BUILDING THE CRITICAL HEALTH INFRASTRUCTURE FOR VETERANS IN ORLANDO, FLORIDA

FIELD HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

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BUILDING THE CRITICAL HEALTH INFRASTRUCTURE FOR VETERANS IN ORLANDO, FLORIDA

TUESDAY, APRIL 21, 2009

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:40 a.m., in the Board of County Commission Chambers, 201 S. Rosalind Avenue, Orlando, Florida, Hon. Bob Filner [Chairman of the Committee] presiding.

Present: Representatives Filner and Brown of Florida.

Also Present: Representatives Grayson, Kosmas, Brown-Waite, and Posey.

OPENING STATEMENT OF CHAIRMAN FILNER

The CHAIRMAN. Good morning. Welcome to this field hearing of the House Veterans' Affairs Committee in beautiful Orlando. We are here at the invitation of our local Congress people, and we are pleased to be here to talk about the facility needs of our veterans in Orlando.

I ask unanimous consent that Ms. Kosmas, Ms. Brown-Waite, Mr. Grayson, and Mr. Posey be invited to sit at the dais for the full Committee hearing today. Without objection, so ordered.

Also, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks. Hearing no objection, so ordered.

We thank the commissioners for allowing us to use the Board of County Commission Chambers. It is a beautiful building.

And we thank you all for being here.

I am educated by my Members over here—Ms. Brown, Mr. Grayson, Ms. Kosmas—that the magic number is 371. Whenever they pass me in the Congress, they say, "371, 371," because that is the money that is needed, $371 million, to complete the Orlando project. I just have to say, if we can give $180 billion to an insurance company and several trillion to some big banks, we surely can afford $371 million for Orlando's project. So we are going to make sure that occurs.

I want to recognize, just for more of an explanation, the Members of Congress who invited me here today. Let me just start with Ms. Kosmas.

Welcome to our Committee. Thank you for your constant persistence to make sure we do our job. You are recognized for an opening statement.

[The prepared statement of Chairman Filner appears on p. 39.]

OPENING STATEMENT OF HON. SUZANNE M. KOSMAS

Ms. KOSMAS. Thank you, Mr. Chairman. I am pleased to be here. And welcome to all those who are presenting at the hearing this morning and those who are here as our invited guests.

As many of you know from having met with me yesterday and earlier, that we are working very hard in my Congressional District, 24, to ensure that the U.S. Department of Veterans Affairs (VA) Medical Center receives the funding it needs.

And that is 371, Mr. Chairman.

And we have been communicating very directly with you about the things that we feel are important, that you have shared with me that you feel are important, about providing the kind of quality of life and dignity and respect that you, as servicemembers and veterans, have provided for this country.

And I never would like to miss an opportunity to say thank you for your service, thank you for what you are doing now, and how much I appreciate the fact that you have made the major sacrifice, you and your families, in order to provide the safety for this Nation over many generations and that you will continue to do so. You are truly the American heroes in this Nation. And everything that we can do to help you, we are looking forward to doing.

Thank you.

The CHAIRMAN. Thank you, Ms. Kosmas.

And your co-conspirator with 371 is Mr. Grayson. Welcome to our Committee. We welcome both of you to the Congress. And, Mr. Grayson, you are recognized.

OPENING STATEMENT OF HON. ALAN GRAYSON

Mr. GRAYSON. Thank you, Mr. Chairman.

I would like to say a few words about my father, if I could. My father served in the military for a few years early in his life. And, after that point, he had, I think, what most people would describe as a good life. He taught history. He became an assistant principal and then a principal. He had two children: a daughter, who by all accounts has done extremely well; a son, so-so, you know.

The CHAIRMAN. The jury is still out on that.

Mr. GRAYSON. That is right. We will see about him.

But a good life, an interesting one. And if you look back on his life—he passed away 9 years ago. If you look back on his 78 years, the fact is that he spent 3 percent of that time in the military and 90 percent of it outside the military. But when his life was approaching the end, he had a decision to make. His decision was what would happen to his body after he was gone. All of his relatives, his parents, his sisters, his brother—he came from a family of five children—they were all buried in New York. And, instead, he made a different decision. He decided to be cremated and to have his ashes interred at Arlington Cemetery.

And, looking back on it, I think I understand why. He had the sense that, despite all that he was able to do after he served our

country, the most important time of his life was when he was serving our country. And because of that, he decided to rejoin his comrades in arms after he died.

So when I vote to support you, to support veterans around the district and around our country, I feel what I am really doing is honoring my father.

Thank you very much, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Grayson.

As a former Member of this Committee for 6 years, and we miss her, Ms. Brown-Waite from Florida, you are recognized. We appreciate your being here today.

OPENING STATEMENT OF HON. GINNY BROWN-WAITE

Ms. BROWN-WAITE. Thank you very much, Mr. Chairman. We appreciate your holding this hearing today.

Good morning. I am Ginny Brown-Waite. My district comes right up to Orange County. I have the second highest number of veterans of any Member of Congress, and so obviously my 6 years that I served on the Committee were very, very important to me. I still continue to follow the Veterans' Affairs Committee and what is happening and the importance of meeting the needs of veterans.

The greener pastures—and I am not sure they are green—but the Committee that I now am on is the Ways and Means Committee, which means I will have, you know, still an input on providing the necessary funds to make sure that veterans' needs are being met. I enjoyed the 6 years very much that I was on the Committee and will continue to follow the Committee hearings. And, with the number of veterans that I have in my district, you know that this is very important to me.

I also would like to, with your permission, Mr. Chairman, recognize Dick Harkey, who is a district staff representative for Congressman John Mica, who represents a large portion of this Orlando area. He could not be here today, but he did care enough to send a staff person.

I would also like to request unanimous consent to submit his letter about his views on welcoming the new VA hospital here. And, with that, I will hand that to you.

The CHAIRMAN. Without objection, this will be accepted into the record.

Ms. BROWN-WAITE. I appreciate that.

[The letter from Congressman Mica appears on p. 48.]

Ms. BROWN-WAITE. Since coming to Congress in 2003, I have seen firsthand the number of needs of veterans. As a matter of fact, before I got sworn in, I think the VA was swearing at me, because I wanted to make sure that veterans' needs were being met. We have developed a good relationship. When I call the VA, they are always very responsive because they know I verify those numbers.

And, to my colleagues who are new to Congress, I would suggest you do that with every agency. If they give you numbers you just don't feel are right, go ahead and challenge them, get your numbers straight. And don't be afraid to challenge any agency.

With the thousands of soldiers who are returning from the frontlines who survive wounds that previously, in previous wars, would have killed them, it is Congress' obligation to care for these

injured men and women. The opening of the full-service Medical Center for veterans in Orlando is a huge and important step in fully meeting the promises that the Federal Government made to our men and women in uniform. Veterans will no longer have to travel 2 hours to Tampa or Gainesville or Bay Pines or any of the other facilities for treatment; it will be right here. And Orlando will no longer be the largest metropolitan area without a VA hospital.

This $665 million facility will have 134 in-patient beds, in addition to the 120-bed community center and 60-bed residential rehabilitation program. It will have state-of-the-art medical equipment and serve hundreds of thousands of veterans in central Florida. The hospital will also serve a critical need in meeting the expected needs of those entering the VA system over the next few years.

As a result of the war in Iraq and Afghanistan, the VA is expecting a large influx of new patients into the healthcare system. Yet more does need to be done. We have fought hard in Congress to ensure the Federal Government meets its obligation to those who serve their country. And I can tell you that this is on a bipartisan basis. It is not just the Republicans, and it is not just the Democrats. This is one of the issues that we work in a bipartisan manner on, to make sure that veterans' needs are being met.

Most of my veterans go down to either Bay Pines or Tampa right now. And in the James Haley area, the hospital there, we have a spinal cord injury extended care program that was funded just about a year ago. It is a 30-bed, 22,000-square foot facility. And it has met a very vital need in the community. As you know, there are so many Iraq and Afghani veterans coming back who sustained traumatic brain injuries (TBIs) and/or spinal cord injuries. This is a blessing in the community, that we have this wonderful care there.

However, there are still a lot of improvements that must be made in the handling of veterans' healthcare. For instance, the tracking of medical records still includes paperwork and hard copies of medical records accompanying servicemembers transferring stateside and, ultimately, to the VA. Obviously, the Department of Defense (DoD) and the VA have to work much harder on the Joint Patient Tracking Application and the Veterans Tracking Application system.

I look forward to hearing from the witnesses who are here today about the progress of the new Orlando VA Medical Center and what technologies the Medical Center will utilize.

I welcome all of the witnesses and appreciate their taking the time to help inform us of the progress that is taking place on this very important facility today.

And, with that, Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. Thank you, Ms. Brown-Waite.

Mr. Posey, we thank you for joining us today and welcome you to our hearing. You are now recognized.

OPENING STATEMENT OF HON. BILL POSEY

Mr. POSEY. Thank you, Mr. Chairman. I want to thank you for holding this hearing today.

East-Central Florida has been in need of a veterans hospital for quite some time. A hospital for veterans in this underserved area of our Nation has been talked about since the early 1980s. With actual construction set to begin this summer, I am pleased to say that the local hospital for our veterans is well on its way to becoming a reality for all those who have waited for so long.

I thank you, Mr. Chairman, for the work you do on behalf of our Nation's veterans and for your support of this veterans hospital. I know that the veterans of east-central Florida thank you for taking the time to come on down here to Florida and to hear directly from them.

Representatives Brown and Brown-Waite, you are fighters for all our Nation's veterans, but Florida veterans in particular. Thank you for being here and for your work on the Committee and on behalf of the veterans hospital over all these years.

I am glad to join my colleagues, Representative Kosmas and Representative Grayson, as it is the veterans across our Congressional districts who will benefit the most from this hospital once it opens its doors.

I think we also owe a debt of gratitude to our predecessors, Congressmen Dr. Weldon, Ric Keller, Tom Feeney, even as far back as Lou Frey, who worked so hard at getting this project off the ground, who at one time recognized it as a dream that needed to be fulfilled, who got the hospital authorized and who are responsible for securing the appropriation of nearly half the funding needed for the hospital.

