

HEARING ON THE CHALLENGES OF
AN AGING VA MEDICAL CENTER

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THURSDAY, AUGUST 20, 2009

United States Senate,
Committee on Veterans' Affairs,
Washington, D.C.

The committee met, pursuant to notice, at 1:06 p.m., in the Education Conference Room, Omaha VA Medical Center, 4101 Woolworth Avenue, Omaha, Nebraska, Hon. Mike Johanns, presiding.

Present: Senator Johanns.

OPENING STATEMENT OF SENATOR JOHANNS

Senator Johanns. Ladies and gentlemen, let us come to order. I do appreciate everybody being here today. I have some introductions that I would like to make to get us started. I will make an opening statement, and then, as you know, we have two panels and we will work our way through those panels of witnesses and I will move on to that after I have made my opening statement.

But let me, if I might, introduce some really fine people who have come from Washington to help me put this hearing together. I will start with Lupe Wissel. Lupe, if you could stand. I said I wanted to give these good people the proper welcome to our great State of Nebraska. Lupe is

the Minority Staff Director, and so my Senate office is right across the hall from the Veterans Affairs Committee, so we run into each other a lot and she does great work. John Towers, who is with the Minority Staff. John, we are very, very happy to have you here. Nancy Hogan, who is with the Majority Staff, and Nancy, welcome. And then you can see that we are recording and taping, and Matt Lawrence is with the administrative staff and we so appreciate that. So I want to say welcome to all of those folks.

The gentleman behind me is Andrew Peek. He is with my office, and Andrew is the individual who takes care of veterans affairs and military affairs in the Johanns Senate office.

I want to start also appropriately today by remembering my manners and thanking those who have really made this hearing possible here in Nebraska. Chairman Akaka, I want to recognize him. I want to recognize Ranking Member Burr. With their support and their encouragement, we are here today to learn more about the veterans facility. They are two very good men. They work together in a very bipartisan way. You sometimes hear about all of the partisanship in Washington. That is what makes the front page. It is interesting to read about. What you don't often get to read about is the good hard work that is going on at the committee level between Ranking Member and Chairmen, and we

have two really fine men here who I enjoy working with and I enjoy being on their committee. So I wanted the record to reflect my appreciation for their support.

I also want to say to our first panel of witnesses, welcome. We are very glad to have you here. I know that there are many pressing commitments as you work with veterans and their needs and I am so grateful that you have set aside time to be with us on what I consider to be an enormously important topic.

Mr. Orndoff, I do appreciate you coming all the way to our great State. I hope that you have been able to enjoy some Nebraska beef. You can't leave until you have. It is kind of a rule of our State.

[Laughter.]

Senator Johanns. August is a time where oftentimes D.C. folks do take a little bit of a break, if they can, because the House and the Senate are not in session. The health care debate has got all of the members working very hard, but this is as important as anything that I will talk about during the August recess, and that is health care for our veterans in this part of the world.

I would further like to express my thanks again to the staff.

I would also like to say, if I could move on to my opening statement, that we now have a study that has been

done. It was released on Monday, and that study has done a very good analysis of some of the needs and challenges and issues that we face here.

The study was kicked off before I was in the Senate. It was kicked off in 2008. I thank Lee Terry. I know you were a person calling for that. We appreciate our Congressman's effort here. I also acknowledged at an event this morning the good work of the senior Senator of Nebraska, Ben Nelson, who has also worked to try to get the study done.

After describing the problems, the authors of this report presented recommendations in terms of the best way to move forward. I do not doubt that a new way is very much needed. I do want to say that I was here earlier in the week. I have pictures that I am going to ask now to be made a part of the record. I will ask somebody if we can just hand them to the witnesses in case they want to refer to any of these pictures, but you have heard the old saying that pictures do tell the story, and believe me, they do.

[The photographs of Senator Johanns follow:]

/ COMMITTEE INSERT

Senator Johanns. The people that are here at the VA hospital are doing great work. I don't care if it is the doctors or the nurses or the professional staff or the maintenance people, they are working against some rather remarkably difficult conditions in delivering good patient care. I read in preparation for this hearing a report that was issued on patient care, and I will tell you that this area ranks as well as really any area in the country. But they are doing it in a facility that really is worn out. It was built a long time ago.

Now, the first thing I noticed when I came here is that if you look at paint on the walls, carpet on the floors, people here have done everything they could to make this as presentable to the veterans as they possibly could. But when you start looking into the facility, you really begin to see some of the challenges that they are facing.

Because of HVAC deficiencies, this hospital may not be able to deal with major flu pandemic, for example. We sure hope they can. I know the employees here would do everything they can to deal with that issue if it does arise, but it is a concern.

There is also, quite frankly, insufficient emergency power. Should the electric power fail, the AC, most heating systems, and the facility's surgery capacity would be lost, as well as all equipment that requires any emergency power

to operate. We would basically be doing what we have to do to make sure that we are dealing with the emergency of the situation, but beyond that, we would just have to wait for power to come back on.

I witnessed--I looked at the water and oxygen pipes that are corroded. They are 50 years old. They fail periodically. In my discussion with really great staff in the maintenance department, they will tell you that one of the challenges that they have, if there is a break in a pipe, is trying to find pipe somewhere that they can attach onto for repair, because it just kind of crumbles as they move down the foot-by-foot piece of that pipe to try to get a firm piece that they can grab onto to do the repairs.

I was amazed to find that there is a defunct nuclear reactor in the basement. Though space is at a premium here, this space is just there. I don't want to try to scare anybody. Don't ask for your geiger counter or anything. They are down there doing all of those things. But like I said, I walked into a room and somebody pointed out that this was a nuclear reactor that had been decommissioned at some point.

In the surgical area--and again, we have pictures of the surgical area--I had an opportunity to visit with the staff there and some of the doctors, and again, I am so impressed. There is just tremendous commitment in mission,

and they are going to get the job done. It is patient care that is first. You know, you just walk out of there feeling so good about what they are doing for our veterans. But again, I will tell you, they are working with a very, very difficult situation.

In the surgical area, there really isn't a separate corridor for clean and dirty equipment. Of course, they are going to worry about contamination, and we are, too. Surgical monitors cannot be affixed to the ceiling, as they are in modern facilities. Actually, you can't put much more in those ceilings because the ceilings are already low and somebody who had any height to them, if you did much more there, you would be bent over as you go down the hall.

So there are so many things about the facility that probably made sense, probably would even be described as state-of-the-art when the facility was built, but today, the facility is old. It is worn. In some respects, it is just completely worn out.

I am encouraged by the feasibility study on the conditions at the Omaha facility. That was completed by the VA through their consultant group. As I said, the study was begun in 2008. It was presented to the VA in May of 2009. It was intended to try to help the Omaha facility best meet the growing health care demands of the local veterans community in the face of the facility's really, really

significant issues.

As Governor of Nebraska, we worked with veterans. In fact, my veterans affairs person from those days from my previous life is here, John Hilegard [ph.]. I am so appreciative of him being here. But one of the things that we looked at was our veterans homes, and we realized that we either had to build new or we had to rehabilitate, or we were not going to be providing the kind of care we wanted for veterans. And so literally, starting with Governor Nelson, taking up with me, we headed out to do that, and our four veterans hospitals really, in many respects, really reflect the commitment of the funding that is necessary.

Let me say today that what we are really going to try to do is look at the facility. We are going to try to, if you can picture this, turn it upside down and look at it from all different directions. We are going to try to lay a very, very sound record as to what we see here and what is needed. We are going to confirm some problems that exist and we are going to talk about some problems that we might anticipate if nothing is done, and I don't think there is a person in the hearing room that wants to argue that nothing is going to be done. We are going to get some things done here, but we are all going to have to work together to get it done.

The report does offer some possible solutions, and in

the testimony today, I do want to analyze these approaches and maybe get an idea, again, to have a very, very complete record as to what these approaches might indicate.

Ultimately, the report recommended a concept called Concept D, the option with the most new construction and the greatest amount of money spent at the Omaha facility. It would construct about 754,000 building gross square feet of new construction, with about 72,000 square feet undergoing renovation and 47,000 being sent offsite.

Now, anytime you go to build a hospital, you know that you are going to spend some money. I would argue that this investment is a wise investment for our veterans. But this estimate for this option is about \$550 million.

In outlining this concept, the study recognized the severe limitations of Building 1. That is the main facility that we are in right now, and it just simply calls for replacing most of it. There are just so many fiscal limitations. There are just so many things about this facility that the study indicates really are not salvageable.

So I am anxious, again, to kind of dig into that and see what that concept is about.

Now, one of the things, and I ran into somebody today who wanted to talk to me about parking--

[Laughter.]

Senator Johanns. --was maybe suggesting that I was the cause of some of the parking challenges today--I plead guilty--all I want to say about that is we can't forget that, yes, it is the facility that we want to focus on. It is patient care. But we have also got to pay attention to parking needs and that sort of thing, and I am going to be anxious to build a record as to what is necessary and what needs to be done there so we can meet those needs.

