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BEFORE THE COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

AUGUST 20, 2009

Mr. Chairman and Members of the Committee, thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs' (VA) health care and facility issues in Nebraska. I am accompanied today by Mr. Al Washko, Director, VA Nebraska-Western Iowa Health Care System; Mr. Robert Yager, Chief of Facilities Management, Omaha VA Medical Center (VAMC); and Dr. Thomas Lynch, Acting Chief of Staff, VA Nebraska-Western Iowa Health Care System.

Today, I will briefly review the operations of VISN 23, which includes Nebraska; provide an overview of our facilities in the State; and describe VA's response to the recently completed feasibility study.

VA Midwest Health Care Network (VISN 23)

The VA Midwest Health Care Network (VISN 23) is one of 21 integrated health care networks in the Veterans Health Administration (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 were an estimated 1.0 million Veterans living within the boundaries of VISN 23 in Fiscal Year (FY) 2008.

VISN 23 includes eight VA medical centers or health care systems based in Fargo, ND; Iowa City, IA; Minneapolis, MN; St. Cloud, MN; Sioux Falls, SD; Fort Meade and Hot Springs, SD (VA Black Hills Health Care System); Des Moines and Knoxville, IA (VA Central Iowa Health Care System); and Omaha, NE (VA Nebraska-Western Iowa Health Care System). In FY 2008, the Network provided services to 290,485 out of 384,225 enrolled Veterans. Additionally, there were about 2.5 million outpatient visits

and 30,722 inpatient discharges. The cumulative full-time employee level was 11,196, and the operating budget was about \$2.0 billion.

Seven of our VAMCs or health care systems are affiliated with local medical schools, and VISN 23, and the Brain Sciences Center at the Minneapolis VAMC is conducting research on neurological diseases, disorders, and addictions. The VISN also has established 25 sharing agreements with the Department of Defense (DoD). Given the large geographic footprint of VISN 23, access to care is a priority. Between 2009 and 2010, 14 new locations are planned to open in the VISN, including an Outreach Clinic in O'Neill, NE. VISN 23 is also home to one of four Polytrauma Rehabilitation Centers in VHA dedicated to addressing the clinical needs of the most severely injured Veterans and military service members.

Nebraska Health Care Facilities

The VA Nebraska-Western Iowa Health Care System in Omaha, NE proudly serves Veterans in Nebraska, Western Iowa and portions of Kansas and Missouri. The Omaha, Nebraska, facility is an inpatient facility and also has a large outpatient clinic for primary and specialty care. There is a Community Living Center located in Grand Island, and Community-Based Outpatient Clinics

(CBOCs) in Lincoln, Grand Island, North Platte, Holdrege, Norfolk, Bellevue, Gordon, Alliance, Scottsbluff, and Shenandoah (Iowa). 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 FY 2008 and operated on a budget of just under \$300 million. It maintains strong affiliations with Creighton University and the University of Nebraska Medical Schools. Through the third quarter of FY 2009, 100 percent of patient appointments were completed within 30 days of the requested time for primary care and 98 percent of specialty care appointments were completed by the same standard. Specialty services available include audiology and speech pathology, dental, extended care and rehabilitation services, cardiology, infectious disease, geriatrics, neurology, mental health and behavioral health sciences, nuclear medicine, pathology, pharmacy, prosthetics, radiology, surgery, and a Visually Impaired Support team, among others.

The Omaha facility was originally constructed in 1950, and the aging facility presents some challenges. The challenges include a Heating Ventilation Air Conditioning system which was installed in the 1970's and lack of sufficient emergency power. The correction of these and other space and functional deficiencies is made more difficult by the very low floor-to-ceiling height, typical of hospitals constructed at that time.

In June 2008, then-Secretary Peake visited the Omaha facility at the request of Senator Ben Nelson; three months later, GLHN Architects and Engineers received a contract to conduct a feasibility study to assess infrastructure, space, and functional deficiency corrections. By April 2009, the contractor had completed a feasibility study and proposed five alternatives. The following month, the facility and VISN forwarded the study to VA 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 from VISN 23 and the Office of Construction and Facility Management (OCFM).

Conclusion

In summary, VA is moving forward with plans to improve our ability to meet the needs of the Veterans in both Nebraska and the VISN. This is being accomplished with the support of Senator Johanns as a Member of the Senate Committee on Veterans' Affairs and the rest of Nebraska Congressional delegation. Under the leadership of Senator Ben Nelson, who requested a Feasibility Study in the FY 2009 MilCon-VA Appropriations Senate Report, VA has information to guide the Department to the right solution. Again, Mr. Chairman, thank you for the opportunity to testify at this hearing. My colleagues and I would be delighted to address any questions you may have for us.