I believe more than anyone else, however, we owe a debt of gratitude to our veterans, without whom we would not be here today. Not only have the veterans in this community been working so hard to see this hospital become a reality, but it is they who sacrificed and gave of themselves to defend our liberty and protect this Nation. We owe much to the veterans of yesterday, today, and tomorrow. This hospital is but a small token of what we could and should be doing to make sure that their needs are met.

Florida is second only to California when it comes to where veterans choose to reside. More than one-third of Florida's 1.8 million veterans live in central Florida. Yet, currently, there is no VA hospital to serve our veterans. This is particularly troubling given the fact that this area is the number-one destination for combat veterans over 65 or veterans who have 50 percent or more service-connected disability. The need is, in fact, great.

My constituents in Osceola, Brevard, and Polk will be well-served by this hospital. In 2012, when this hospital opens its doors, more than 400,000 veterans in central Florida will be served by this state-of-the-art facility. Veterans seen at the clinic in Brevard or the community-based outpatient center in Kissimmee will now have an in-patient facility closer to home and within the VA healthcare system that can care for their specific needs. I also believe that the co-location of this facility with other medical facilities, including the new medical school, will greatly enhance the medical care our veterans will receive.

I recalled earlier this morning a personal observation. When my father-in-law, years back, was told he needed to have both legs amputated, it was pretty tough to deal with to psychologically work

yourself up mentally to have your legs amputated. But he did it, and he was transported to Tampa. And when he got there, after the agonizing months of facing that surgery, they told him, "Look, we are at capacity. You have to go home and come back another day." My, how times have changed, and they have changed for the better. And it has been thanks to leadership like yours, Mr. Chairman.

Thank you, Mr. Chairman and veterans, for what you have done for our Nation and on behalf of your fellow veterans.

The CHAIRMAN. Thank you, Mr. Posey.

The lady sitting next to me has served with me on the Veterans' Committee for 17 years. There is not a more passionate or aggressive advocate for veterans in the United States, and particularly in Florida, than Ms. Brown. She never stops fighting for veterans.

She invited me to be with her in Jacksonville yesterday and Orlando today. But when you have an invitation from Corinne Brown—"invitation" implies choice. When Ms. Brown gives you an invitation, it means you better be there.

You have an incredibly good Congresswoman, and I am pleased to recognize Ms. Brown for her remarks.

OPENING STATEMENT OF HON. CORRINE BROWN

Ms. BROWN OF FLORIDA. Thank you, Mr. Chairman.

First of all, I want to thank the Commission for letting us have this hearing here.

And Commissioner Linda Stewart is here. And good morning, Linda, and thank you for joining us.

Ms. STEWART. Thank you for joining us, and thanks for everything you do. Thank you.

Ms. BROWN OF FLORIDA. Mr. Chairman, I want to thank you for holding this hearing today in Orlando. And I appreciate the time that you have taken from your district to visit our district.

We have served together on the Committee on Veterans' Affairs for 17 years. And I want to say, your leadership as Chairman has been marked by the largest increase in the healthcare budget in the history of the Department of Veterans Affairs, and I want to thank you.

And let's give him a hand.

I am pleased that you were able to come to Florida, and I am pleased to show off to my constituents your leadership.

We have been waiting for a full Medical Center here in central Florida for 25 years. When we broke ground last year at the site, I was excited about the medical complex that has been planned, along with the co-location of the new University of Central Florida Medical School and also the Burnham Institute for Medical Research. This biotech cluster will allow this area to become one in which doctors and researchers can work together on the needs of our area veterans.

And let me mention, Mr. Chairman, that is exactly what we are trying to do in Jacksonville. And the medical complex is already in place, where you have the Shands hospital, teaching hospital, you have the University of Florida, and you have the VA already located there. And there is another model that we are trying to do

in the New Orleans area. So this is a model that I think works very well for the VA.

Years ago, during the first Base Closure and Realignment (BRAC) process—and I had just gotten elected to Congress, and it was a very traumatic experience for me—I brought down Secretary Jesse Brown, in my opinion one of the greatest VA secretaries that we have ever had. I convinced him, in my own special way, that we needed to keep the hospital for the veterans. And he was able to go to the Department of Defense, and they gave that hospital to the Department of VA. And we were able to get the money there and convert that center, the Medical Center there. And so I want to make sure we keep that center operational in conjunction with the hospital that we are trying to get.

I am pleased that all of the witnesses are here to discuss the infrastructure needs in central Florida. Florida has one of the greatest population of elderly veterans in the country, and we are not getting the facilities to help us with all these people. We have great climate, just like you do in California, but you don't have the hurricanes, and we love it here. And we need the infrastructure support, and we don't need to wait another 25 years. So I am excited that, as we move forward, that we look at design-build.

And, in closing, I think it is important for me to mention and repeat the words of our first President of the United States, George Washington. He said, "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of the early wars are treated and appreciated by their country."

The people here in Florida are the best people, and I am pleased to hear from my constituents and the VA on their views as to what we are going to do in this area to make sure it happens.

Thank you again, Mr. Chairman, for being here. I yield back the balance of my time.

The CHAIRMAN. Thank you, Ms. Brown.

We are all excited to be here. We have a new Administration in Washington and a new Secretary of the Department of Veterans Affairs. General Shinseki, a Vietnam combat veteran, is the new Secretary for VA. He had a foot amputation and he understands what veterans go through. As an Army commander and then Chief of Staff of the Army, he was known as a "soldier's soldier." He looked out for his men and women. I call him a "veteran's veteran," as he will continue to look out for veterans.

We go into this year with a great deal of optimism.

Ms. BROWN OF FLORIDA. Mr. Chairman, will you yield just a second about the Secretary?

The CHAIRMAN. Sure, Ms. Brown.

Ms. BROWN OF FLORIDA. I am very excited about him. He only has one problem. He has not been to Florida since boot camp. And so, his image of Florida is not what it needs to be. So I have invited him to come to Florida as soon as possible. But his experience in boot camp wasn't exactly a positive image of Florida.

I yield back.

The CHAIRMAN. I will tell you, at General Shinseki's first appearance in Congress this year, the first invitation to visit a district came from Ms. Brown. So she is on the case.

We will start with our first panel: Neil Euliano, the Immediate Past Chairman of the Central Florida Veterans Memorial Park Foundation; and Bill Nelson, who is the Executive Director of USA Cares.

They have submitted written testimony, which we will put in the record. If you could summarize your remarks in 5 minutes, so that we will have some time for questions, that would be great.

Dr. Euliano, you are recognized.

STATEMENTS OF NEIL R. EULIANO, MBA, PH.D., J.D., PAST CHAIRMAN, CENTRAL FLORIDA VETERANS MEMORIAL PARK FOUNDATION INC., ORLANDO, FL; AND WILLIAM H. NELSON, EXECUTIVE DIRECTOR, USA CARES, INC., RADCLIFF, KY

STATEMENT OF NEIL R. EULIANO, MBA, PH.D., J.D.

Dr. EULIANO. Thank you very much, Chairman Filner and Members of the Committee, particularly Congresswoman Brown, who, I am pleased to say, that you are correct in assuming what she has done for the veterans is paramount to this district.

I am pleased to appear before the Committee to speak on the infrastructure of the new Veterans' Administration complex at Lake Nona. And I thank you for the opportunity to discuss the potential for greatness of this facility.

At its core, I believe this facility is a straightforward mission of providing the best possible medical buildings. And while bricks and mortar may be straightforward, the infrastructure that will constitute this facility will be more difficult. We are preparing for a hospital that will operate in the future, and we must address an infrastructure that will come into existence 4 to 5 years out and make our best efforts to make sure that infrastructure is state-of-the-art and malleable enough to adapt to future programs and needs. I realize it is difficult to think ahead when most of us do not believe in the weather forecast 3 days out, but my point is that we are changing and changing rapidly.

Did you know the top eight jobs in demand next year did not exist in 2002? We are currently preparing our Nation's students for jobs that don't yet exist; technologies that haven't yet been invented; and solving problems that have not yet been identified as problems.

To wit, Convergent Engineering, a new emerging company in central Florida, focuses on applying artificial intelligence, advanced signal processing, and cutting-edge technology to biomedical research. Their goal is to solve high-risk, high-reward problems in biomedical engineering. Data is everywhere, but useful information is rare.

Let me give you an example. Something called "poor medication adherence" occurs when patients do not take their pills or forget to take their pills. It has a significant negative impact on pharmaceutical manufacturers in the healthcare system. Patients suffer from increased mortality, increased recurrence of chronic conditions, increased hospital and nursing home admissions. Pharmaceutical manufacturers lose revenues of $25 billion a year because of unfilled prescriptions. Healthcare systems suffer increased costs, estimated to be over $100 billion, from additional patient care re-

quired. And in certain populations, such as psychiatric illnesses, patients are particularly prone to poor adherence.

But a pill has been developed, a pill with a memory chip. This pill will be uniquely identified once it enters the digestive track, and a detector can be worn on your arm like an MP3 player. This system uses a proprietary integrated circuit designed to minimize difficulties in communicating inside the body. While you are driving to the doctor's office, he can access your internal data and be better prepared to diagnose your problem.

Will our new facility be ready for this technology? Let's look at the new inventions and procedures in just the last 5 years: surgical robots for the performance of precise surgery; wireless medical devices and communications that I was just talking about; large MRIs and other imaging devices; expansion of laparoscopic surgery—open heart surgery no longer necessary when they can do it using laparoscopy; increased need for isolation rooms to prevent spread of disease; and new proton beam cancer treatment.

Now, let's look at the future 5 years from now when this hospital comes online: new genetic medical research results; nano-medicine. Sixty-five billion dollars wasted yearly in poor bioavailability. "Bioavailability" is when you take medication and it doesn't get to the problem. In vivo electronics: ocular sensing, brain-machine interface, spinal cord repair—all implantable or wearable devices. We are not just changing; we are changing exponentially. And it is important our infrastructure addresses those problems in the future.

As Cathryn Bang, a Harvard, MIT graduate, says, there is a technology race in healthcare. Hospitals are investing in new medical technology at a frenetic pace. The goals are to improve patient outcomes, enhance patient safety, and decrease operating costs.