Now, I am a realist. I have had the wonderful honor of serving Nebraskans at all levels of government, and it has been an honor. I have had the honor of working with veterans and trying to do everything we can to meet their needs. I am a realist. I appreciate you don't build a facility overnight. You don't do a complex construction project overnight. You don't do the planning necessary overnight. I also appreciate that we fit in the order of priorities. We are probably not the only need in the country. We are not. I sit on the Veterans Affairs Committee, and I am honored to be there, but we hear about the challenges across the country. But I am going to guess, once we have laid the appropriate record, no one will argue that this isn't really a critical need.

At the end of the day, Concept D recommended by the facility study does not have to be precisely the project I would suggest that is constructed. I think it is a good

plan. I think it is a great place for us to start the discussion.

The critical point, I believe, is that the report recommends Concept D because it implicitly recognizes that patch-me-up solutions are likely to have very diminishing returns. I hope that this facility has all the potential to be someday described, when it is built, as the state-of-the-art, anticipating the needs of the veterans not only today, but into the future.

I will say this, and I will show a little bit of bias before we even get started. I don't believe it makes sense for us to approach this from the standpoint that a little bit of jiggering here and a little bit of twisting and turning here and maybe a little bit of this and that and the next thing gets us to where we want to be. I do not believe that that is the case. I believe the issues are too significant and I believe the report establishes that, in fact, we are at a point where we have to build.

[The prepared statement of Senator Johanns follows:]

Senator Johanns. Well, I am going to end my opening comments there, and just again to all of you who have been a part of that, to our hard-working Chairman and Ranking Member, thank you for giving me the opportunity to conduct this field hearing here today.

We are ready to start with our first panel of witnesses. I know, Mr. Orndoff, that I think you have some statement that you would like to offer. I think it is appropriate we start with you. I want to keep this very, very informal. This is an informal setting. I think we will start with the statement. We will go through some questions for you, and then I am going to turn to the other members of the panel and really try to flesh this out and, like I said, build a good record. So take us away.

UNCORRECTED COPY

STATEMENT OF DONALD H. ORNDOFF, AIA, DIRECTOR,
OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT,
U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED
BY AL WASHKO, DIRECTOR, VA NEBRASKA-WESTERN IOWA
HEALTH CARE SYSTEM; ROBERT YAGER, CHIEF OF
FACILITIES MANAGEMENT, OMAHA VA MEDICAL CENTER;
AND THOMAS LYNCH, M.D., ACTING CHIEF OF STAFF, VA
NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM

Mr. Orndoff. Thank you, Mr. Chairman, and thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs health care and facility issues in Nebraska. I will provide a brief oral statement and request that my full written statement be included in the record.

I am accompanied today by Mr. Al Washko, Director of VA Nebraska-Western Iowa Health Care System; Mr. Robert Yager, Chief, Facilities Management, Omaha VA Medical Center, to my far right; and Dr. Thomas Lynch, Acting Chief of Staff, VA Nebraska-Western Iowa Health Care System, to my left.

The VA Midwest Health Care Network, VISN 23, is one of 21 integrated health care networks in the Veterans Health Administration, or VHA. The VA Midwest Network provides services to veterans residing in Minnesota, North Dakota, South Dakota, Nebraska, and Iowa, and portions of Wyoming, Kansas, Wisconsin, Illinois, and Missouri. There are an

estimated one million veterans living within the boundaries of VISN 23 in fiscal year 2008.

The VA Nebraska-Western Iowa Health Care System in Omaha proudly serves veterans in Nebraska, Western Iowa, and portions of Kansas and Missouri. The Omaha facility is an inpatient facility and also has a large outpatient clinic for primary and specialty care. The Omaha facility maintains strong affiliations with Creighton University and the University of Nebraska Medical Schools. The Omaha facility employs 1,635 full-time employees and serves 47,479 unique patients, 3,071 of whom are women veterans. The Omaha facility provided more than 660,000 outpatient visits during fiscal year 2008 and operated on a budget of just under \$300 million.

Through the third quarter of fiscal year 2009, the Omaha facility completed 100 percent of patient appointments within 30 days of the requested time for primary care. The facility completed 98 percent of specialty care appointments within the same standard.

The Omaha facility was originally constructed in 1950, and the aging facility presents some challenges, including a 35-year-old heating, ventilation, and air conditioning system and insufficient emergency power. The correction of these and other space and functional deficiencies is made more difficult by the low floor-to-ceiling height typical of

hospitals constructed in that era.

In June 2008, then-Secretary Peake visited the Omaha facility at the request of Senator Ben Nelson. Three months later, VA contracted with GLHN Architects and Engineers to conduct a feasibility study to assess the infrastructure space and functional deficiency corrections. By April 2009, the contractor had completed the feasibility study and proposed five alternatives. The following month, the facility and division forwarded the study to VA's central office and recommended a large clinical expansion, one of the options identified by GLHN. In June 2009, at the request of Senator Nelson, VA Chief of Staff John Gingrich visited Omaha with staff in VISN 23 and the Office of Construction and Facilities Management.

VA is moving forward with plans to improve our ability to meet the needs of veterans in Nebraska. We thank Senator Johanns and Senator Nelson and the Nebraska Congressional delegation for your support in moving forward.

Again, Mr. Chairman, thank you for the opportunity to testify at this hearing. My colleagues and I stand ready to answer your questions.

[The prepared statement of Mr. Orndoff follows:]

Senator Johanns. Great. Maybe, since you have just made your statement, if I could just turn to you right away and ask you about something I am getting asked about already. I know at the conclusion of this hearing, the media will be very interested in this. Now that the report is out and needs are being established and the condition of the premise, I will be asked, what happens next? After this hearing and after we have put this record together, how would a request like this make its way through this process to a point where we would get a thumbs up, we would break ground, we would start heading off in a direction of dealing with the issues the report identifies? Talk us through that.

Mr. Orndoff. Yes, sir. The report gives us a much greater depth of analysis than we have had before, and we will translate that analysis into a project description and definition. We call it a concept paper that will move forward. We know that this is an extremely high priority. The Secretary is very supportive of moving forward with this project. This project, with all the other competing demands, as you alluded to before, will be evaluated in upcoming budget cycles, but we are confident that this project will be very high on that priority list and have a great opportunity to move forward quickly. That process will happen as part--the first cycle, of course, would be

the 2011 budget and it would be considered in that process.

Senator Johanns. Now, when you say that, just again for the record and for the people who are here, when you say the 2011 budget, it conjures up in my mind somewhere late in 2011 this might get approved. But when is that budget submitted?

Mr. Orndoff. The budget process for 2011 is the Department of Veterans Affairs would pass its budget recommendation to the administration, to the Office of Management and Budget, and that then would be delivered to the Hill at some point. I am not sure exactly the month that that is delivered, but sometime, I believe, in the--

Senator Johanns. February?

Mr. Orndoff. --February time frame, thank you.

Senator Johanns. Mm-hmm.

Mr. Orndoff. That would be at the point where you would see what is in the administration's budget request and whether this project is in the budget request. So in that time frame, February of next year, 2010, we would see if this budget is, in fact--or if this project is, in fact, in the 2011 budget request.

The Secretary, as I mentioned, is very supportive of--very much understanding the need for this project and supportive of it moving forward, and we anticipate that, depending on where we are in the budget process, that this

project would certainly have a good opportunity to move forward. We, of course, cannot say today--

Senator Johanns. Sure.

Mr. Orndoff. --exactly what would be in the budget moving forward from the administration. But all indications are this is a very strong project in terms of the prioritization process. Clearly, it is a well-documented need and it should move forward well.

Senator Johanns. So ultimately, through your efforts and then through the Secretary, it goes to the Office of Management and Budget. When I was on the cabinet, we described that office as the most powerful office in all of Washington. And then from there, they work with the President's staff and then ultimately the President submits a budget request.

Mr. Orndoff. Yes, sir.

Senator Johanns. Now let me ask you, this is an important need. I think you and I agree on that. We certainly don't want to be overbearing, but we certainly want to make our case. How can we be helpful in terms of doing that? What would your advice be to the Congressional delegation, to Senator Nelson, to myself, for that matter, to the Veterans Affairs Committee?

Mr. Orndoff. Well, I would say that you have done that. Certainly today is part of that action. Inspiration

for the additional analysis that was done through the study was certainly helpful. I think where we are today is we do have a well-defined requirement, and at this point going forward, it is really a matter of what is the funding that the administration will put forward for capital projects for VA. And certainly that is an ongoing discussion and will continue to be until the President puts forward its budget.

But my sense is that the support we have been getting for capital projects for the Department has been very robust and hopefully will continue to be so, because we do have a great need. Within that relatively robust budget, the opportunity for this project to move forward is already there. So I don't know of any specifics that you could do at this point to bring more attention or emphasis to this. We will see where we are with the budget submission.

Senator Johanns. Okay. If I could turn to Mr. Washko here, I know you have been doing everything you could to deal with these issues and the challenges that you face. I know this is so important to you that I think we even interrupted some much-needed R&R, and we appreciate that. I don't know what you were doing, it doesn't really matter, but we do appreciate you coming to the hearing today.

