

**STATEMENT OF  
CARL BLAKE, ASSOCIATE LEGISLATIVE DIRECTOR  
PARALYZED VETERANS OF AMERICA  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON HEALTH  
CONCERNING  
H.R. 1720  
H.R. 116  
H.R. 2349  
H.R. 2307**

**JUNE 11, 2003**

Chairman Simmons, Ranking Member Rodriguez, members of the Subcommittee, PVA would like to thank you for the opportunity to testify concerning H.R. 1720, the "Veterans Health Care Facilities Capital Improvement Act"; H.R. 116, the "Veterans' New Fitzsimmons Health Care Facilities Act of 2003"; and H.R. 2349, a bill to authorize certain major medical facility projects for the Department of Veterans Affairs; and 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.

PVA strongly supports H.R. 1720, the "Veterans Health Care Facilities Capital Improvement Act," introduced by Chairman Simmons. PVA has been a leading advocate for similar measures in the past because the Department of Veterans Affairs (VA) is indeed facing a crisis. *The Independent Budget* states:

[W]e have continually called for increased construction budgets to address the deterioration of VA buildings. Our recommendations have not been implemented. Now VA, and particularly VHA [Veterans Health Administration], embark on a period of realignment and restructuring through the CARES [Capital Assets Realignment for Enhanced Services] process with an infrastructure that has not been properly maintained. The backlog of vital maintenance and renovation has steadily grown while construction budgets continue to steadily decline. The poor condition of many VA properties limits the options available for constructive realignment and devalues assets that might otherwise be converted to more effective uses.

Last Congress, PVA enthusiastically supported a similar measure, and many of our concerns remain the same. We testified that:

A study conducted by Price-Waterhouse in 1998 recommended that in order for the VA to protect its facility assets against deterioration and to maintain an adequate and appropriate level of building services, 2 to 4 percent of the assets' replacement value should be spent each year for facility improvements, and another 2 to 4 percent should be expended for nonrecurring maintenance. The VA's total facility assets are valued at approximately \$35 billion. Hence, according to the study, the VA should be spending \$700 million to \$1.4 billion annually, as well as a similar amount for nonrecurring maintenance.

We also noted that "the physical infrastructure of the VA is indeed facing an emergency. With further inaction, a valuable and irreplaceable national asset will be lost, for without health care buildings you do not have a health care system."

This year, *The Independent Budget* called for a major construction appropriation of \$436 million, as well as \$400 million for CARES related planning and design initiatives. We are pleased that H.R. 1720 authorizes \$500 million in FY 2004 for the major construction projects identified in section 2 of this legislation.

PVA also applauds the Subcommittee for its explicit recognition of the importance of spinal cord injury centers and specialized services programs within the scope of the "Veterans Health Care Facilities Capital Improvement Act." We are also pleased to see that "improved accommodation for persons with disabilities, including barrier-free access" is a goal of this bill.

We are interested in evaluating the effect of providing general authorization authority as compared to specific authorization authority. As we stated in testimony last Congress concerning this concept:

As part of PVA's interest in finding ways to streamline and make more responsive the VA's construction program, we are interested in evaluating the effect of providing general authorization authority as compared to the specific authorization authority required by 38 U.S.C. § 8104(a)(2). One pitfall to the current arrangement is the "feast or famine" effect inherent in the current inadequate funding levels. Because of the funding logjam, the process may take upwards of ten years from initial planning to actual construction. The individual Veterans Integrated Service Networks (VISNs) are wary of adjusting their projects because doing so would jeopardize their place in the "queue." Projects authorized, and finally funded, may no longer meet the original needs for which the project was authorized. Under-funding the construction budget also results in larger, more expensive, and less flexible projects. Since there is no confidence that future construction budgets will be forthcoming every project is made as comprehensive as possible. This is certainly an illustration of being penny wise and dollar foolish.

Finally, PVA wants to state unequivocally that these much needed construction funds must not come at the expense of, or out of, the medical care budget line-item that provides direct health care services to veterans. The VA medical system is facing a crisis, a crisis brought about by inadequate funding, a crisis that has led to health care rationing and shocking waiting times faced by veterans all across this nation. The solution to this crisis lies in providing the funding required by VA health care in the medical care account. The crisis facing VA infrastructure, likewise, will be solved by providing the necessary additional resources in the construction line-item.

PVA has concerns regarding H.R. 116, the “Veterans’ New Fitzsimmons Health Care Facilities Act of 2003.” PVA stands committed to finding workable solutions for the delivery of veterans’ health care in the Denver area, and we have worked tirelessly toward this end.

PVA understands that constructing a new, freestanding VA medical center at the Fitzsimmons site is no longer feasible due to space limitations at the site and cost concerns. We are adamantly opposed to any option that would essentially integrate Denver VA medical center patients into the patient population of the University of Colorado Hospital. We are open to the many collaborative opportunities between the two entities, but integrating veteran patients in this manner would fundamentally change the way VA provides care.