Five years ago, there was only one proton treatment center in the country. It was in southern California. Located in Loma Linda, it pioneered cancer treatment unheard of 10 years ago. Proton beams treat prostate cancer, lung cancer, and brain cancer, and they do so without damaging good cells as they get to the bad cells. So far, 21 new centers are being planned, and over 60,000 patients have already been treated in just a very short period of time.

And will our new medical facility be able to handle that new technology? I can break down the infrastructure into hundreds of parts, but there are three core areas I want to talk about.

Health workforce systems: Who are the health workers? Are they prepared? Who is going to train them?

Information and communications, patient surveillance and alert systems, organizational systems and capacity. A strong health organization gives facilities better use of the tools, information, and their workforce.

And last is partnerships. Earlier, I mentioned a company in biomedical research. Let me mention a few more with roots right here in central Florida. The VA hospital could partner with the United States Army's PEO STRI, Simulation, Research and Training. Located right here in Orlando, it can integrate the latest methods of modeling and simulation and provide Veterans Affairs Medical Center (VAMC) with the latest technology available in the world. Burnham Research Institute in Orlando, a new research company is moving in here with chemistry, pharmacology, and functional

genomics as their specialty. Nemours, a new Orlando neighbor, is one of the largest children's care and research centers in America. And we have our own University of Central Florida's new medical school and school of nursing, supplying healthcare professionals at every level. The Central Florida Research Park, with its many cutting-edge research firms that produce new technologies. These can be partnered very well with the new VA Medical Center.

As I come to the end of my litany, my message is that we must move forward at deliberate speed with a visionary approach to the future.

Thank you, Chairman Filner and the Committee, for allowing me to testify this morning.

[The prepared statement of Dr. Euliano appears on p. 39.]

The CHAIRMAN. Thank you for your visionary views. I am just worried about the veteran who forgets to swallow the memory chip.

Mr. Nelson.

STATEMENT OF WILLIAM H. NELSON

Mr. NELSON. Mr. Chairman, Members of the Committee, thank you for the opportunity to address the Committee at today's hearing. I am Executive Director of USA Cares. We are a Kentucky-headquartered national charity. I am joined here today by my local Florida regional manager, Ms. Cheryl Lynn Sagester, who is sitting back here behind me.

What we do is we are a charity that provides financial assistance grants to military personnel and veterans' families in times of need. USA Cares serves post-9/11 military and their families in three key areas: quality of life, housing, and combat-injured, which includes our visible and invisibly wounded. Since 2003, USA Cares has provided over $5.5 million in direct financial aid to help our military families in these three program areas. We don't do loans; we do grants.

Our work in the combat-injured program is most relevant to today's subject matter. And I would like to take just a few quick minutes to describe what we have learned, for the Committee's consideration.

While USA Cares has provided significant financial relief to uninjured servicemembers and their families, it is surely the combat-injured who are presented with a host of unique challenges. At USA Cares, we get roughly 5,000 requests for assistance a year from military families and military personnel, and many of the toughest to resolve are those who are combat-injured.

Any servicemember or veteran who has served since 9/11 in a combat zone and was shot, hit by an improvised explosive device (IED), or became chronically ill is eligible for our assistance. Many of these combat-injured have been discharged from active duty and now rely on the Veterans Health Administration to competently deliver promised and earned medical benefits.

One persistent issue that my caseworkers in our advocate center face is often the prohibitive distance from a Medical Center to the veteran's home. Obviously, the local hospital being built here is a great relief to that problem.

I will give you a quick example. One of our national spokespersons is a young sergeant named Bryan Anderson. Bryan lost

both his legs and his hand in an IED explosion in Iraq. He received great care during his recovery. Kudos to all those who helped him there. But his prostheses were single-sourced from a company four States away from where he lives. And, of course, whether he lived here in Florida or elsewhere, oftentimes these veterans have to go to that site to get those devices updated, refitted, and taken care of.

At USA Cares, it is not uncommon for a wounded veteran to contact us requesting financial assistance to help make the journey to that single site to get that particular item taken care of. So, certainly, more attention needs to be paid to the sourcing of some of these quality-of-life, critical items for our veterans, like prostheses, where his presence is necessary for an actual fitting or an adjustment, where they have to make those travels.

USA Cares has developed what we call our Warrior Treatment Today program in response to the significant need for veterans and active-duty alike to access treatment for post-traumatic stress disorder (PTSD) and TBI. A RAND study of last April indicated at least 300,000 afflicted servicemembers and veterans with this problem. About half of those are estimated to be untreated or undiagnosed as of yet. Many veterans we find will not accept residential rehabilitation for PTSD because they can't leave their jobs. They can't afford financially to leave their job for 2 months or 3 months and go get the care they need at a Veterans PTSD rehabilitation center.

USA Cares, in cooperation with the VA, is working with veterans referred to residential rehab treatment. We are paying their household bills. Basically, if somebody is referred to me by a VA PTSD treatment center that, "Hey, this veteran would like to come in and get treated, but he cannot afford to come because he can't afford to pay his mortgage and his house payment and his bills to go spend 2 months getting what he needs done done," at USA Cares we are paying his bills for him so he can access that treatment.

The program is up and running in Texas, for example, and we intend to extend it here in Florida, particularly in central Florida, and in our home State in Kentucky. I know Florida has two residential rehabilitation centers for PTSD. I am pretty sure, as I talked to them, both are operating at capacity now with a fairly significant waiting period to get in. And that is pretty consistent with other rehab centers for PTSD I have talked to across the country.

Given the alarming suicide rate among not only our active duty—I think it is at historic highs, at the moment, for active duty and veterans, I would like to propose, certainly, that a more robust public-private partnership be nurtured here in Florida and nationwide to do these kinds of things.

In Texas, I have some private-sector providers who currently provide DoD-approved PTSD treatment programs and actually have active-duty patients in them right even as we speak. This safety valve of a private-sector program is saving lives that might be lost while waiting in line for a VA bed to open up.

I will give you one example. We had an Operation Iraqi Freedom (OIF) veteran in Texas who had been assigned a bed date for the Waco program, residential program, but his bed date was 2 months

away. He attempted suicide. He spent a week in a clinic. Of course he has a wife and two children. Our concern was what happens to him when he comes out, with a 2-month bed date. Working with the local OIF/Operation Enduring Freedom (OEF) program manager, they found, with us, private foundation funds to actually allow this veteran to immediately go into a residential PTSD program with one of my private-sector partners. I think we saved his life because he wouldn't have made it to his VA bed date at the rate he was going.

The OIF program manager did not have VA funds to make that happen, so she had to rely on a local foundation and USA Cares. I believe most of our OIF/OEF program managers that I have worked with would eagerly embrace an option, if funds were available, to fee out our high-risk veterans who have a suicidal episode or two or three and are waiting for months to get a bed date to go to that residential VA facility.

The recent murder-suicide that was reported in Las Vegas, I think everybody saw it. This young airmen who killed his wife and then himself about 2 or 3 weeks ago had something like 38 separate psychiatric or psychological visits to Air Force medical support people. He desperately needed to be in a residential program and was not in one. It is a tragedy. Anything we can do to prevent that loss is one more.

So I would recommend that, if possible, take a look at developing a line-item-type capability for that OIF/OEF coordinator that is out there in the field that is dealing with lots of veterans. One that I talked to in Big Springs, she is pretty burned out after 4 years of dealing with veterans with limited resources. She has a thousand veterans to care for and 321 screened for PTSD. That is the level of the problem. Multiply that by hundreds of OIF/OEF coordinators across the country—here in Florida certainly is a good example of that, as well—and you can see what the magnitude of that problem is.

Finally, on infrastructure, I think based on our experience of 6 years helping post-9/11 veterans that a public-private partnership is, in fact, the best answer to critical, right-now needs. I do believe in and certainly encourage building more VA hospitals. I am a 20-year Navy vet, so I am happy to see more infrastructure going in that direction myself, and I certainly appreciate that.

And I know finding the medical staff to fill those hospitals is an ongoing problem, but I hope the Committee will take under advisement the fact that certain needs must be addressed right now. We are losing veterans right now, particularly in the area of PTSD and TBI treatment. The private sector is helping some, but I would encourage a much stronger partnership and some flexibility in funding for our local OIF folks to find answers for their high-risk veterans.

I thank the Committee for your time.

[The prepared statement of Mr. Nelson appears on p. 41.]

The CHAIRMAN. Thank you so much for those insightful comments.

Ms. Brown, any questions?

Ms. BROWN OF FLORIDA. Thank you. Yes, I do.

Doctor, thank you for your testimony.

I have a quick question. You talked about the proton beam, and I am very excited about that. We have it in Jacksonville at Shands. But this is a very expensive piece of equipment. One of the reasons why I like the model of the VA and the teaching hospitals all being together is that they can use this equipment. We don't all have to buy that piece of equipment. And like what we are trying to do here, we can use it together and share and share the same employees.

What do you think about that model? I mean, because this piece of equipment is very, very expensive. We only have three operational proton beams in the whole country. But, like you say, it is cutting-edge, as far as killing the bad cancer cells and not destroying, you know, the other tissue.

Dr. EULIANO. You are correct, Congresswoman. It is a very expensive piece of equipment, and it comes with a lot of technology, but the benefits of it are immense. With these cancers that are very difficult to treat, you can be treated as an out-patient. Five days of treatment can virtually cure prostate and brain cancers. The beam goes in; it doesn't damage good cells as it passes; it doesn't damage good cells as it leaves the body. And, as you might suspect, when we get up in years, some of these cancers become more prevalent. And it is an excellent idea to share that.

The one in Jacksonville with the University of Florida is Florida's first and only one, thanks to the people in southern California who pioneered this many years ago—not many, but 5 years ago.

I think, if there were any way to get extra funding to put a proton cancer beam or a positron tomography in the new VA hospital, you would do this area, this community, this southeastern United States a great service, just a great service.

Ms. BROWN OF FLORIDA. Well, sir, I just want you to know, when I heard about the proton beam in Jacksonville at a board meeting, I said we had to have one, and we have it. And it is up and operational. So, I know that cutting-edge technology will really help the people in the area—and that is something that we should probably work for in this area. But having the medical complexes, it is just too expensive just for one hospital, but it is something—that is the kind of shared equipment that we need to push forward.