If you could give us a historical perspective. You have been here a while now. Give us a historical perspective of kind of what has brought us to where we are

at today.

Mr. Washko. I arrived here in 2003, late in the summer, and as we began to survey the facility, it was apparent that there were some serious issues with the aging of the facility. We talk about the facility opening in 1950. I think that was in Don's remarks. It reminds me very much of my first car. It was a 1950 Chevrolet.

Senator Johanns. Beautiful car, right?

Mr. Washko. I loved it.

Senator Johanns. Yes.

Mr. Washko. It was one of my favorite cars ever, but you know what? You don't see very many of them on the road anymore because they have outlived their usefulness.

And so as I began to look into the infrastructure of the facility, I saw that there was a close resemblance to my 1950 Chevy, that we would run into lots of difficulties in adding new innovations to our 1950 Chevy. It is hard to add air conditioning. You have rusty--1950s Chevrolets didn't have galvanized steel and so they rust easily and it is difficult to add some of the new innovations. And so that very much is the case with this facility. It has lived its useful life as we looked into this.

So we began to submit project proposals in the neighborhood, I would say, of 2005 or so. Gary Krupa was our Chief Engineer at the time, and as we began to study the

facility, we began to see that renovation was not a good option, that--and a lot of the limitations of renovating this current facility had to do with the floor-to-ceiling limitations that Don brought up. When we bring in these new technologies--we have a state-of-the-art radiology suite, for example. It competes favorably with any hospital in Nebraska. But we have got it squeezed into this little pancake that makes it difficult to maintain, difficult to install, and difficult to repair. And in some cases, our radiology suite doesn't have emergency power because of the limitations of this old place.

So our early project proposals dealt with renovation of the existing facility, and as we learned more about the infrastructure, we suggested--we began suggesting that that was not a good option. So we have submitted three or four project proposals.

And as Don said, the VA has a robust and objective set of criteria that it evaluates projects by. And what we have seen is that our projects have been rising to the top. I am actually quite confident now that we are right close to the top. I take Don Orndoff at his word. Secretary Shinseki sent his Chief of Staff, Mr. Gingrich, out here to look at things and he indicated that he was persuaded that we had serious need. So I personally am confident that we have climbed the ladder of the priority list and that we are

waiting for budgetary authority to address our needs.

Senator Johanns. I don't know if it is a question for Mr. Orndoff or, Al, for you, but how are these ranked? And I hope that is not inside information. We would love to fix everything all at once. The budget just simply does not allow that to occur, and so somewhere, ranking has to be done. How would you describe that process and what are the things here that are driving our rise to the top on that that would concern the Secretary, concern you, concern all of us?

Mr. Orndoff. Yes, sir. The ranking process is communicated in the budget itself and it shows the criteria that were used to evaluate our projects, and all of the projects are submitted on an annual basis for review and are scored by a Capital Improvement Panel, which is a cross-section of folks in the VA organization that try to objectively look at each budget submission and rank it against that criteria, score it, and give it a number, for lack of a better way to talk about it. Those are then ranked, racked and stacked against each other and a list comes out. That list goes through a very significant senior management review and is ultimately validated by the Secretary.

Then in the budget deliberation process, there is a determination of how much money can be allowed in the

capital budget as part of the overall VA budget going forward. So there would be, working from the top of that list down, we would be adding projects, new start projects to the budget.

There is a competing piece for the capital budget and that is projects that have previously received some funding. They were a new start in a prior year, but yet not fully funded. Typically, on a large budget, we will ask for ten percent of the total project value to begin the design process. That is when authorization of the project would typically happen and we have begun to move forward with the budget. But some of these budgets are very large dollar figures, some approaching a billion dollars at this point. So we look at a multi-year strategy for funding the projects.

So on any given year, there is a competition between putting money--more money--against existing projects to keep them moving forward towards completion and delivery or creating additional new starts. The Department strategy is to do a combination, and so typically we are able to add some new starts to the program. We like to do that. We need to keep moving forward on the priority list and to help Mr. Washko's project keep coming to the top and ultimately for funding.

So that is generally how it works. It is an annual

cycle. It is a very objective scoring process. The criteria is established and approved by the Secretary before the process begins, so it is very transparent to our stakeholders.

Senator Johanns. Okay, great.

I am going to turn now, if I could, to Mr. Yager. You were with me on the tour that I took a little earlier in the week. As best as possible, and feel free to use the photos there if they are helpful in explaining your testimony, kind of walk us through the challenges that you are facing just in terms of keeping the hospital working and the air handling and the air conditioning and all of that.

And I would like to put some, again, some special emphasis on the fact that I think your people are doing a great job. I think the maintenance people are doing a great job. Certainly, the care here ranks very, very well. But what occurred to me when I was with you was that the most minor of problem can become a very big crisis just simply because it isn't easy maintenance anymore. There is nothing easy about trying to maintain the systems in this building and I would like to talk to you about that.

So if you could, kind of take those thoughts and tell me what you are dealing with and where you think things are at today.

Mr. Yager. Sure. Let me first talk about the people

side, just briefly. I have a boss who is hopefully leading us to a better day. I have an immediate boss, the Associate Director, who is tenaciously in the here and now. We are going to keep everything fixed and running and she keeps on top of me to make sure. And then I have a maintenance staff below me who are primarily veterans and they take keeping this hospital running personally. I am a veteran, also. My organization is primarily veteran-staffed and we take it personally to keep this place going.

With that said, there is no doubt that something of a major action needs to take place to correct the long-term deficiencies. Day-to-day operations, there are some challenges. This HVAC system, there are times my maintenance staff have to go out and shovel snow during a blizzard to keep the fresh air intakes from plugging up and shutting off or diminishing the air flow to the hospital. I have been on the roof in a blizzard and it is not a comfortable place to be, and they are out there with shovels.

Senator Johanns. Yes.

Mr. Yager. If you have ever lived in a 50-year-old house, you mentioned this exactly. You start a plumbing project and you almost always end up--if it is up on the second floor bedroom, you almost always end up in the basement and you have replaced every pipe all the way down.

The challenge is we have patients in our hospital and we have to keep these utilities going. Long disruptions are just not an option in our book. So shutting the water off for a week to replace all the pipes just is not possible. So work is done at night, work is done over the weekends, all in order to minimize the construction activities in this patient care area. And that is always the trick, is maintaining patient safety while doing construction, and they are not necessarily easy to do with both.

The electrical system, it poses some challenges. We are doing upgrades to maintain as much as we can right now, but it is frustrating that every small job does--there is always the potential for us that we could do a lot more, and sometimes we just have to say, this is how much we can get done in this period of time and now we have to get the place cleaned back up and back to a safe operation again and give it back to the medical staff to use. So it is very difficult with the space deficiencies that we have, trying to move people around. It just always is a complication.

Senator Johanns. Doctor, you have kind of done a number of different jobs here. You were with me on the tour and we went into the emergency ward--not emergency ward, but the surgical ward, I should say. Again, we have pictures of this, but equipment kind of in the hallways and ceilings very, very low. There isn't much you can do with those

ceilings. My observation, more than about any other place, that was really kind of 1950s construction I was observing because of the challenges of shutting down surgery while you rehabilitate a piece of that emergency area.

I would like to have you talk to us about what are your doctors dealing with. You have been over there. What are the day-to-day challenges of that area of the hospital?

Dr. Lynch. Let me begin by saying that I think the physicians as well as the clinical staff are the beneficiaries of the hard work that engineering does and innovative concepts that they come up with to correct some of the deficiencies and challenges that are associated with this infrastructure. And so part of my answer is oftentimes we don't notice the infrastructure because there are people working very hard to make sure we don't notice the problems and the deficiencies.

That said, I think the biggest challenge that we face is space. I have been here 21 years now. I suspect that space was not an issue until approximately five years ago. From a surgical standpoint, that is when we really began to see the growth in technology, the introduction of laparoscopic surgery, the introduction of endovascular surgery. The operating room was no longer shared by a surgeon, an anesthesiologist, and a patient. We were joined by three or four or five support towers with electronic

equipment. We were joined by radiology equipment. All of these crowd the space in the operating room.

Our operating rooms are, on average, about 300 or 400 square feet. Our largest operating rooms are about 500 square feet. The newest operating rooms are at a minimum 600 square feet that are currently being built. And so we are now faced with the challenge of trying to provide innovative, technologically advanced and cutting-edge therapy in operating rooms that were built in 1950. I think that we have succeeded to this point. I think that we can continue to move forward, but we are going to be limited very quickly by an inability to match technology and space, and I think that is the biggest challenge that we are facing.

I think it is not only shared by surgery, I think it is also shared by medicine, because we are unable to renovate the facilities to match the changing demographic of our veteran population. We are treating a younger population and we are treating a female population. And yet we don't have the swing space or the extra space to use to begin to renovate the clinics and to introduce innovative technology in medicine, telemedicine technologies. So we are going to be limited very quickly because we don't have space and we don't have the ability to adapt as quickly as other institutions might.