We believe that an option involving the VA leasing within a new facility could be a viable one, as long as many essential elements are included within such a plan. These elements would include governance issues ensuring that VA leadership has direct line authority and accountability for veterans’ health care, ensuring dedicated space and a distinct VA presence, ensuring that facility staff remain federal (VA) medical center employees, and finally, ensuring that current VA procedures and policies for the provision of appropriate pharmaceuticals, supplies and prosthetics be maintained. We believe that these issues must be resolved before blanket authority is provided to proceed.

We also believe that a new spinal cord injury center is needed in the Denver area, and that this center should move forward along with any decisions concerning Fitzsimmons. Any new SCI center must be operated as all current centers are, with dedicated services and staff. The development of a new SCI center must follow the requirements of the Memorandum of Understanding between VA and PVA allowing for architectural review, must operate in compliance with all existing VA policies and procedures, and must continue the relationship between VA and PVA allowing for site visits of SCI center facilities.

PVA stands ready to work with this Subcommittee to ensure that veterans in Colorado are accorded the very best VA health care.

Finally, PVA supports H.R. 2349. One of our gravest concerns over the CARES process was that this initiative would be used as an excuse to shutter VA facilities, rather than to

enhance the health care provided to veterans and move the VA health care system into the 21<sup>st</sup> century. We have increasing concerns as the CARES process unfolds that it will be easier for CARES planners to close facilities than it will be for them to actually produce the resources to make needed enhancements at other facilities at the same time. For this reason, we applaud the provision in H.R. 2349 which prohibits the disposal of the Lakeside Division medical facility in Chicago, Illinois before the VA has entered into a contract to construct a new bed tower at the West Side medical center. Likewise, we support construction or facility authorization measures such as H.R. 2307 if these measures address demonstrated needs. We have consistently stressed that necessary construction must proceed, that we can not sit around watching facilities deteriorate and needed new construction not be carried out solely because we are waiting for a process that will be completed sometime in the future. Veterans still seek health care, and these services must be provided.

Likewise, *The Independent Budget* has stressed the importance of preserving VA's historic structures, and the fact that the CARES process is ill-equipped to address this vital concern:

VA's historic structures provide direct evidence of America's proud heritage of veterans' care and enhance our understanding of the lives and sacrifices of the soldiers and sailors that fashioned our country. VA owns almost 2,000 historic structures that must be preserved and protected. The first step in addressing this important responsibility is for VA to develop a comprehensive national program on historic properties. Since the majority of these structures are not suitable for modern patient care, the current CARES process will not result in a national program for historic preservation. Therefore, a separate initiative must be undertaken immediately.

*The Independent Budget* calls for the development of a comprehensive national program on historic properties and the provision of adequate funding for this important preservation work.

In closing, the final outcome, and the effective results of the CARES process remains to be determined in the future. But this is no excuse to not provide vital construction and maintenance dollars, nor should it serve as an excuse to close hospitals without providing the "enhanced services" that are a key component of the CARES acronym. The VA's construction responsibilities run the gamut from planning necessary enhancements, renovations, and new facilities to ensuring that existing spaces are put to optimal uses and historic properties, and the heritage they represent, are preserved and utilized.

Thank you for the opportunity to testify today. I would be happy to answer any questions that you might have.

**Information Required by Rule XI 2(g)(4) of the House of Representatives**

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

**Fiscal Year 2003**

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation  
— National Veterans Legal Services Program— \$220,000 (estimated).

**Fiscal Year 2002**

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation  
— National Veterans Legal Services Program— \$179,000.

**Fiscal Year 2001**

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation  
— National Veterans Legal Services Program— \$242,000.

**William Carl Blake**  
**Associate Legislative Director**  
**Paralyzed Veterans of America**  
**801 18<sup>th</sup> Street, N.W.**  
**Washington, D.C. 20006**  
**(202) 416-7708**

Carl Blake is an Associate Legislative Director with Paralyzed Veterans of America (PVA) at PVA's National Office in Washington, D.C. He represents PVA to federal agencies including the Department of Defense, Department of Labor, Small Business Administration, and the Office of Personnel Management. In addition, he represents PVA on issues such as homeless veterans and disabled veterans' employment as well as coordinates issues with other Veterans Service Organizations.

Carl was raised in Woodford, Virginia. He attended the United States Military Academy at West Point, New York. He received a Bachelor of Science Degree from the Military Academy in May 1998. He received the National Organization of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States Award for Excellence in the Environmental Engineering Sequence.

Upon graduation from the Military Academy, he was commissioned as a Second Lieutenant in the United States Army. He was assigned to the 1<sup>st</sup> Brigade of the 82<sup>nd</sup> Airborne Division at Fort Bragg, North Carolina. Carl was retired from the military in October 2000 due to a service-connected disability.

Carl is a member of the Virginia-Mid-Atlantic chapter of the Paralyzed Veterans of America.

Carl lives in Fredericksburg, Virginia with his wife Venus and son Jonathan.