Dr. EULIANO. I think that the Jacksonville facility is going to be a boon for Florida, first of all——

Ms. BROWN OF FLORIDA. If we ever get it up and operational, the Jacksonville facility.

Dr. EULIANO. Yes, it is operational——

Ms. BROWN OF FLORIDA. No, no, no—yes. I am talking about the facility we are trying to do there for the veterans. You know, we had testimony on that yesterday.

Dr. EULIANO. In Jacksonville, yes.

Ms. BROWN OF FLORIDA. Did you understand my question?

Dr. EULIANO. The veterans facility in Jacksonville is close to my heart. I have two kids that are MDs at Shands at the University of Florida, and they are excited about the new facilities the VA is responsible for in those particular areas. Was that your question?

Ms. BROWN OF FLORIDA. Yes, sir. Yes, that is pretty much close to it.

Dr. EULIANO. And I apologize for not hearing. A long time ago, far, far away, I lost an eye and an ear, and Joe Battle has agreed to help me out this morning.

Ms. BROWN OF FLORIDA. Thank you.

Just a last question for Mr. Nelson.

Mr. Nelson, it has been a real challenge getting the VA to partner with other organizations. And, you know, we have been discussing how is the best way to do that, and the Chairman said maybe we should just take a billion dollars and do partnerships in the different communities. But there has to be some way that we can expand the reach of what we are doing. Because the VA does a good job, but they are definitely not meeting the needs of the mental health patients. We have the highest suicide rates, so we need to be doing more. And we should be able to partner with these local organizations that work with mental illness and drugs and other things.

What do you think is the best advice you can give us, as Members of Congress, to get VA to do more partnerships?

Mr. NELSON. Well, I think it is true that I hear the Washington rhetoric about more resources for the VA in the budget and yet, when I talk to OIF/OEF program managers who are working with the veterans out in the countryside, they are being told their resources are being reduced. So there is that whose-reality-are-we-dealing-with-today kind of problem.

So, the real reality is the one that our veterans face every day that need treatment. And I would say that there are wonderful organizations—not just mine alone; there are many—that would love to help the VA in working with local veterans. We are in a situation where we never deployed the Guard and Reserve before, like we did in this war. I mean——

Ms. BROWN OF FLORIDA. They are our draft.

Mr. NELSON [continuing]. All these folks are all over our neighborhoods. We have a huge mental health problem. These folks are not just sitting on an active-duty base waiting for help. They are working at Lowe's, they are working at Home Depot, they are in your library, or they are teaching in your schools. They are in Baghdad on Monday, they are home on Thursday. That is the reality of this war and what they have to face.

So I do know that many of the OIF/OEF program managers I work with would love to see some protected money provided to them as a safety valve so that they can, in fact, energize the private-sector help when they have a high-risk veteran that just cannot get help in time because the VA's facilities are quite crowded.

Most people will tell you that the family is a key player in the rehabilitation of a PTSD patient. The answer of taking a VA patient, a veteran, shipping him four, five States away from his home because there may be a bed four or five States away is a pretty unacceptable answer, because we need her there. She is part of the solution, and she has already been part of, you know, the system that is keeping him alive, at this point, with his PTSD.

So we need local support, empowering that OIF/OEF program manager with line-item funds that she or he can use at least at a minimum to save the high-risk veterans and use local community

assets to do it. I think you would find that people would step right up and support it.

As I say, in Big Springs, Texas, the OIF coordinator, she went out and found a local foundation literally to pay the TRICARE rate to put a young veteran into a private program that, by the way, already had 17 active-duty people in that program. So when we are talking about private-sector options, we are talking about private-sector options that DoD is already exercising for their active-duty soldiers because they know they don't have enough beds in the active-duty military treatment facility world to handle the number of PTSD patients they have.

So I think that would be part of it. More money at the top of the VA is probably not going to filter down to that person unless we had some specificity in that capability.

Ms. BROWN OF FLORIDA. Thank you so much.

The CHAIRMAN. Thank you.

Ms. Brown-Waite.

Ms. BROWN-WAITE. Thank you very much, Mr. Chairman. And I was remiss before in not expressing the fact that Ranking Member Steve Buyer could not be here today, which is one of the reasons why he asked us to be here to represent our side of the aisle.

You know, a public-private partnership truly is a great idea. It takes a lot of work. I know because I did it in The Villages here. The Villages is a housing area, massive housing area that encompasses three counties. And I got the developer to give the land and the building for a community-based outpatient clinic. It takes a lot of convincing, a lot of "Of course you want to do this for the community," but it truly is a win-win. It is a win for the veterans who are in the area, and it certainly is a win for the VA because they don't have to spend the money for additional facilities.

But it is tough to convince people to donate, particularly in this economy. But if you are persistent enough and sometimes sweet enough and sometimes tough enough, you can get it done. And I know, Ms. Brown, you are sweet and tough enough to get that kind of public-private partnership to work.

Ms. BROWN OF FLORIDA. Would the gentlelady please yield for a second?

I agree with you. But I am saying that I think—and I don't know exactly how we should do it; you were on the Committee—that it should be some kind of incentive dollars that we could partnership with local partners. There are organizations, like this gentleman, USA Cares, that if we had some incentives to work with them and put out grants, so that it will be, you know, working with the public-private partnership.

Ms. BROWN-WAITE. Absolutely. And that is one of the things. There are organizations around. I know there are a couple——

Ms. BROWN OF FLORIDA. So we can stretch our dollars. That is what I am saying.

Ms. BROWN-WAITE. Right. Absolutely. As I said, it is a win-win. It is a win for the VA because they don't have to do the capital expenditure. And it is certainly a win for the veterans, who have healthcare closer to home.

One of the questions that I have—I had introduced a bill that still has not yet been heard in the Committee but one that I think

probably we could tailor to the needs of whether it is PTSD or whether it is the prosthetic needs. And that is that if a veteran cannot get healthcare within 30 days—now, PTSD may need to be immediate—but that he or she would have the right to go to a private provider and have the VA pay for the bill.

I think that that is absolutely a necessary thing, particularly in today's world. Now, quite honestly, veterans in Florida have a lot more selection in close proximity of facilities, whereas in North and South Dakota and other States they do have to travel that amount of time. And it just seems to make sense that the VA should contract this kind of care out.

Mr. Nelson, I would like to ask you—you know, like you, I believe PTSD is such a serious issue. Do you know what programs out there are really working and what programs aren't working? I want to make sure we are not spending public dollars on programs that may be there and be in the community but really aren't working. Can you share your experience with this panel?

Mr. NELSON. Yes, ma'am. I am not a clinical expert; I am more of the kind of guy that sees a barrier to a veteran who cannot get to that program because of financial issues.

But I would say the VA is running an excellent program. The PRRPs, the PTSD Residential Rehabilitation Programs, I think are excellent. They are replicated by a number of private-sector providers, as well, in all the latest techniques that they use. I am familiar with a number of very cutting-edge national experts that the VA draws in to keep their programs up to date.

I think our biggest problem is getting veterans to these programs. Many of them won't come because they know they can't afford to leave work for 2 or 3 months. So they are not even accessing that quality program that is out there.

Ms. BROWN-WAITE. Sir, maybe I misunderstood you, but I thought you said that there was a wait in the residential programs.

Mr. NELSON. Yes, ma'am. It is interesting, I talked to the head of the VA's PTSD program, who is probably going to hate me for saying this now. But he asked me to keep him informed if I came across a residential program that had a waiting line longer than 2 weeks. And I haven't found one yet that had a waiting line less than 2 months. So I am not sure whether that inside-Beltway thing is going on again here, but there is certainly a difference in reality between what perhaps people think the length of time to access programs is. But normally it is running about 2 months in most of the centers I have talked to. I think that includes the one here at Bay Pines, as well.

Ms. BROWN-WAITE. See, sir, that is exactly the kind of information that policymakers like the Members of the Committee and Members of Congress need to know, not just what we are told by any agency, but actually, you know, the experience of people on the ground, such as yourself.

You know, I camped out in a community-based outpatient clinic to get real data. Did the VA like it? No. But did it accomplish what needed to be done? Yes. And so, your sharing this information with us about the wait times is very, very important, and we appreciate it. And I think our job is to find out, you know, why do they need more funding.

The OIF/OEF coordinators, your view is that they are totally underfunded, is that correct?

Mr. NELSON. Well, I think in the areas where I have had dealings with them, their biggest frustration has been certainly in funding and in resourcing, you know, for the veterans assigned to them. When we talked about trying to fee out this one individual who was a high-risk veteran, she simply had no funds to do that whatsoever. It was just not even an option. He either waited in line for these—by the way, Texas has about 1.7 million veterans, and they have one residential rehab center, and that is in Waco, Texas, which puts about 240-ish through a year. That is their throughput. They screen about 5,000 a year there.

Ms. BROWN-WAITE. So could we gather the kind of support for a, you know, maximum of 30-day wait period, less with PTSD if the need is there? How does the OIF/OEF coordinator treat the immediate need? It is today, it is not 15 days from now, it is not 30 days from now, that person needs treatment today. I know, in my district, they pick up the phone and call me. But how does this get handled?

Mr. NELSON. Well, in the one case I mentioned, I did call Senator Hutchison's staff, and her case manager was able to give us a hand to move this particular veteran to the front of the line at the VA facility. But if you have flown on an airplane lately, being wait-listed is like not getting on the plane. It is usually pretty full. The same thing is certainly true at the VA centers; they are full. So being at the front of the line isn't really much comfort.

They really need to have the capability to go to qualified private-sector providers and take the high-risk veteran and get them the help they need.

Ms. BROWN OF FLORIDA. Mr. Chairman? Mr. Chairman?

Ms. BROWN-WAITE. May I just continue along the line of questioning before you go ahead?

Sometimes I hear from veterans organizations, they are fearful that, when we start contracting out, that it will impair the funding that goes to the VA. Give me your views on that, please.

Mr. NELSON. Well, I had two tours in the Pentagon. I have worked on budgets. So I do understand those competitions for different pots of money. I would say that that is an issue, and I know it is a concern. It is back there. But what I see is a veteran that needs to help, and a wife and two kids, and they are calling me on the phone and she is crying. He needs help, now.