Senator Johanns. Because every construction project has dirt and dust and you are tearing things up to put them back together again, hopefully better than they were, has that been an impediment to getting things done? The other thing I would ask you, even if there was a mountain of money to be put into that space, it just occurred to me that the physical limitations of the building would make it impossible to improve it very much.

Dr. Lynch. The way the building is currently constructed, it was not constructed to allow expansion or easy adaptation to current technology. To simply replace the heating, ventilation, and air conditioning system would require a six-month shut-down of the operating room. I think Mr. Yager allowed me half of the operating room for three to four months and the other half for another three to four months. That limits our capacity to deliver care. Any time you begin modifying or renovating an operating room, there is always the risk of infection because of the degree and the materials that are around the operating room.

So the short answer to your question is, I don't think we have a facility that we can remodel into anything that would be nothing more than an old hospital that had been remodeled within the constraints imposed by 1950s construction.

Senator Johanns. Mr. Yager, do you have any thoughts

on that? Is that what we are dealing with, just--

Mr. Yager. You know, going back to Al's 1950 Chevy, you could restore it back to factory original and you have still got a car without seat belts, anti-lock brakes, and an airbag. So it still doesn't have the engineered safety features. You can drive it as safely as possible. You can stay off the interstate. The reality is you do not have a car that has the engineering safety issues built in.

And that is part of what we are dealing with with our facility here, is there are some limitations. To put a modern HVAC system in, you might have ceilings as low as six-foot-six in the hospital, or you end up with a lot of pipes running outside, almost like an octopus that is swallowing this building. That is the type of challenges.

Bringing the electrical system up to code, again, in an occupied building with patients, it is almost impossible to do that because we cannot compromise patient safety. So what gets compromised is the scope and breadth of what we can do for construction and that limits us. It does.

Senator Johanns. You talked to me as we were doing the tour about air handling. I know there was one area of the hospital where you had to aggressively pull on the door just to get it open because of the air handling issues. I would like to establish a little bit of a record, because air handling, I think, in a hospital, everyone would agree is a

critical feature. What is going on there and what are the difficulties there?

Mr. Yager. We believe that the building is out of balance. We don't have enough air flow coming into the building, and so the building--and we are exhausting a lot. Surgery alone is a 100 percent outside air requirement, so we exhaust everything we bring in. And I believe that we are exhausting more air than we bring in. Buildings, any commercial building or health care facility should be overall positive so you keep the outside air out and the inside air generally--we have some anecdotal evidence of sometimes when you open doors to the outside, the air just comes rushing in, and so--

Senator Johanns. Yes, you can feel it.

Mr. Yager. We believe that the building is overall negative and it should be overall positive. And that is a challenge to try to fix with an HVAC system that is, you know, it is patched together and it is not one contiguous, that we can just go turn a dial and fix this. It would take tearing the thing up all throughout the hospital to probably get it to where it was operating exactly the way it needs to be.

Senator Johanns. As I understand it, it is not just the equipment in the basement, it is the pipes that run through, in expanding the capacity there, and therein lies

another challenge, that you just don't have the room to put a bigger pipe in.

Mr. Yager. That is correct.

Senator Johanns. Doctor, what impact--when you think about the air handling and you think about just the issue of sanitation, et cetera, talk me through that. What concerns you about the air handling?

Dr. Lynch. I think probably the primary concern is patient safety and infection. I would just like to state that the VA has probably been a leader in health care and in the area of quality, quality management and quality measurement. And we monitor on a regular basis the incidence of infections. We monitor our surgical mortality or death rate. We monitor a wide range of surgical complications. We have been within acceptable limits, at benchmark or below, for as long as I have been here, and I think that while these are difficult situations in an aging infrastructure, we have been able to maintain quality. I think we have the measures that show us that we are continuing to maintain quality.

The VA has a composite measure that came out for third quarter. There are 12 elements on that measure. They extend from access to patient management to prevention, and we are ranking either at a benchmark or in the upper quarter of ten of those 12 measures. So I think we have adequate

monitors on us, on our patient care, to assure that at the present time, the infrastructure is not adversely impacting patient safety or the quality of care.

Senator Johanns. Thinking ahead to the future, and I am not exactly sure who is best equipped to answer this question, have you done an analysis of future patient needs and the impact on this facility? And I would like you, if you have, to talk a little bit about that and talk about how this facility meets those future needs.

Mr. Washko. Maybe this is a time to talk a little bit about complicated surgeries and some of the limitations we have, Tom, with our existing facility.

Dr. Lynch. I can certainly address that. I think as surgical technology advances, we are going to have an increasingly difficult time keeping up with that technology when we look at our current operating rooms. We don't have the space to incorporate equipment and we don't have the ability to remodel.

So we are going to reach one of two conditions at some point in the future. Either we can't deliver some state-of-the-art technology, and at present, I think we have been very proud of the fact that with our university affiliates, we have been able to involve a large number of specialists and allowed them to practice their specialty and their surgical care here because of the technology we have. But

we will reach a point very quickly, because surgical technology advances very quickly, where we will not have the room to incorporate that equipment. It will become difficult, but not impossible, for us to incorporate a robot because of the size.

As the technology advances, eventually, we are going to reach a point where we won't be able to incorporate that technology because it will require renovations in the ceiling or in the wall to bring in new conduits and new equipment and we won't be able to do that, or we may be able to do it, but we would only be able to do it on a limited scale. So we would reach a situation where we would have to develop backlogs in order to get patients in for innovative technology.

I think the other big area that will be developing over the next ten to 15 years is going to be telehealth. We don't have the space or the ability to incorporate that technology as rapidly and as well as we could because of the current infrastructure.

So I think from a surgical standpoint and from a medical standpoint, those are going to be our major constraints. As we see advancing technology and advancing techniques, at some point, we are going to hit the wall. I don't think we have hit the wall yet. I think we have been able to keep up and we have been able to be innovative and

to continue to move forward. But at some point, the facility and the infrastructure is going to say, enough.

Senator Johanns. Yes?

Mr. Washko. I would like to give another example. The study that you referenced shows that we are 40 percent deficient from current VA standards. That is a very large deficiency. That means we have only roughly 60 percent of the space that we need. And where that begins to crimp patient care is when new programs are necessary to add, for instance, combat veterans programs. We have made a major commitment to treating combat veterans here where we have over 5,000 returning combat veterans signed up here. And we have been trying to create clinics so that combat veterans care are concentrated among the same primary care providers and that we also have psychiatric presence, mental health presence in the same area--

Senator Johanns. Post-traumatic stress syndrome?

Mr. Washko. Exactly. So we have been trying to create clinics for combat veterans that have a number of services immediately available. Well, now in a facility that only has 60 percent of its space, something has to give when you do that. Now, we have created these clinics here, but in the process, we have suboptimized other parts of patient care.

So when we created these clinics, we no longer had two

exam rooms per doctor, which is what you need for an efficient clinic. We now have compromises in the necessary exam rooms per practicing doctor. So that is an example of a compromise that limited space makes to our operations.

Senator Johanns. Yes. Yes. You know, this gives me such an interesting perspective, because sitting on the Veterans Affairs Committee, we sit there and we pressure the Veterans Administration, you have got to get post-traumatic stress syndrome treatments in place. You have got to do this. Our veterans need it, and there is tons of evidence to support that. But then you begin to realize here the limitations. You want that as badly as we want it, but you are limited by this and it is very, very hard to pull that off when you just simply don't have the adequate tools to get that accomplished. So that is just an important perspective to have.

I am going to take a step--and I am just about done here with the first panel--but I want to take another step. Of course, there are all kinds of community discussion about what is the best approach. Is it D? Is it--and I will guess that will only increase. I would just like to hear again some description of the process by which a final decision has arrived at that this is the way we think we need to go here. Maybe it is Option D. Maybe it is a hybrid of Option D. Maybe it is something else.

And I especially would like to hear any thoughts on community input, because our next panel, we will have somebody from the University of Nebraska Medical Center, Creighton University Medical Center. I am a Creighton alum. I love what these folks do at Creighton and at the University of Nebraska. I would love to hear about potential for partnership. I know you are doing some really exciting things now. I just really believe that that is one way of providing really great services and kind of utilizing the resources of each.

So if you could help me understand and everybody else here understand, how does that come about and what would be the potential for community input?

Mr. Orndoff. Sir, I will take a shot at that, and Mr. Washko, you can help me out as necessary. First of all, from a project point of view, we have a project--we have a concept that has been promoted by the study and our analysis of this is we believe this is the way to go. Option D is the right answer for all of the things that we have been talking about here today. That is major new construction with some renovation. The exact project is still a work in progress, but we are fully committed to moving forward with a project that is similar in scale and scope as Option D recommended by the report.

Now, in our discussions, we know that there is another

step of planning that needs to be done before we really start to design the project, and here is where the opportunity for community input lies. I know the Medical Center Director is very much interested in pursuing that input. The central office will fund that effort, the facilitation of that effort, through our advance planning funds. We have already committed to do that. So that process should happen quickly.

