poor condition and not designed for modern medical health care.

As a result of the GAO report, it was recommended that VA provide the information necessary to monitor the implementation and impact of CARES decisions. It was also recommended VA provide outcome measures that report the progress of CARES as it relates to access to medical services for veterans.

Since Fiscal Year (FY) 2002, approximately 945,423 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans have left active duty and become eligible for VA healthcare. Approximately 51 percent of the returnees were active duty, while 49 percent were Reserve and National Guard. Many are also returning with various injuries and illnesses, to include Traumatic Brain Injury (TBI), SCI, Blind Eye Injury, Post Traumatic Stress Disorder (PTSD), and Loss of Limb(s), to name a few.

The American Legion presents the abovementioned numbers to evoke to the Congress and other pertinent affiliates to determine the adequacy, or lack thereof, of care to veterans when there is lack of funding and/or inadequate accommodations; namely infrastructure that houses VA services.

While the decision to assess and plan, and construct or reconstruct VA medical facilities has been underway since the CARES decision in 2004, the aforementioned figures also suggests veterans' issues have and continue to increase. With the average age of VA facilities remaining at 49 years, The American Legion questions whether these facilities can sustain new medical technology for years to come. During that time, we must remain conscious that veterans' issues are patterned to rise. It is therefore imperative Congress support the demand for timely construction of these facilities.

It is the position of The American Legion that during the improvement/enhancement of VA facilities, a base for health care services must not only be maintained, but must be increased to accommodate influxes. In order for the CARES plan to work successfully, there must be adequate funding to accommodate every project as implemented by the Commission. To play fiscal catch-up from this point will adversely affect the intent of the CARES project, VA infrastructure, and all veterans who rely on VA healthcare.

The American Legion also supports the mission of the CARES initiative, if it provides a continuous up-to-date infrastructure for an ever-changing veterans' community; however, we express dissent and concern if the intent is aimed at an effort to reduce VA expenditures under the pretext of cost-savings without regard to the needs of the veterans' population.

In response to a recent GAO report, VA concluded it did not have sufficient information to complete decisions throughout VA for various services like long-term care and mental health. In order to assess the need for the appropriate infrastructure, VA must collect actual numbers of veterans' demand for health care and services.

Other shortcomings included, specifically, the lack of sufficient information on the numbers of veterans who were to seek long-term care and mental health services from VA on a daily basis. Since 2004, VA has maintained that its models were inadequate to forecast demand. In order to

be successful, VA must address key challenges, to include developing information to complete various service alignment decisions.

Finally, the preparation to construct and/or reconstruct VA medical facilities must be planned in accordance with service alignment decisions to fulfill the promise of continuity of care and prevent other inadequacies, such as fragmentation of care throughout the women veterans' population.

The American Legion maintains that the CARES implementation process must be an open and transparent process that continually and fully informs the Veterans' Service Organizations of CARES initiatives, criteria, proposals and time frames. This also includes an accurate assessment of the demand for all medical services which gauges how much infrastructure is required to accommodate this nation's veterans.

Through this form of checks and balances, the maintenance of quality stands to uphold the effectiveness of CARES as it pertains to strategic planning and the future of the entire VA system.

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 on the abovementioned matters and issues of similarity. Thank you.