Ms. BROWN-WAITE. But there are more veterans service organizations that fight and don't want the private-sector involved. They are fearful of a takeover.

Mr. NELSON. Well, all I can say is that, if you believe most of what the RAND study provided us, that there are 300,000-plus active-duty and veterans who probably have a PTSD issue, and half of those have yet to be diagnosed or come forward. And the VA is already maxed out in the facilities it has. If there is not a private-sector component to this, I am not sure how we are going to avoid another Vietnam era, where we have a lot of veterans who are self-medicating with drugs and alcohol, who are not getting treatment.

Ms. BROWN-WAITE. Mr. Chairman, I appreciate your indulgence. I yield back.

The CHAIRMAN. Okay. Ms. Brown.

Ms. BROWN OF FLORIDA. Yes, but when we have the Department speak, would you ask them to speak to this issue? Because my understanding, the way it works now, if a veteran—they can go to a hospital, but the question is whether or not the VA will reimburse them. And so maybe we can—and I think in your bill you pushed the VA to reimburse them for these issues.

The CHAIRMAN. Ms. Kosmas.

Ms. KOSMAS. Thank you, Mr. Chairman.

I just would like to make a couple of comments in response to your testimony and to suggest that, first of all, Dr. Euliano, I really respect your visionary perspective on what can happen and should happen as we move forward, building this great facility and being prepared for, as you say, things we don't even know exist right now, but we are moving in the right direction for better healthcare, better equipment.

I think you touched on something that is very important to me, and that is the uniqueness of the opportunity that we have here at the medical city to provide the kinds of partnerships that will put us on the cutting edge of both science and technology in order to ensure not only that the VA hospital, VA Medical Center is state-of-the-art but also the opportunity to partnership with both the UCF Medical School, their school of nursing, to provide perhaps the personnel that we need, the Nemours Children's Center, and the Burnham center.

And we met earlier this week with a group of related healthcare givers who are very, very interested in partnering and being part of what the President has outlined as the most significant thing we can begin to do now, which is the integrated healthcare technology. And so I think we have here a very unique opportunity to provide a prototype for the kind of sort of futuristic, if you will, opportunity that you have discussed. As you know, the research center there, attached to the UCF campus, is a breeding house for all the kinds of great new discoveries that you had talked about.

So, really, just a comment to say that we need to ensure that we build upon that synergy and ensure that all those organizations are working together to make sure that, as I said, not only the VA center, but that all the rest are able to take advantage of those things. And I appreciate very much your putting a spotlight on the need to do that as we move forward. Physical construction is one thing, but the opportunity to take advantage of those kinds of new technologies and scientific discoveries is extremely important to our ability to move forward with improving the healthcare here and around the country.

And, Mr. Nelson, I just wanted to thank you also for what you do. In this district, I have a constituent who I was chatting with several months ago. Her young son, a bright, shining, young individual, served in Iraq, came home, suffered depression, attempted to get healthcare through the VA, unfortunately took his own life. And that is just one example of a situation which is untenable to us, who have, you know, the duty and the obligation to provide care that is needed for these young people coming back from these wars. So I thank you very much for what you are doing in that regard.

And I wanted to suggest to you that, yesterday, in our roundtable of my veterans council, we had the opportunity to take input from—the University of Central Florida has on campus a program that they are just now beginning in order to take care of veterans' needs and provide a one-stop kind of location. And the University of Central Florida told us yesterday that they have 800 veterans enrolled in classes there at UCF as we speak, and that involves family members up to as many as 1,800.

So I was suggesting to your local person, Cheryl Lynn, that if we can put them together and also put them together with the gentleman, Barry Barker, from St. Petersburg, who is the processing center for this area, who has provided an opportunity on the University of South Florida campus, then perhaps we can put another situation together where we can have the opportunity to discover early where some problems may occur and then be able to put people in the right kind of care that they can use for the services that you provide and, I think agreement here, that we should be providing to a greater degree as the Veterans Administration.

So, again, I thank you both for being here. I don't have specific questions. I just wanted to make those comments in response to your testimony. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Posey.

Mr. Grayson.

Mr. GRAYSON. Thank you, Mr. Chairman. I understand that when we are in Washington the common way to ask questions is to invite the gentleman from Florida to ask questions but today that would be very confusing. So I understand why you said Mr. Grayson.

It's a thrill to have you here in my district. I really appreciate your visit, and I'm glad to see that so much of a large part of the Florida delegation is here today to address these important issues.

Dr. Euliano, the most common and almost pervasive problem among veterans returning from Iraq is neurological difficulties, essentially brain damage, often caused by concussions, often caused by IEDs; and recent studies show that 15 percent of all of our servicemen and women who return from Iraq suffer from that. What do you expect to see at Lake Nona to provide that kind of treatment which is so important to the people returning from Iraq?

Dr. EULIANO. As I mentioned before, one of the newest things is this proton beam; and, of course, there's other things that are out there that are coming forward now. One was the positron emissions tomography (PET), which is primarily used in cancer detection also. Those PET centers are springing up all over the United States.

In response to what Congresswoman Kosmas and Congresswoman Brown also said, which touches on what you are talking about, are these partnerships; and I think one of the questions was how can the Committee help in these partnerships. Congressman Charles Rangel just recently, within the last year and a half, awarded the University of Florida a million dollars for research on emergency room techniques. They expect to save 40 thousand lives as a result of this research. If this Committee could go back and fund some of these ideas for these young scientists that are out

there that are available to step up and make these inventions a reality, this would go a long way in helping the veterans and the general public.

The information that we get now is so immense that we have to set up these Committees that can fund things that can solve these brain injuries, these unique things that occur with veterans and the general populace as well. Any invention that is a life safety issue not only helps the veterans, it helps the general public.

The brain injury treatments that they have now are not the best that we can do. The best that we can do is to continue to develop these emerging technologies. And, as I said in my presentation, we're not just changing, we're changing exponentially. Which means that spreading widely—and I wish I could give you concise answer as to how these treatments could take place, but in 5 years everything that we say here may not be as relevant as we think.

Mr. GRAYSON. Well, thanks.

My question specifically is that we're going to have—we already have hundreds of thousands of veterans returning from the war in Iraq. Tens of thousands of them have neurological abnormalities that are permanent, according to what we're seeing in the medical records. Those tens of thousands include many hundreds, maybe even thousands, who are going to be living right here in central Florida and are going to be part of the veterans' medical system literally for the next half century.

So as we start to build a new facility that is meant to deal with problems big and small for veterans here in the population, knowing that that is one of the big, permanent problems that we face, are there any particular kinds of treatments, skill sets, facilities that you think that we need to include in order to make sure that we can deal with that problem?

Dr. EULIANO. I don't think the way it's currently set up that you can deal with that. I think you've only got 40 psychiatric beds in the new facility, and I think you will need far more than that. But it's a start. As people have said, we've waited 25 years for this hospital. We're not going to risk not getting it because we didn't get everything we needed. But these injuries are serious, they're complex, and they're profound; and we work with what we've got to work with today.

Mr. GRAYSON. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. We appreciate your testimony, and we will try to use it all in the legislative process. Thank you so much.

As the second panel is joining us, I want to just thank both Senators Nelson and Martinez for having representatives here and for being interested in the needs of our veterans. Please will send our regards to the two Senators.

If Jerry Bass, of the National Senior Vice Commander of the Allied Veterans of the World and Affiliates, will come to the table with Tom Walters, President of Central Florida Veterans. Andrew Marshall is the Supervisory National Service Officer for the Department of Florida, Disabled American Veterans (DAV); and Jerry Mullenix is the Assistant Adjutant for the Department of Florida for the American Legion.

Each one of you is recognized for 5 minutes, and we certainly appreciate all of your activities on behalf of our veterans.

The CHAIRMAN. Mr. Bass.

STATEMENTS OF JERRY W. BASS, NATIONAL SENIOR VICE COMMANDER, ALLIED VETERANS OF THE WORLD, INC. AND AFFILIATES, CALLAHAN, FL; COLONEL TOM WALTERS, USAF (RET.), PRESIDENT, CENTRAL FLORIDA VETERANS, INC., ORLANDO, FL; ANDREW H. MARSHALL, SUPERVISORY NATIONAL SERVICE OFFICER, DEPARTMENT OF FLORIDA, DISABLED AMERICAN VETERANS; AND JERRY MULLENIX, ASSISTANT ADJUTANT, DEPARTMENT OF FLORIDA, AMERICAN LEGION

STATEMENT OF JERRY W. BASS

Mr. BASS. Thank you, Mr. Chairman, distinguished Committee Members.

My name is Jerry Bass. I served my military duty in the United States Air Force, and currently I am the National Senior Vice Commander of Allied Veterans of the World, Incorporated and Affiliates. Some of you may remember when Congressman Crenshaw recognized our organization on the floor of Congress this past September. We are a small but persistent veterans' organization that works tirelessly toward one goal, of helping veterans' healthcare. During the last 20 months, we've donated over $2.7 million, most of which has been donated to veterans' healthcare systems in Florida. We realize that you as a Committee cannot do it all, and that's why Allied Veterans is committed to improving and helping improve the quality of veterans' healthcare.

However, I would like to commend you as a Committee and as Members of Congress. In these times when our dollars are stretched to the limits, you as a Committee and Members of Congress have awarded Veterans Affairs with what I've been told is the largest budget in its 77-year history. For that, I commend you.

Thus far, your commitment has directly impacted millions of veterans throughout these United States. However, as the influx of new veterans move into Florida, our budget continues to increase and so does the need for more healthcare for our State's veterans.

The new VA hospital slated to be built here in Orlando and opened in 2012 will serve over 400,000 veterans in the east-central section of Florida. Without your ongoing dedication to veterans, this new VA hospital would not be possible. This future state-of-the-art facility will be a reminder to today's VA that it's not what our fathers knew as the VA of yesterday.

I often think about Congresswoman Brown's story that she tells quite often—and I tell it quite often, too—of her visit to a VA facility here in Florida. When she walked into the ward of that hospital, there were several veterans there in that one ward. The facilities that they were to share were at the end of the hall. Those veterans had to walk down the hall to use the restroom and sometimes when they got there had to wait their turn to be able to use it. That day, Congresswoman Brown decided that she was going to try to help change things for veterans in Florida.