On track two, my office will begin the process of designing the project. We will begin the process of soliciting and hiring a design firm to begin the actual design effort. We will do this beginning very soon. So those two things will be running in parallel, the final lockdown of exactly what project we are going to do and the bringing aboard a design firm that will actually decide the final solution.

Of course, depending on when the project is funded is when we will actually move forward with execution of that design. But we are not going to wait for that. We are going to begin that initial design step very soon. And again, in parallel with community input.

Did you want to--

Mr. Washko. I would say we are very grateful for Mr. Orndoff's suggestion about how we can take the next steps in the way he just described. That is why I am so optimistic

that Secretary Shinseki is supportive of the project proposal that has been made. So we are looking forward to getting started on this quite soon.

Senator Johanns. Great. Nothing I say, take as wanting to hold this up or gum it up. Boy, nobody in this room wants to do that. Nobody in this area, this service area, wants to do that. But I think we will hear that there are some great community resources and they are ready to do anything they can to help veterans, and that is kind of the philosophy that we bring to this, is partnerships work great in the State. People know each other and so however you can reach out to us and bring us into the process, I think will be beneficial to all concerned, including the veterans.

I will wrap up with just one question directed at each of you, and it is just a general question. Is there anything that you came prepared to tell me at today's hearing that you haven't yet told me or I haven't elicited in my questioning? If you were laying awake last night thinking about this hearing and thinking, boy, I just need to make this point, I hope he understands it, I hope the Veterans Affairs Committee understands it, now is your chance. Doctor?

Dr. Lynch. I think the one aspect that has not come out so far in this hearing is the educational value of this institution. Not only are we providing care to veterans,

but this is a critical piece of the teaching programs at both Creighton University as well as the University of Nebraska Medical Center. And so I think as we look at the future of this institution, we need to also look at it as a resource for Nebraska, as well, because a number of the physicians that practice and stay in Nebraska are those that are trained both at the University and at Creighton.

Senator Johanns. That is such an excellent point, and needless to say, we would love to see some of those future physicians decide that this is exactly what they would like to do with their career.

Mr. Orndoff. Sir, the only thing I would like to reiterate is the fact that we have a big challenge at VA in terms of doing the reinvestment in our infrastructure that is necessary to continue to support world-class health care into the future for veterans. Certainly, everybody is focused on how to do that. It takes a great deal of resources to push this forward.

Over 63 percent of all VA facilities are over 50 years old. That makes--the situation is, we have quite a few Omaha Medical Centers out there in similar kinds of situations. But with the level of analysis that we have and the support that we have from the delegation, this project will move forward and the solution for Omaha will be near-term.

Senator Johanns. If you would, I will tell you, I don't know the Secretary yet. I look forward to getting to know him better. If you would, take back to him how much we appreciate his attention. Everything I know about him, he is a man that gets it and really wants to do the right thing for veterans. So we appreciate that and we especially appreciate the attention he has given.

Mr. Orndoff. Yes, sir. I will do that.

Senator Johanns. Thank you.

Al, do you have anything you want to offer?

Mr. Washko. I do. In addition to replacing our 1950 Chevy with the next model--

[Laughter.]

Mr. Washko. --we would like to make a new facility a Center of Excellence in telemedicine. Nebraska is a rural State and telemedicine, we think, plays a very major role in reaching out to rural areas. We have an interest in using this project to follow up some of your interests, Senator Johanns, in the mental health area. We think that some of the funds in this project will allow us to construct mental health facilities that we can work in partnership with Creighton and the University of Nebraska, and the State legislature recently passed bill No. 603 that focuses on rural mental health care. So we intend to put a major base here for telemedicine. We are already moving in a number of

areas fairly aggressively.

The second thing I would like to say is we intend to put a major effort into energy efficiency and building a green facility. We would like to use every technology available and maybe even experiment with one or two to be an example of how a medical center can have drastic reductions in energy usage, and we look forward to that.

Senator Johanns. Great. Two great areas. You know of my personal interest in mental health services. We all know that when you move out to more rural areas, less densely-populated areas, these veterans need these services as much as anyone. It is very hard to get the services there. Telemedicine is a piece of the answer to that very challenging puzzle, so I really applaud that.

Mr. Yager, you get one last shot here.

Mr. Yager. Senator, I will admit I did lose sleep last night--

[Laughter.]

Mr. Yager. As an architect, this is a very exciting time, and I just look at all of the things that have lined up in a positive manner, all the support that we have gotten from our Congressional delegations, from central office, our network, my leadership. From the guy at the bottom of the food chain on this, everything is lined up in such a positive way. I can't wait for the next few years.

Senator Johanns. Great.

Mr. Yager. It is going to be very exciting times for us.

Senator Johanns. Great. And you can hold it together until we can--

Mr. Yager. I can.

[Laughter.]

Senator Johanns. --get through this process?

Mr. Yager. Yes.

Senator Johanns. If I could ask you all to express to the people here, whether they are working down on the HVAC system or they are working in the emergency ward, how much we appreciate their dedication. I was so impressed with that when I was here and just walked out with such a great feeling about that and even more committed to try to get them a facility that meets the needs of the veterans and allows them to continue to bring that first-class care.

I thank the panel. I want to tell you that if you do have to move on, please feel free to do that. If there is something that you think of--I am thinking I will keep the record open here for probably a week, so if there is something that you think of that you want to submit in writing, we would be happy to receive that. Thanks.

Mr. Orndoff. Thank you.

Senator Johanns. We will get things reset here and

then we will invite our next panel to come up.

[Recess.]

Senator Johanns. I will go ahead and continue the hearing here. Our second panel is seated. I just noticed that I forgot to introduce somebody who really has just been a great piece of the Johanns team dating back a long time, and that is Roger Lempke. He is the former Adjutant General. When I became a United States Senator a few months ago, I was wondering who could be my Director of Military Affairs, all things military, and it just so happened that Roger was thinking about doing some other things in his life and I convinced him that really what he needed to do was to come back so we could work together again, and so, Roger, good to have you here.

Roger is another one of these guys that gets it and cares about the veterans very, very deeply. Probably not a lot of people in this country with the title "General" that do case work for veterans.

[Laughter.]

Senator Johanns. And he loves doing it.

We have an outstanding second panel, and Congressman, you have been so very patient in waiting. I want to start the second panel by acknowledging you. I said today at an event, this hearing wouldn't be happening but for you. Senator Nelson, you guys laid the groundwork. This has been

a dream of yours for a long time. I know what August recess is about, or at least I know a little bit about it at this point. Every minute is booked, and here you are giving us a number of hours of your time and we can't tell you how much we appreciate it.

The protocol is that you go first here, and I don't think I even get to question you, so--

[Laughter.]

Senator Johanns. --you just jump in.

Mr. Terry. Nor I, you.

Senator Johanns. Yes, that is right.

[Laughter.]

Mr. Terry. You are new. You may not have read that.

Senator Johanns. That is right. I didn't see that in the rules, but I am very junior, so go ahead. Congressman, welcome.

STATEMENT OF HON. LEE TERRY, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF NEBRASKA

Mr. Terry. Thank you, Senator Johanns. I appreciate you holding this field hearing. You and I certainly have a passion to make sure that our veterans are properly respected and taken care of, and we are able to work as a delegation to make sure that happens for our Omaha, Nebraska, Western Iowa veterans.

Your staff mentioned that they probably did hear a little bit of the history. We heard it from the VA perspective. Now I get to give the outside-of-the-VA perspective.

Senator Johanns. Great.

Mr. Terry. When I was first elected 11 years ago, if a veteran came into my office about the VA, it was usually to complain--complain about, well, the facility, the quality of the medical care here, the attitude of the employees here, or employee morale that was projected onto the patients. And in fact, we would have groups ask us to file complaints. In fact, Bob Kerrey did on behalf of some of the patients treated here file a complaint.

Leadership was changed. After an interim director, Al Washko took over as the new Director of the VA Medical Center, and he instantly grasped the depths of the issues here with the quality of the health care and set up a system

here to elevate it. Within about a year of Al Washko taking place, when we were getting calls or would run into veterans, we would hear about how great the facility is.

Now, as Al Washko, I think, single-handedly raised the quality of health care provided here to the point where it is second to none in the city and treats the patients here with the respect that they deserve, the reality is the quality of this building has not been, at least in a highly technical term, the bowels of the building have not changed. Al just doesn't have the power to fix those.

In his tenure, he has added, departments, ICU, and surgical rooms, a new facade on the front that makes it look inviting and open. But in a way, that is just eating away at the fringes here. The quality of the care has probably peaked because of the poor quality of the building itself.

So one day, probably around 2005, I was talking to Al Washko during one of my quarterly meetings with him, just him and me talking, and we were talking about the facility and the upkeep, the repairs that were necessary, and I just casually asked him, I said, well, do you need a new hospital here? And I think he said--I am paraphrasing from a couple years of memory past here, but he said, well, I am not asking, but if you can get one, yes.

[Laughter.]

Senator Johanns. He wasn't going to turn that down,

right?

