Senator Mike Johanns

Opening Statement of Senator Mike Johanns
Senate Committee on Veteran's Affairs
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I want to thank our first panel of witnesses for appearing before this field hearing. I know that you face pressing commitments in your work here at the Nebraska-Western Iowa Health Care System, and I'm grateful you took the time to testify today.

Mr. Orndoff, I appreciate your coming all the way out here to our great state to discuss conditions in this facility. August, as I know, is a time when DC folks would probably like to relax a bit. But the health care debate has got us all moving, and veterans' health care is a critical part of that discussion.

I'd further like to express my thanks to all the staff here, who work under difficult conditions to make sure our veterans get the health care they are entitled to. I'd like to thank the veterans who are putting up with us and all of our commotion today in their hospital. And I'd particularly like to thank the director of this Health Care System, Al Washko, for interrupting his vacation and flying back just for this.

As I'm sure you are aware by now, the VA released a study late on Monday afternoon about the state of the Omaha VAMC. This study was initiated in 2008 in response to a number of long-standing complaints about the facility. After describing the problems, the authors of this report made their recommendations to the VA in May about the best way forward.

I do not doubt that a new way is very much needed. Though the staff and affiliates here do a heroic job, I hear a great deal of complaints about conditions in the Omaha facility from patients and other people. Perhaps foremost among these concerns is the Heating, Ventilation, and Air Conditioning (HVAC) system, which has been rated F in VA assessments going back to 1999. Dust, contaminants, and potential infections are distributed throughout the hospital by the HVAC system.

Because of HVAC deficiencies, the Omaha hospital may not be able to support a major pandemic flu outbreak – which, in emergencies, is one of its functions. In these days of the H1N1 flu virus, that should be a concern not just for veterans and the VA, but for the greater Omaha community.

There is also insufficient emergency power. Should the electrical power fail, the AC, most heating systems, and the facility's surgery capacity would be lost, as well as all equipment that requires emergency power to operate. In this state, tornados and other storms come through the area often, and we are dependent on emergency facilities. Additionally, the water and oxygen pipes are corroded and over 50 years old, and fail periodically.

Space is at an absolute premium to us, because if there's one thing I hear a lot about from folks at Omaha, it's the lack of space. In the surgery unit, they are absolutely on top of each other. There is no separate corridor for clean and dirty equipment, increasing the risk of contamination. Surgical monitors cannot be affixed to the ceiling, as they are in modern facilities, because the ceilings are too low. And doctors are forced to discuss their upcoming procedures with patients in almost a group setting. There is no privacy.

I don't hear these complaints just from one source, but from many. And unfortunately, this need will only increase. The surgical unit is doing about 18 surgeries a day, up from 6-7 only a few years ago. I raised some of these issues at a hearing on the VA construction process held by the Senate Committee on Veteran's Affairs on June 10th in Washington. I'm pleased now to be able to discuss them with you again, Mr. Orndoff.

I am also highly encouraged that a feasibility study on conditions at the Omaha facility has been completed for the VA by a consultant group. This study was begun in 2008 and completed in April 2009. It was intended to help the Omaha facility best meet the growing health care demands of the local veterans' community, in the face of the facility's severe space, functional, and technical problems.

As a former governor, I have made many trips here, and am deeply aware of the community's need for a modern and highly effective VAMC. In fact, as a freshman Senator, I asked to be on the Veterans Affairs Committee largely in order to help this facility make it clear to VA that it needed some help. I know other folks like Congressman Terry and Senator Nelson have also been concerned with this VAMC, but I felt it was so critical to have a Nebraska presence on the Veteran's Committee to really focus VA on some of the deficiencies here, and work towards a solution.

So I was very interested in what the feasibility study would recommend. It was not an easy report to lay hands on, apparently. I sent two letters to Secretary Shinseki – one on June 11th and one on July 17th – asking for an estimation of when the study would be released. I have to say that I am displeased that neither of these letters was ever answered. The study was finally delivered to me Monday evening, which is not much time for me to review it before this hearing – which, as VA knew, would focus on the Omaha facility. However, we have it now. I am disturbed that the study seems to confirm most of the fears we have about the state of the Omaha VAMC.

Among the concerns I talked about earlier, the report says that 42 of 52 medical departments have a space deficiency, and in over half the deficiency is greater than 4,000 Department Gross Square Feet (DGSF). "The most significant deficiencies" – I am quoting the report now – "are in the direct patient care area," such as surgery and ambulatory care.

These departments are also particularly hurt by functional deficiencies, where the poor layout and other problems simply mean they do not work very well. Other problems were confirmed as well. The "Site water and sewer systems" said the study, "are aging and due for replacement." The report also discussed possible solutions to the parking situation, which – as any visitor knows, particularly in the morning – can be dire.
To remedy some of these issues, the report evaluated five corrective construction ideas. Each of

them were different remedies of renovation, reconstruction, and working with affiliate locations. It ultimately recommended Concept D, the option with the most new construction and the greatest amount of money spent at the Omaha facility. It would build 754,000 Building Gross Square Feet (BGSF) of new construction, with 72,000 (BGSF) undergoing renovation and 47,000 BGSF being sent off-site. In total, it would cost $550 million.

In outlining this concept, the study recognized the severe limitations of Building 1 – the main facility we are in right now – and called for replacing most of it. It stated that "Due to the physical limitations of this structure and its location on the site, its retention would exacerbate the difficulty of every future planning endeavor at this facility." Instead, two major facilities will be constructed on the Omaha campus: a Surgical Addition overlaying the current Outpatient Addition, directly adjacent to the existing ICU, and a much larger Clinical Addition.

The study's authors also found that Concept D provides an appropriate solution for parking. Ten aboveground acres and an additional three-level garage would be needed to supply the estimated need of more than 1700 parking spaces.

This study envisions that the construction could begin in FY12, and the whole process could be completed by mid-FY18 – provided we get rolling on this in the next budget cycle, and VA prioritizes it high enough, and allocates enough funding to keep us on schedule.

Now, I am a realist. I know we are not going to get a major construction job approved overnight, and I know VA's network of hospitals and facilities is aging in other places, as well. I am also deeply aware of the many stakeholders who have contributed so much to providing veterans' health care in Omaha, particularly my friends at UNMC and Creighton University, some of whom will be testifying later. I will be eager to hear what some of our affiliates think of this idea.

And at the end of the day, Concept D – the feasibility study's recommendation – does not have to be precisely the project that is constructed, though I think it is a good plan, and makes sensible recommendations about the limitations of the current facilities here.
The critical point, I believe, is that the report recommends Concept D because it implicitly recognizes that patch-me-up solutions are likely to provide diminishing returns.

I know that this facility has an HVAC project in the pipeline. However, I don't believe it makes sense for VA to try and fix Omaha projects piecemeal over the next forty or fifty years. I believe choosing the best solutions to problems – not the easiest. So I will be very interested to hear what VA intends to do with this study. Will it follow the report's recommendation, and consider a major replacement construction project for the Omaha VAMC? Or will it put this study on a shelf? Where do we go from here?

Gentlemen, thank you again for your time today. I would like to start with Mr. Orndoff's statement, and then hope that you all will answer some questions for me.