The allotted funding for the VA facility here in Orlando to be built, as I said, will serve 400,000 veterans here in this area, but it will also support the VA outpatient clinics in such areas as Daytona, Viera, Leesburg, Kissimmee, and Orange City. These facilities all fall under the funding for the Orlando VA hospital and serve countless thousands of other veterans.

Ladies and gentlemen, we all recognize that the need for improvements in veterans' healthcare is there. When faced with the vital decisions regarding funding for veterans' healthcare, please proceed with due respect of our veterans' steadfast dedication to our country, dedication to our children's country, and the unrelenting sacrifice to uphold our country's freedom. Our veterans continue to unite America's heart and soul. Please continue to protect the healthcare of our country's heroes just as they dedicated their lives to protect our country. Please stand up on behalf of veterans and honor their sacrifice by continuing to improve veterans' healthcare in the State of Florida.

I thank you, God bless America.

[The prepared statement of Mr. Bass appears on p. 42.]

The CHAIRMAN. Thank you sir.

Colonel Walters.

STATEMENT OF COLONEL TOM WALTERS, USAF (RET.)

Colonel WALTERS. Mr. Chairman, Committee, good morning.

I'm Tom Walters. I'm a retired colonel, having served 28½ years in the United States Air Force. I currently serve as the President of Central Florida Veterans.

Florida has the second largest population of veterans in the United States, second only to the great State of California where I grew up and from where I entered the Air Force. Florida is number one in the Nation with a veterans population that is 50-percent disabled or greater. Florida is number one in the Nation with a veterans population that is over 65 years of age. Florida is 35th in the Nation when it comes to funding veterans' programs. I feel this needs to be addressed and corrected.

It is my understanding that the stem problem is that Federal funding for veterans programs is based on the proportional number of individuals that enter the military from a given State. As I mentioned earlier, I entered the Air Force from California. Yet I chose to retire here in central Florida. If my understanding is correct, funding for my portion of veterans' programs is going to California, not Florida, where I reside.

Moving on, we are thrilled with the prospect of a new Veterans Affairs Medical Center. It will cure the vast majority of shortfalls in healthcare infrastructure for veterans here in central Florida.

The current projected cost to finish the project is $371 million, which, as was discussed earlier, I have been told we will see funded in the fiscal year 2010 Federal budget. In today's recessed economy, that dollar amount appears right on target. However, my concern is if the stimulus program gains traction and construction rebounds, $371 million may not be adequate due to higher demand of materials and labor. I ask Congress and this Committee to keep an eye on the actual costs so that we don't have to downscale what is planned to be a first-class facility.

Speaking of "first class," I haven't heard of budgeting for equipment and furnishings. Going back to my Air Force experience in the 1990s, I helped close a similar-sized Air Force hospital. If my memory is good, the depreciated value of the furnishings was in the neighborhood of $70 million. I would expect the cost of state-of-the-art equipment, along with furnishings, in today's market to bring a price tag of $150 to $200 million. Hopefully, this is already being worked with consideration of early funding for long lead equipment items.

Another issue that is critical to the healthcare infrastructure for veterans is the adequate and timely funding of annual operational costs. We, the Central Florida Veterans, have discussed and support advance funding or, in effect, 2-year funding, to avoid falling under a continuing resolution year after year. In 19 of the past 22 years, Congress has failed to pass a VA funding bill before the start of the new fiscal year. Per our meeting with Congresswoman Kosmas yesterday I understand Congress is already addressing this and acting upon it. I thank you for that attention to this issue. Thank you, Congresswoman.

My final topic is transportation. I recently watched *Field of Dreams*, and if you build it they will come. Well, I find that it would be very sad if you built it and they can't come. Transportation to and from our new facility is critical for many central Florida veterans. As mass transit projects for central Florida are discussed in Washington, DC, please support the appropriate projects and, second, advocate and support that the VA Medical Center needs to be included as a destination.

I thank you for your time.

[The prepared statement of Colonel Walters appears on p. 43.]

The CHAIRMAN. Thank you, Colonel.

Mr. Marshall.

STATEMENT OF ANDREW H. MARSHALL

Mr. MARSHALL. Good morning, Mr. Chairman, Members of the Committee.

First of all, 371. Thank you for inviting the DAV to testify at this field hearing of the Committee on Veterans' Affairs on building the critical healthcare infrastructure for veterans residing in and around the Orlando, Florida, area. The DAV is an organization of 1.2 million service-disabled veterans and devotes its energies to rebuilding the lives of disabled veterans and their families.

As you may know, the almost 30-year struggle to construct a hospital in central Florida began in the 1980s. Plans to build a 470-bed Department of Veterans Affairs facility that would serve disabled veterans in this area have been made in the past and have failed. In 1983, the VA indicated it would build a hospital in Brevard County because it was furthest from VA facilities located in Tampa and Gainesville, both of which were serving central Florida veterans and continue to serve central Florida veterans. In 1992, the VA revived the plan to construct the hospital southeast of Orlando. Between site selections, hospital designs, and funding problems, this proposal shrank to an outpatient clinic, which opened in 1999.

Since the 1990s, Florida's veterans population has grown from 1.55 million to over 1.8 million. Such growth moved Florida from the fourth largest State to the second largest veterans population in the country, with 400,000 of those veterans located in central Florida. Notably, this number does not include those veterans who choose to make Florida their home during the winter months of the year.

It has been a concern for the DAV department of Florida that less than half of the veterans in the Orlando area are within VA's access standards for hospital care. They average over 2 hours of travel time to and from VA hospitals located in either Tampa or Gainesville for treatment that often turns out to be an all-day event. This includes veterans living in Orange, Seminole, Brevard, Volusia, Osceola, Polk, and Lake Counties. With the economic downturn and because so many disabled veterans live on fixed incomes, some find the cost of transportation to a VA hospital is just too high and are left with two choices: they could ration and go without the treatment they need or they could skip on food or other necessities to pay for transportation costs to the VA.

To ease the burden of traveling these distances, the DAV Department of Florida supports the DAV Transportation Network, which allows disabled veterans to get to and from VA healthcare facilities for needed care. In Florida, our hospital service coordinators operate 10 active programs. They have recruited volunteer drivers who logged over 56,000 miles last year in Florida, providing over 38,000 veterans rides to and from VA healthcare facilities. To meet appointments at the Orlando clinic, over 1,300 veterans were transported approximately 22,000 miles. These veterans rode in vans purchased by DAV and donated to VA healthcare facilities for use in the Transportation Network.

With great concern for our fellow disabled veterans in need of medical care, the DAV Department of Florida supports the construction of a new Orlando VA Medical Center which will serve central Florida veterans. This six-county region has one of the largest veterans population in the United States without a VA hospital. The number of veterans seeking healthcare in central Florida is expected to peak at 107,500 between 2010 and 2015, up from the current 90,000 veteran patients who made hundreds of thousands of outpatient visits to VA clinics in Leesburg, Kissimmee, Orlando, and Viera.

While previous efforts have been unsuccessful, formal plans for a VA Medical Center to be located in Orlando gained momentum when it was included in VA's CARES Draft National Plan. As many at this hearing are aware, CARES represents the most comprehensive effort to build a roadmap which will guide allocation of capital resources within the Veterans Health Administration. According to the Draft National Plan, construction of the Orlando VAMC is needed to meet the growing demand for primary and specialty care and for acute care beds.

Proving that the third time is a charm, Members of this Committee and the Florida Congressional delegation were successful in securing funding to construct a new medical facility here in Orlando which should open in 2012. This past September, VA completed its acquisition of 65 acres of land at Lake Nona which was

selected in March, 2007. In October, Florida disabled veterans, members of the DAV, and other organizations, local elected officials, Senators and Representatives, and then Secretary of Veterans' Affairs, Dr. James Peake, were in attendance during the groundbreaking ceremony of the Orlando VAMC. This was a proud day for all who have persisted and persevered for over 30 years.

The Orlando VA Medical Center is to have a 134-bed inpatient diagnostic and treatment hospital, large outpatient clinic with support services, 118-bed nursing home and 60-bed domiciliary and a veterans' benefits mini service center. We believe the new facility will make it easier for east-central Florida veterans to access needed medical care and relieve the burden of traveling long distances for their inpatient care. Moreover, we believe it is proper that the VA outpatient clinic at Baldwin Park, which has a nursing home and transitional housing for mental health and comorbid conditions, will remain open until the transfer of such new services to the new medical facility is completed. We stand ready to work with the Veterans Integrated Service Network and Medical Center staff and leadership in reevaluating the future of this clinic.

The Orlando VAMC will be situated from across the street from the University of Central Florida's College of Medicine and Health Sciences campus, along with the Burnham Institute for Medical Research, the University of Florida Research Center and the M.D. Anderson Orlando Cancer Research Center. Such a "medical city," Mr. Chairman, in southeast Orlando will help preserve VA's world-class medical care buttressed by its numerous academic affiliations.

In this instance, the UCF's 4-year curriculum set to open this fall is projected to produce about 120 medical graduates each year. Florida veterans will benefit from such an affiliation with clinical training as well as clinical trial opportunities.

Additionally, Orlando's Florida Hospital is poised to partner with the VA to help share the cost of diagnostic equipment and contribute to staffing and residency needs. This commitment will ensure veterans have access to additional resources to further enhance the medical services the VA may offer.

Mr. Chairman, while much has been accomplished to date, more work needs to be done. We urge this Committee to do its work to ensure funding to complete construction of this facility is secure and that it continue its strong oversight to ensure construction timelines are met. This facility is greatly needed, and disabled veterans should not suffer any further delays.

Mr. Chairman, this concludes my testimony. The DAV Department of Florida would again like to thank the Members of the Committees, the Florida Congressional delegation, and all veterans who have worked tirelessly to help build the critical healthcare infrastructure for central Florida veterans.

Mr. Chairman, 371.

[The prepared statement of Mr. Marshall appears on p. 44.]

The CHAIRMAN. Thank you.

Mr. Mullenix.