Mr. Terry. He wasn't going to turn that down. And so I started kind of poking around, wrote letters to VA and our committee leader saying, what can we do? Can we take a look at the Omaha facility and see what options are available to us? I talked to a couple different Secretaries, Jim Nicholson, and also about that time went over and talked to Hal Maurer over here and said, hey, you guys are going to get a bunch of land and I think the VA is kind of landlocked. If they got a new hospital, could they put it on your land? We started brainstorming about maybe some synergies that could be created from that, and that is when I saw and listened to Hal and thought, okay, this is really doable. This is something we can work on.

So we then took it to the VA and that is when heads started hitting against the wall here and we were told that there are a lot of hospitals out there that need it, too. So what I started to do was work our community, meet with the veterans organizations here, and what we found out is-- or I found out in meeting with the veterans organizations here is that they had the same thoughts that I had. It is a great facility, or the quality of care is great here. The employees are great here. But, dang, that building is old and needs to be replaced.

And so we started to get the community support from the

veterans. We also started to get the community support from the fathers of our city, and that is when I knew we really were building up the dynamics. In fact, our fathers of the city became intricately involved. Ben Nelson became intricately involved. In fact, using Ben's position on Armed Services and Appropriations, we all asked kind of Ben to take the lead on this to see how far we could push it.

Calls were made. We finally, after meeting with various Secretaries, Jim Nicholson, got Secretary Peake to the building. And finally, we had someone from the inside of the VA to take a look at this place besides the VISN 23 level, and then things started to happen. They realized that this building is in as bad as shape as we told them about. Secretary Petzel was able to meet with the community fathers, who brainstormed with them here. We need a study. Let us see a need, see the options. We will work with you. There may be some financing ways that we can help it so you don't have to go through the CARES program or worry about what Congress will put up yet.

And so what we had is a total buy-in from our community at all levels, Mr. Mike.

Senator Johanns. Great.

Mr. Terry. And so that started, after we got Secretary Peake here, the commitment to follow through with the study that brings us here today about what the options are. So

now we have a study that shows that this facility does need to be replaced. And I think that that type of backing by the VA is important. Now, let us make it happen.

I don't know what the timing will be. For me, this has been three, probably about four years in the making, a lot of pushing and yelling and screaming and tantrums, figuratively, with the VA. And now we have gotten to the point where I see the light at the end of the tunnel.

Now, Option 4, to anticipate your question, I like Option 4. I think absolutely a new tower is necessary. I don't know what utility there is left in this building, if any, so I don't know if any renovations for other purposes is possible. But if there is, I think we need to look at that.

One thing that we have to commit to, I think, is a new tower. Where it is placed, I think, could still be left open for discussion within the community and the VA, but I am glad we have committed to the new tower.

One other thing I skipped over in that paragraph that I think is important, I think it was just about two or three years ago, while all these discussions about a new facility came up, where I was asked to put an earmark in for 150-- well, it was suggested--but for \$156 million for the replacement of the HVAC. And at that point, I started thinking, what does a new hospital cost, and talked to Leo

Daly, because they build hospitals, and they said, basically, they can replicate this and just did down in Florida for about \$210 million.

Senator Johanns. Yes.

Mr. Terry. I think that was a critical point where we finally reached the point where now it is being documented that the costs are outweighing the value of the building. So that was an important tipping point. And I put in that earmark, didn't get it. We didn't put it in last year because I wanted to make sure we weren't confusing the path here.

Senator Johanns. Yes.

Mr. Terry. So, Mike, thanks for doing this. I think this is very helpful in moving this down the road. Hopefully, we will get the absolute commitment to the funding and the planning now within months instead of years.

[The prepared statement of Mr. Terry follows:]

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Senator Johanns. Great. Well, let me just say, we thank you for your efforts, appreciate it so much and glad to be a partner now. I thank the voters for their support in November so I could be a partner in this effort. These are the kinds of things that really do make a huge difference.

I also want to say that I look forward to working with you in the future on this, together with the rest of the delegation. We are very fortunate to have a good working relationship, as you know, with everybody.

Mr. Terry. And to follow up on that, I wanted to make sure it was a part of the testimony, Jeff Fortenberry, Adrian Smith, and even Steve King from Western Iowa are fully on board with this and equally as committed.

Senator Johanns. Great. Great. I know what your schedule is because I have been watching it and you don't have serious bags under your eyes yet, but they are close. If you do have to leave to go on to another event--

Mr. Terry. I do, but I want to hear David Brown.

Senator Johanns. Okay--

[Laughter.]

Senator Johanns. Then I will--

Mr. Brown. You heard me already once today.

[Laughter.]

Senator Johanns. Yes, we have heard him once.

Actually, what I am going to do--I don't wish to disappoint you, but we do have the medical schools here today represented. Dr. Zetterman, it is good to see you here, Mr. Maurer. I thought I would turn to them next because I think you are a key piece of the present and the future in terms of our veterans.

I would like to start with you, Dr. Maurer, but I am really going to ask you to focus on some of the same things. What resources can be brought to bear here? How does this facility help in terms of the teaching mission for the University of Nebraska Medical Center and for Creighton University Medical Center? Walk us through that, because my hope is that someone reading this record or looking at this record would understand there is tremendous community support here, but there is tremendous community resources available. So, Doctor, take it away.

STATEMENT OF HAROLD M. MAURER, M.D., CHANCELLOR,
UNIVERSITY OF NEBRASKA MEDICAL CENTER

Dr. Maurer. Thank you very much, Senator Johanns, and I would like to thank you for the support that you have given over the years as Governor and as Secretary to health care issues in the State of Nebraska. You mentioned mental health, but you have also been interested in research--
Senator Johanns. Yes.

Dr. Maurer. --which has been very important to both medical centers in the State of Nebraska and others.

I believe that a new facility here could be transformational in terms of the care of veterans. It could bring new programs to this new facility. It could take some of the existing programs and substantially expand them into Centers of Excellence. It could broaden the research activities, which has not been mentioned thus far in any of the--by any of the speakers so far. And it could certainly enhance the educational activities of both the residents, the resident physician as well as the students that take rotations at this facility.

There is also an opportunity here to allow nursing and allied health and pharmacy and other areas, public health, to become integrated into the veterans hospital, Omaha VA Hospital, and also serve the veterans of the State of Nebraska, and I think it is critical. So a new hospital

here, which I believe is desperately needed, would be absolutely essential.

I think there are limitations now. Having spoken to residents in orthopedics and physicians today in orthopedics about this, they could do a lot more if, for example, the OR had more space to do that in. So I think there is a real opportunity and we are particularly excited for the VA and excited for the residents to do all we can to support their health care needs in Nebraska.

Senator Johanns. Great.

Dr. Maurer. I will stop there.

[The prepared statement of Dr. Maurer follows:]

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Senator Johanns. Doctor, thank you.

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STATEMENT OF ROWEN K. ZETTERMAN, M.D., DEAN,
CREIGHTON UNIVERSITY SCHOOL OF MEDICINE

Dr. Zetterman. Thank you, Senator Johanns, for all that you are doing and also for what you have done. I thought I would just tell you briefly that, as Dean of the Medical School at Creighton, I want to talk a little bit about what Creighton's involvement has been here and a little bit about what we think for the future.

I might say, if I have a conflict of interest, it is that I have been on the medical staff here for 33 years, was the Chief of Staff for six years until January 3 of this year, so I have enormous numbers of very positive memories of working here.

All of Creighton's Health Sciences Schools of Medicine, Nursing, Dentistry, and Pharmacy have mutually beneficial programs here at the Omaha VA and actually at other sites throughout Nebraska and Western Iowa, so we are intimately involved, and our School of Medicine currently supplies about 50 percent of the medical staff here at the Omaha site. We have about 55 full-time medical, surgical, psychiatry residents, pathology residents, that are on duty here at this site every day and virtually all of our residents receive some of their training here. Third- and fourth-year medical students also receive a portion of their work here as they are being supervised by the Creighton

faculty.

The VA provides a crucial component of the education of students in medicine, neurology, psychiatry, and surgery, and introduces them to the diseases and the issues of America's returning combat heroes. Creighton faculty engage in research at the Omaha VA and expand our knowledge in common diseases that affect veterans, including infectious diseases, diabetes, obesity, smoking and substance use disorders, and a variety of mental health disorders.

As I hope is apparent from what I am saying, these interactions offer great reciprocal value to both Creighton University School of Medicine and to Nebraska-Western Iowa VA Health Care System. While Creighton faculty members serve a vital role in the care of the veterans and the research into their diseases, the VA provides the environment for education and research that benefits our medical students, residents, and faculty. Creighton faculty bring the latest expertise in patient care and procedures to the VA which benefits the veterans. And the interaction of our faculty at the VA has led to improvements in patient safety and quality of care along with that delivered by the other physicians, nurses, et cetera that are here.

While Nebraska-Western Iowa VA Health Care System has been remarkable in improving patient access both locally and regionally through the use of telemedicine, testing the

concept of medical home in its primary care clinics, and proactively reducing costs of care while at the same time enhancing patient safety and quality, there are clinical areas that can be greatly improved by additional funding.