STATEMENT OF JERRY MULLENIX

Mr. MULLENIX. Mr. Chairman and Members of the Committee, thank you for the opportunity to present the American Legion's

views on the importance of a fully functional health infrastructure for veterans in central Florida.

As the construction of the Orlando VAMC gets under way, the American Legion restates its position on building a healthcare system that revolves around the special needs of veterans. We also stress the importance of the ongoing modernization and configuration of VA facilities to ensure they meet the demands of advanced medicine.

While the American Legion applauds the VA on its transition from caring for 90,000 veterans at the current facility to 400,000 at the upcoming facility, we feel inclined to remind Congress of the importance of the new facility's purpose, which is to accommodate the ever-progressing medical disciplines within its walls to ensure deliverance of quality and adequate care to this Nation's veterans.

Due to the ongoing complexity of illnesses and conditions from OIF/OEF returnees, as well as the medical issues of currently enrolled Gulf War, Korean war, Vietnam War, and World War II veterans, a more sophisticated and serviceable infrastructure is required. This includes the assurance of comprehensive care for women veterans.

According to a recent National Institutes of Health report, women veterans' use of VA and non-VA providers is influenced by the scope of services available and the dissatisfaction for those services within VA. It was recommended that VA clinics either promote routine gynecological care within the primary care clinics or pair traditional primary care with VA women's clinics to reduce the fragmentation of the care for women veterans.

Additionally, with an upcoming increase of 265,000 newly enrolled Priority Group 8 veterans in July of 2009, the American Legion recommends the personnel involved in the building of a new VAMC remain proactive throughout the construction and beyond due to the complex issues the current facility faces.

In a recent U.S. Government Accountability Office (GAO) report, it was discovered that the VA was experiencing a shortage of nurses. Studies have shown that a shortage of nurses, especially when combined with a greater workload, can adversely affect patients and the care they receive. The American Legion urges Congress to assess these issues, past and present, and ensure those problems aren't transferred to the upcoming facility.

Also, many veterans who previously did not require services are enrolling due to job losses and financial difficulties. In the summer of 2008, the Orlando VAMC patient enrollment increased by 20 percent with approximately 600 new patients. This is a significant demand for services that will be transferred to the new facility.

With regard to the state of the current Orlando medical facility, the American Legion believes that no healthcare delivery system can be expected to provide quality care unless the physical settings that house such care are also state of the art. The American Legion recommends when constructing the new facility that terms like "best practices" and "striving to maintain excellence" be taken literally by the VA to ensure all veterans receive the best medical care available.

The GAO report of March, 2007, noted various issues that warranted the construction of a new Orlando facility. These issues in-

cluded the facility condition and location, as expanding the existing facility was ruled out as an option due to the lack of land available at the existing site.

Another issue was access issues. The GAO determined that a new facility was needed to meet the CARES access proximity standard. It was concluded that the new facility would increase the percentage of veterans living within 1 hour of acute patient care to approximately 80 percent.

And, finally, veteran population group. The central Florida region had the largest workload gap and greatest infrastructure need of any market in the Nation.

The American Legion urges the execution of all policies that led to the decision, design, and construction of the new facility to include the GAO recommendation that the VA implement a new staffing system and assess the barriers to alternative work schedules. Every issue discussed in this presentation is essential to an effective healthcare system. All are intertwined with the purpose of caring for our veterans with various complex issues. Leaving these issues unattended would render this task futile.

In conclusion, as this project develops, the American Legion recommends Congress be constantly aware of new medical issues that arise and anticipate treating them. Such issues include military sexual trauma, women veterans' comprehensive care, traumatic brain injury, spinal cord injury. And the inclusion of the newly enrolled Priority Group 8 veterans, just to name a few.

Mr. Chairman, thank you again for this opportunity to address the Committee on the importance of infrastructure within the central Florida healthcare network. The American Legion looks forward to working with you to continue to enhance the mission to provide adequate and quality care to central Florida's veterans. Thank you, sir.

[The prepared statement of Mr. Mullenix appears on p. 45.]

The CHAIRMAN. Thank you, and we thank all of you for your dedication to our veterans.

Ms. Kosmas.

Ms. KOSMAS. I don't have any specific questions. Thank you.

The CHAIRMAN. Ms. Brown-Waite.

Ms. BROWN-WAITE. Thank you very much, Mr. Chairman.

I appreciate each and every one of you giving your statements here today and just wanted to take a moment to just ask Mr. Mullenix—am I pronouncing it correct?

Mr. MULLENIX. Yes, ma'am.

Ms. BROWN-WAITE. You mentioned the number of newly enrolled veterans in the VA system as a result of loosening the restrictions on the Priority 8 veterans. We still don't have any of the details yet of that change, but do you think that the VA and central Florida is currently prepared to deal with the increase in the veterans who will be eligible under the change under Category 8? Do you think that we are prepared in this area for the influx?

Mr. MULLENIX. From the representatives that we have in the VA system, I'm getting a little bit of mixed reviews on that. Some are saying that we are well equipped for that, while others say that we are in dire need of additional assistance to be able to facilitate that additional influx. Unfortunately, I'm unable to give any details.

Ms. BROWN-WAITE. How do your members feel? Is there a concern out there?

Mr. MULLENIX. There is a definite concern, ma'am. Anytime you add that type of number to an already existing high number of veterans in our VA system, it is going to cause an increased concern for our members. So, yes, I am hearing reports of concerns from our members.

Ms. BROWN-WAITE. Obviously, there's going to have to be an increase in the funding levels also to accommodate that. It's not fair to those who are currently in the VA healthcare system. So I think that that's something that we will be dealing with, obviously, through the appropriations process and through the budgeting process.

I appreciate your input. Would anyone else care to comment on the change in the Category 8?

Mr. MARSHALL. Ma'am, I understand from our department leadership they met with Gainesville VA officials, and there are over six times more Category 8 expected to enroll than they expected. That is a lot in just one facility, ma'am.

Ms. BROWN-WAITE. And, you know, individuals who did not sign up in time for Category 8, as the aging process takes place—I compare it to I used to have an old 1959 MG. The older the car got, the more maintenance it needed; and certainly the older that our population gets, including veterans, the more maintenance that they need. And so the cutoff of Category 8 was because it was so very, very popular—and I wasn't in Congress at the time when they passed the legislation that said, you know, the Secretary could always have the opportunity if funds were available to curtail that.

Opening up of Category 8 is a good news—it's certainly good news for those who will participate. I want to make sure it's not a good news/bad news scenario; and I look forward to working with the Chairman and other Members of this Committee and the Appropriations Committee to make sure that veterans aren't shortchanged who need those services, existing veterans in the system, and that we adequately care for the new Category 8 veterans.

With that, Mr. Chairman, I yield back.

The CHAIRMAN. Thank you.

Mr. Grayson.

Mr. GRAYSON. Thank you, Mr. Chairman.

Thank you, Mr. Mullenix, for giving us some specific suggestions about what we can do to make this new center better.

We're at a point where we can make midcourse corrections, and many of the most important people deciding exactly what the details will be for the center are right here in this room. So I appreciate the fact that you pointed out the potential need for more nurses and the specific greater need that we're going to see for women veterans at these healthcare facilities.

I'd like to, in the same kind of way, hear suggestions of improvements from other members of the panel, starting with Mr. Marshall. What are one or two things you would like to see happen that would improve the existing plans for this facility?

Mr. MARSHALL. Adequate staffing, of course, adequate funding and technology.

Technology, James Haley VA hospital, they renamed the spinal cord injury after former Congressman Bilirakis. It's a state-of-the-art facility. It's located in Florida. The same thing should be located in Orlando.

You mentioned transportation. We assist with transportation. Lake Nona is a ways away from here, if you drive, because of traffic problems, congestion. So we would hope that the funding is adequate. The 371 now may be 400 when it gets down to it, and we would hope that adequate funding is available. Without adequate funding, no matter what you do, there it won't be enough.

Mr. GRAYSON. Good, thank you.

Colonel Walters, we have these specific plans now in existence. What would you do to improve them?

Colonel WALTERS. Well, I think the gentlemen to my left here already mentioned technology, and I touched on that in my talk. I think technology is probably—we need to have leading-edge technology. The first panel, you heard from the doctor that there's so much leading-edge stuff going on right now, that we need to capture it and include it in this new facility.

The second thing again is transportation. I think that we really need to be able to make this available to our veterans to ensure that they can get to and from.

I think those that will be the two things I would mention.

Mr. GRAYSON. Good. I see some members of the audience jotting down notes, which is a very important sign.

Mr. Bass, what do you think we can do to improve these facilities?

Mr. BASS. The main thing I would urge would be make sure that we have plenty of staffing, as was quoted a while ago.

I go to Biloxi quite often to the VA Medical Center there, mainly because they support all of our Panhandle outpatient clinics and ambulatory unit over at Pensacola. I go to Gainesville, Lake City, Orlando, here now and also down to Bay Pines from time to time and to North Carolina to the facilities up there. All those are facilities that we help support.

The main thing I see is staffing. When you go in and you see 60 to 80 veterans waiting in line just to get a prescription filled because of not enough staffing, you go into the emergency room and there will be sometimes that many in an emergency room on a weekend night or something. And that's the main thing. Doesn't matter how much technology you have. If you don't have people there to run that technology and those machines and that equipment, they can't get served, and that's what we need is staffing in these facilities.

You've got a great administration staff here at this facility who you will be hearing from in a few minutes, the director. We've worked real close with him here and also the chief of volunteer services. From one level to the next level here, you've got a great staff to put together everything, but they're going to need people to administer what needs to be done.

Mr. GRAYSON. Thanks.

It's wonderful to be able to draw on the expertise of the top people here in the veterans community in central Florida and listen to your input. Thank you very much.

Mr. MARSHALL. May I add one thing? I've been to every VA hospital in Florida, and parking is a problem. Adequate parking is absolutely necessary.

Mr. GRAYSON. We're going to have people park in the Lake. I hope that's okay.

Mr. MARSHALL. They had valet parking in some places. Yesterday, at James Haley, there was not a parking spot to be found for outpatient visits, hospital visits.

Mr. GRAYSON. I hope someone's making the proper note. Thank you.

Mr. BASS. And that's true everywhere.