The current physical plant was built at a time that it was all inpatient care. Today's outpatient care needs much more space, and I won't reiterate further the issues of the facility because you have heard those in detail, and as I mentioned, I have very intimate knowledge of those needs.

Nebraska-Western Iowa covers a geographic area that is 400 by 200 miles. Additional funding would permit the development of more rural primary care clinics. Further assessment of innovative health care delivery models, such as the medical home, enhanced mental health and counseling services, and the greater use of telemedicine to reach veterans who would otherwise be required to travel long distances for their care.

Our aging veterans populations will require greater access to services in their later years. They will need assisted living facilities, nursing home facilities, day care centers for senior veterans, enhanced home care and assistance, and not simply in the larger populated cities, but in our rural areas, as well, and added personnel and services will help them stay within their own homes in later life, while eventually more hospice care sites for those

that develop diseases bringing them to their final months will also be needed.

Additional monies coupled with the health care engineering activities currently being carried out at Nebraska-Western Iowa should permit it to be the incubator to test new health care delivery techniques for veterans that increase access, control costs, and improve patient function. Funding can also bring the VA the tools needed for screening and prevention of disease. If we can deliver the care and preventive services that our OEF and OIF war heroes deserve throughout their life and not just when they become sick, we can maintain their current health and will prevent the eventual chronic diseases that some of them might develop.

So these are but a few of the opportunities that I think we can do with additional funding, and it covers more than just the physical attributes of this facility.

I am grateful for the opportunity to speak on behalf of an area that has an enormous passion in my life and I thank you for bringing this to our attention.

[The prepared statement of Dr. Zetterman follows:]

Senator Johanns. Great. I will ask each of you, and I will start with you, Dr. Zetterman, you have had experience with the facility. Your students have. It just appears to me that there is just no doubt about the need to replace what is here. Do you have any question in your mind about that?

Dr. Zetterman. Absolutely none. I struggled along with Tom Lynch and Al Washko and Bob Yager looking at these things, Nancy Gregory, all of us, looking at the various issues that are there. I think it is remarkable what the staff here has done with an aging facility that is undersized. We can do better with a new facility in large measure because of many of the problems that you have heard.

Senator Johanns. Yes. Thank you for that.

Dr. Maurer, any doubts in your mind?

Dr. Maurer. There are absolutely no doubts in my mind. I would say that it is a very tired facility and I think it is doing a great job with what it has, but it is very limited in what it could do at this particular juncture.

Senator Johanns. Yes. I am going to, David, turn to you. David Brown, of course, is the President of the Omaha Chamber of Commerce. In your position, David, you probably are as good a gauge of community support and opposition as anyone out there. You work with the business community, from the very, very smallest to the very largest. I would

like you to give us some thoughts about the community and its support for what is happening here and the potential support for a new facility.

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STATEMENT OF DAVID G. BROWN, PRESIDENT AND CHIEF
EXECUTIVE OFFICER, GREATER OMAHA CHAMBER OF
COMMERCE

Mr. Brown. Thank you, Senator. I appreciate the opportunity to be here today. We just left a gathering of 750 of your closest friends as they were pulling off in Nebraska with our Legislator's Day down at the Air and Space Museum, and one of the key issues being discussed was health care reform. I think each of the delegations spoke to it in some form or fashion during the day, and then our keynote speaker at lunch, the U.S. Chamber President Tom Donohue, focused on health care reform and really the state of health care in our country, certainly timely as we talk about the VA facilities that we are sitting in today and the potential for growing those facilities into something we can all be more proud of in the future.

I contend that the local community that supports this facility needs to be as robust as we anticipate the new facility to be. We want the community to be able to grow. We want the community to be able to support this facility with additional partnerships and facilities and resources over time.

So I have been asked, I think, to touch a bit on the economy and whether or not we are in a position as a community to support not only a new facility, but how do we

enhance that facility's success in time.

Omaha has been highlighted over and over and over again as this significant marble in today's economic times. The Governor likes to call us the happiest State in the nation. That is from a fiscal sense, of course, and I think he has good reason to be. We have the second-lowest unemployment rate in the country as a State and we are among the lowest four or five communities in the country when it comes to unemployment rate. We continue to be ranked in the top ten in virtually every rank you can find as a place to do business, as a place to start over, as a place to retire, as a place to get medical care, and the list goes on and on, the number of times that we have been ranked as really kind of a unique island in this country when the economy is tanking in so many places and we have found a way to be very resilient.

We are not isolated from what is going on in the rest of the country and the rest of the world. But because of our structure, we are much more insulated from it. We have a very diverse economy here. The military presence here is one of our largest employers, numbering somewhere in the range of 12,000 people either directly employed by the military or the VA or companies that support the military here. That is about a \$4 billion a year impact on our State economy. That is \$4 billion. It is such a dominant

industry that we need to make sure we are paying attention to all the resources that we have here, whether it be in the base or the VA.

We believe that the kinds of companies that we have here and the economic structure we have here lend ourselves to a much healthier economic outlook in the future than many cities of our size can perceive. Four Fortune 500 companies are headquartered here. Many other corporate headquarters are here, like Mutual of Omaha, Ameritrade, companies that people just don't think about when they think about the Midwest or Omaha. But the fact of the matter is, they are all here and they are all growing and they continue to commit to new job growth.

Over the past five years, we have seen more than 15,000 new jobs being created in this region. The Chamber alone through our projects has dealt with almost 200 projects which totals about \$2.6 billion in capital investment. That is just part of the \$11 billion in capital investment that has happened in this region in the last five or six years and there is really no reason to think that it can't continue.

I think, frankly, that is an attribute to why we ought to be thinking about a reinvestment in a VA facility. We do partnerships here like nobody else does. That \$11 billion in capital investment was followed by about \$2 billion in

private contributions to make those facilities happen and secure and endowed over the long term, and we anticipate the same level of support for this kind of facility.

The partnerships that they have already talked about here with Creighton University and with University of Nebraska Medical Center, frankly, are sort of expected. It didn't surprise me at all the two gentlemen were up here saying we do things together, because that is the way we do things here in Omaha. The collection of those three entities working together should make this facility even more successful in the future.

So while this is sort of a no-brainer when you sit down and say, do we really need this here, what we have heard about the facility already clearly says that from a physical plant perspective, we have wrung just about every ounce of efficiency and success out of this facility we can in the short term and it is time for us to be thinking about something new so that we can be even better at providing our veterans the services that they need.

[The prepared statement of Mr. Brown follows:]

Senator Johanns. Hopefully, there will be a day where we are out there digging ground and the construction has started. David, talk just briefly about the capacity of the community--the surrounding area, for that matter--to meet the construction needs of something this complicated. I mean, building a hospital of this size is no easy undertaking.

Mr. Brown. You know, I would say in a lot of cities, you might be able to make that statement. But if you look at the companies that make their living designing hospitals and medical facilities and building hospitals and medical facilities, several of them are located right here in Omaha, Nebraska. We have at least one of the largest construction companies in the world is located here, Peter Kiewit and Sons. Several of the largest design firms that specialize in hospitals, both Leo Daly and HTR, there is no doubt in my mind that we have not only the technical capacity to construct-design something and then build it on time and on or under budget, but we have the people here that can do that work, as well.

Drive around town today and see how many sky cranes are still operating, how many buildings are currently under construction, and you can see that even in a time like this, we can handle--we can put forward a lot of projects. We didn't slow down when the economy was booming, either.

Construction happened here and we can certainly handle another project of this magnitude.

Senator Johanns. Great. Amanda, the pressure is really on you--

[Laughter.]

Senator Johanns. --because there are many, many veterans groups who stand by their veterans, and you are one of them. I would be very, very interested in hearing the perspective of some of the good people that you work with and how they feel about how things are going here and what their hopes and dreams for the future are.

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STATEMENT OF AMANDA VAZQUEZ, GOVERNMENT RELATIONS
DIRECTOR, GREAT PLAINS PARALYZED VETERANS OF
AMERICA

Ms. Vazquez. Okay. Thank you, Senator. On behalf of Great Plains Paralyzed Veterans of America, I would like to thank you for the opportunity to present our views to you today on the VA facility in Omaha.

The VA Nebraska-Western Iowa Health Care System, while it has improved immensely over the last 25 years, needs to be examined and enhanced. We believe that there are options that would improve the functionality of the Omaha VA and improve overall quality of care for our veterans.

PVA would like to focus our discussion on the need for a new VA facility that would address two very important issues that our members face when visiting the current facility: The need for increased parking and for SCI services to be available in Omaha. We would like to impress upon you the importance of addressing these challenges in order to improve the care that Nebraska veterans receive.

Among our membership, parking has been identified as the number one challenge with the Omaha VA. One of our members commented, "You have to get there two hours early for an appointment just to find a parking space." Another member commented that "it is like a kamikaze run."

All of our members are qualified to park in handicapped

parking spaces. However, these spaces are rarely unoccupied. Most of our members use wheelchairs and drive vans with ramps. Therefore, they require the van-accessible spaces which allow for the ramp to be lowered into an access aisle. There are even fewer van-accessible spaces than handicapped parking spaces, making it virtually impossible for our members to utilize these spaces when they visit the VA. If they park their van in a regular parking space, there is no room for the ramp to unfold, leaving no way for the individual to exit the van.

This leaves only two options: A, drive around for hours waiting for a van-accessible space to open up; or B, have someone drop the veteran off at the front of the hospital and then park the van in a regular space. Option A is less than ideal, since there is no way of knowing when someone will return to their van to leave a parking space available. This option is completely unreliable and could potentially cause the veteran to miss his or her appointment. Option B is only an option if the person needing the use of the ramp is not driving, making it possible for the driver to drop them off and park the vehicle. Many of our members are very independent and drive themselves to appointments and anywhere else they may need to go. Thus, this forces the veteran to rely on someone else to take the time to transport them to and from their

appointment.

The second challenge I would like to bring to your attention is space limitations that affect care for spinal cord injured patients. Veterans with spinal cord injuries require specialized care from the VA that should come from doctors and nurses who have been trained specifically in SCI. It is extremely important that SCI veterans meet with these doctors and nurses to ensure that they receive the best care possible.

That being said, the only SCI clinic and doctor in Nebraska are located 50-plus miles away from the main acute care hospital in Omaha. With the majority of the veteran population in Nebraska living within a 50-mile radius of Omaha, it does not make sense to have this clinic based out of Lincoln.

Dr. Judge, who runs the SCI clinic in Lincoln, has tried for years without avail to get approval to come to Omaha. He has not been successful because there is not any available space in Omaha to hold such a clinic. This situation puts extreme limitations and hardships on PVA members. Therefore, they have simply stopped making the trip. Our members are then forced to meet with doctors and nurses who are untrained in SCI and do not understand their specific disabilities. This can cause misdiagnosis of certain conditions and could potentially be life-

threatening.

One member, Randy Squier, said he had never even heard of the SCI clinic in Lincoln. Randy said, "I don't know that the Omaha VA staff fully understand SCI. Every time I go, I have to tell them my story all over again." One staff person couldn't believe Randy couldn't move his arms because his chart had him classified as a quadriplegic. This lack of knowledge by untrained staff that are treating SCI patients is deeply concerning and does not measure up to the quality of care that should be given in any VA hospital, let alone in Nebraska.

None of the staff in Omaha has attended any SCI training, according to our National Service Officer, John Gogan. He says that staff may have SCI assigned as their specialty area, but it may be their third or fourth priority. When asked about the nurses and doctors in Omaha relating to SCI, PVA member Tamara Lawter said, "They don't know anything about SCI. One nurse actually said to me, 'Oh, my God, that is gross,'" when Ms. Lawter was explaining a method of care related to her injury.

Many of these concerns could have been eliminated if there were space for an SCI clinic to be housed in Omaha. Having trained medical professionals to treat SCI patients is essential in providing a higher standard of care, which the VA prides itself on. These concerns must be addressed.

We believe part of the answer is a new facility. If space becomes available in Omaha for the SCI clinic to be relocated and for adequate parking, Omaha will then have the ability to employ trained skilled nurses and doctors to care for SCI patients and veterans will have a more positive experience at VA.

Senator Johanns, Great Plains PVA would like to thank the committee for looking into this situation. We all agree that VA is the best source of care for our nation's veterans, especially when it comes to specialized care, such as SCI. We look forward to working with the committee to address these challenges and hope that we can find a much-needed solution. I would be happy to answer any questions.

[The prepared statement of Ms. Vazquez follows:]

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Senator Johanns. Amanda, that was great. This is why we do these hearings. I must admit, I did not realize that that was an issue facing paralyzed veterans, and that is exactly why you are here, is to flesh that out for us.

Here is what I am going to suggest, because your testimony was so good, I really don't have anything I want to ask you, but I know that there will be a process looking at what the facility is to do once it is built. I am confident in saying that and I am going to be very insistent that you and Paralyzed Veterans are heard on that, although I don't think I have to insist on that at all. I am confident the folks here will take your views and the views of all veterans into account in trying to decide how this facility can serve the veterans of today and in the future.

My observation, and I am guessing this is true, is that because of the remarkable care that is provided literally at the battlefield, if you will, or at the scene of the injury, veterans are coming home with more significant injuries than maybe we have ever seen before and living, and in many cases living lives where they are doing things, but they need medical care maybe different than what was needed 20, 30, 40 years ago. So we just have to make sure we are not just focused on today, we are focused on what are those needs going to be for your members as they age, because they will. We all do. And so we will make sure that veterans are part

of that process.

Ms. Vazquez. Thank you. I appreciate that.

Senator Johanns. Thank you for being here.

I am going to do exactly what I did with the last panel. I am going to ask each of you, is there something that as you were thinking about your testimony today that you were hoping I would ask you that I have not asked, or there was a point that you wanted to make that has just come to mind since you testified.

Dr. Zetterman, I will start on your side of the table and we will just make our way down through the panel.

Dr. Zetterman. Thank you very much, Senator Johanns. I guess what I would reiterate more than anything else is the important mutual benefit of both medical schools and the Nebraska-Western Iowa VA Health Care System, as well as to our other health science schools. That mutual benefit arrangement is crucial, I think, to both of our futures. Thank you.

Senator Johanns. Great.

Amanda, anything to add to your testimony?

Ms. Vazquez. I would just say that PVA is open to any suggestions, any ideas that the VA is looking at as far as expanding or relocating, and we would be more than willing to be a part of that process. In fact, we would like to be a part of that process to make sure that all veterans

receive the care that they need.

Senator Johanns. Great. Outstanding.

Dr. Maurer. I would like to say two things. One is I think all of our interests are to do the best we can in health care for the veterans. Whatever that is, that is what it is going to be. That is what it should be.

And secondly, what I would like to say is that the educational component of the VA is irreplaceable. It is extremely important for each of our programs.

Senator Johanns. You know, likewise to what I expressed to Amanda, I definitely want the medical schools to be engaged in whatever occurs in terms of a planning process because I just think you are such a great resource. Although I am sure there is some healthy competition, my experience as the Governor was there was just a healthy desire to work together to improve medical circumstances and health care in our State, and in this region, for that matter. You all serve a bigger area than just the State. So I am going to want to be very insistent about you being a part of that and where this goes from here, because I think you are a great asset.

David, I think you might be close to getting the last word, at least from the witnesses' standpoint.

Mr. Brown. How unusual.

[Laughter.]

Mr. Brown. Senator, the only thing I might add is that the current VA already has a significant economic impact on this region. It is estimated to be about \$68.5 million a year, with 550 direct jobs. So as an economic development practitioner, a facility like this is really a rare opportunity to keep a strong part of our economy even stronger and to provide a valuable service. So thank you for your leadership on this.

Senator Johanns. Glad to do it.

Ladies and gentlemen, we have now been here just about two hours. We have had two great panels. I want to express my appreciation for your attendance, your being a part of this. It is so very important, and it is so important that we get this right. We are going to have a generational chance to do just that. This doesn't come around every few years. This facility that is going to rise from the ground is something that will probably be around another 50 years or 60 years or who knows what. So we want to make sure that it is right, not only in terms of the structure and the mechanics and the size of the operating rooms in all of that, but that it is right for the veterans, and that really is the bottom line.

That is why I am so thankful that I ended up on the Veterans Affairs Committee. I just think we can do some really great things here. I love the partnership I am

seeing.

So my last words today, really in closing the hearing, are to say thank you to the veterans and their families. They have been very, very patient as we have worked our way through this process. We are going to have to call on their patience some more. Even with a good start here, this doesn't happen overnight.

Ideally, we are going to get in the budget pretty quickly here. My hope is right away, as a matter of fact. That will get this off and going. But even at that, you don't build a hospital overnight. Even if we get through the budget process, there are still a number of years ahead of us.

My role on the Veterans Committee will hopefully give me the ability to oversee this and make sure all of the right people are at the right tables at the right time, and I will do everything I can to make that happen.

I am going to hold the record open here for a week, so if there is something that you think of or if there is somebody here today that really wants me to hear about something, I hope you will send us a letter in care of the Veterans Affairs Committee.

I am going to also insert as a part of the record the study that was done. We have got the photographs as a part of the record.

[The study follows:]
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Senator Johanns. Anyone who had written testimony, if you would, leave a copy of that with staff.

If you have any questions, I introduced everybody behind me, both from Veterans Affairs and from the staff, don't hesitate to pull them aside, offer your comments, questions, contact information, whatever it is we can do to help.

I do want to thank those who have given up their personal time, who have traveled from a distance to be here with us today. I do appreciate that immensely and I just so appreciate the work that is being done here, like I said, from the person who runs the facility to the person who is down making sure that the air handling is working and everybody here. Thank you. I can't tell you how appreciative we are for your care and commitment of these great individuals who have served our nation.

Thank you all, and with that, we will gavel it closed.
[Applause.]

[Whereupon, at 2:52 p.m., the committee was adjourned.]