Colonel WALTERS. It's not very glamorous, but it's honest.

The CHAIRMAN. Mr. Posey.

Mr. POSEY. Thank you very much, Mr. Chairman.

I've listened to more than a few panels during my public service, but I don't think, besides the last two, I've ever heard from multiple people speaking with the same vision and basically the same way to get there.

I think the information you provided and your comments that you offered Congressman Grayson have been excellent, and I just really appreciate you coming and sharing your insight with us, and, Mr. Chairman, I just can't thank you enough for making this all happen. Thank you.

The CHAIRMAN. Thank you, sir.

Ms. Brown.

Ms. BROWN OF FLORIDA. Thank you.

Thank you for your service.

First of all, Mr. Bass, I want to thank you. We worked together for a long time, and I want to thank you for your service. That facility that you were talking about was at the Gainesville. I had gone down there for one of those great Gator football games, and I went early so I could visit with the veterans. So, in touring the hospital, I found three and four veterans in each room, but most disturbing was the fact that they had to go down the hall to take showers. You know, that's the way it was when I was in college, which was many years ago; and I didn't think it was what we needed to have for our modern-day veterans. So I was very pleased to be able to get the $51 million to complete the center and do the wraparound so our veterans will have the modern-day practice and have individual showers in restrooms. So, I mean, to me, that just made sense.

And, Mr. Marshall, I never knew how parking could be a deal breaker for a facility. I found that out firsthand. So when you look at a garage with the price of steel that can drive up the cost millions and millions of dollars over budget. So trying to figure out that parking is just crucial. I mean, I have seen it firsthand how parking can be a deal breaker.

My last question is for Mr. Mullenix. You mentioned about women veterans, and that is something near and dear to my heart. One of the problems that we have is that our VA is male oriented. How do you think we can further expand services for women veterans?

Mr. MULLENIX. Like I said earlier, the biggest problem I've seen is that there's a real separation in the services that are provided

for women veterans. The gynecological care is not adequately provided by the VA, currently. So, as I state, it needs to be incorporated in one way or the other. Because, right now, I think it was 49 percent of female——

Ms. BROWN OF FLORIDA. That's the——

Mr. MULLENIX. They're getting the services outside of the VA because they're not getting adequate service within the VA.

So there needs to be some kind of marriage there between those services, and they really need to bring that in-house. Because, as you said, the number of our women veterans is growing more than any other number; and it's very prevalent in today's society and our current veteran.

Ms. BROWN OF FLORIDA. I don't know whether or not this is an area we can experiment with. Because I'm thinking this is one way—in many areas, the facilities are already in the community; and that would be an example of expanding the service without building an additional facility, if we could have that kind of cooperation with, you know, some of the best medical complexes, you know, in the community.

Mr. MULLENIX. That's absolutely true.

Ms. BROWN OF FLORIDA. With the shortage of staff and everything, that, to me, is an area that we need to explore as a Committee as to how we could better expand the high quality of women's—maybe we need to have another women's hearing on their needs and how we can best address them.

Mr. MULLENIX. I believe that would be an excellent idea.

Ms. BROWN OF FLORIDA. Thank you, Mr. Chairman.

The CHAIRMAN. In fact, we have one coming up in Washington on May 13.

Ms. BROWN OF FLORIDA. I will be there. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. We thank you for your dedication to our veterans.

We ask the U.S. Department of Veterans Affairs witnesses to come forward.

Robert Neary is the Director of the Service Delivery Office in the Office of Construction and Facilities Management and he is accompanied by Tim Liezert, the Orlando Medical Center Director.

We thank you for your work and hope that you have heard some of the earlier testimony. If you could, please respond to some of the recommendations or concerns that have been expressed. Mr. Neary, you are recognized.

STATEMENT OF ROBERT L. NEARY, JR., DIRECTOR, SERVICE DELIVERY OFFICE, OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY TIMOTHY W. LIEZERT, MEDICAL CENTER DIRECTOR, ORLANDO VETERANS AFFAIRS MEDICAL CENTER, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. NEARY. Thank you, Mr. Chairman, Members of the Committee. It's certainly a pleasure to be here today. Indeed, we have heard from some very effective representatives of the veteran com-

munity here this morning appearing before us in the first two panels.

I'm pleased to be here today to discuss the progress that has been made in bringing the Department of Veterans Affairs Hospital to Orlando. This hearing provides an opportunity to update the Committee and members of the veteran community on the status of the project.

As you indicated, Mr. Chairman, I'm joined by my colleague, Mr. Tim Liezert, the Director of the Orlando VA Medical Center.

As members of the veteran community know, for many years there has been a discussion about constructing a VA hospital here in Orlando. We are now making real progress toward that goal. We have acquired the site for the new facility. The architects are well along in the design process, and we've brought with us a couple of boards that are on the side of the room that give you a visual of the planned facility. Congress has authorized the project and appropriated $294 million toward the site acquisition, design, and construction. I am pleased to report that construction will begin this year.

Let me provide some specifics. The new Orlando VA hospital will be constructed on a 65-acre site in the Lake Nona development in southeast Orlando. It will be adjacent to the new medical school at the University of Central Florida. As the Committee knows, the VA healthcare system benefits significantly from the more than 100 affiliations it has with medical universities across the Nation.

The new facilities will consist of an inpatient hospital with 134 hospital beds, a 120-bed community living center, 60-bed domiciliary, and an outpatient center with the capacity to care for 675,000 outpatient visits per year. In total, over 1.2 million square feet will be constructed; and the initiative has a total project cost of $665.4 million. These facilities will be staffed by the 2,100 healthcare providers and support personnel. VA anticipates that more than 113,000 veterans will receive care at the new facility.

We expect construction of these facilities to start early this summer with the award of the first contract to begin site development and to organize utilities at the site. VA will negotiate the other contracts concerning the community living center, the domiciliary, the inpatient and outpatient structures, energy center, and parking garages. We anticipate completing all construction in mid-2012, followed by the activation of the new facility.

This project demonstrates the Nation's commitment to care for our veteran heroes. Not only in Orlando but across the country new and improved facilities for veterans' care are in design and under construction. Since 2004, $5.6 billion have been appropriated by the Congress for the Department's major construction program with over 50 major projects receiving funding to provide new facilities and improve or expand existing ones.

We look forward to completing the new hospital here in Orlando and facilities at other locations and will be pleased to answer your questions. Thank you, sir.

[The prepared statement of Mr. Neary appears on p. 47.]

The CHAIRMAN. Thank you so much.

You know, in the stimulus bill, the Department was given, I think, $1.4 billion. Has that been allocated as of yet and do you know if any of that will be coming here?

Mr. NEARY. It has been—$1 billion of that was in the nonrecurring maintenance program. It's my understanding that it has been allocated. I believe it's been announced.

I don't know—Tim, you might know the Orlando——

Mr. LIEZERT. I don't have specifics. It's all been allocated, and we're working on awarding the nonrecurring maintenance projects here in Orlando. And we did receive some. I don't know how much.

The CHAIRMAN. Okay.

Ms. Brown, do you have any questions?

Ms. BROWN OF FLORIDA. Yes, of course.

The CHAIRMAN. Before you begin, I want you to know that these three Members in front of you, along with me, are the longest-serving Members of the Committee and the two new Members of Congress are doing an incredible job. These Members know the issues, they know the problems, they're very aggressive, they're active, and it's a pleasure to work with them. Because of these three Members, you're going to get your hospital on time.

Ms. Brown.

Ms. BROWN OF FLORIDA. Thank you.

I want to thank you particularly for being in the hearing yesterday and today and listening to the veterans and listening to us Members, also. I'm happy that we are finally getting ready to get this hospital in this area. That's been needed for over 25 years.

You heard the testimony about the cutting-edge technology. But you have to have the people trained to do it. I mean, it's a partnership. You have this great equipment; and if you don't know how to use it, it's a waste. So can you tell us a little bit about what are the plans for the facility?

Mr. NEARY. Sure. I would like to make a comment and ask Tim to join in.

As I listened to Dr. Euliano talking about the future, I was reminded I've been designing and planning healthcare facilities for almost 40 years, and I was reminded of an event that occurred early in my career. I was giving a briefing to senior officials at the White House's Office of Management and Budget, and a person asked me at the end of the briefing, one of their executives asked me, which as yet undiscovered medical miracle have you planned for in this hospital?

I was in my 20s, I guess, and didn't know what to say. But I've, learned that in healthcare changes take place more rapidly than probably almost any other industry, and flexibility in the facility is critical so that we can adjust as we move forward. Certainly we're putting modern, state-of-the-art technologies in this facility now, but we need to have features and we do have features that will enable us to modify it over time to identify other things.

Maybe, Tim, if you would like to discuss some of the things in the building.

Mr. LIEZERT. Sure, and good morning.

From the engineering perspective of things that we're doing, include building interstitial space. And what interstitial space is; is

space between floors that will allow us to modify space very easily and efficiently.

The other thing that we did, in talking with some partnerships that we've developed in the community. Florida hospital system did a mass capital construction of their system here in Orlando; and when they did that, they sent out representatives to 57 sites throughout the country and parts of the world to see how building a hospital was being done and bring back some of the best practices that they saw.

They have created an imagination station that they invited us to be fully engaged in. We were able to go there and see some of the things they are doing with hospital building, and we've included some of those concepts into our design.

So the other thing that we're doing is, as Mr. Neary has mentioned, building wards that are interchangeable. So, today, the front store look might be an ICU bed, but, in the future, if it's needed to build that into a general medicine bed, we change the storefront or the front of the room and everything else stays the same and we can modify that existing space.

So there's a great amount of flexibility being built in the designs that you see on either side of the room.

Ms. BROWN OF FLORIDA. You know, the President is very much into the greening of the economy and pulling the Congress along kicking and screaming. Are we taking advantage of the green initiatives to make the building green because this is a brand new facility? But I personally don't want to say or do anything that will slow down the building of this facility.

Mr. NEARY. Absolutely, we are. We've embraced the concept of LEED, of the LEED certification program. LEED is Leadership in Energy and Environmental and Design. We do not seek the official certification because, as a large building owner, we feel we can achieve those goals without expending the resources necessary to get the certificate. But in terms of energy and sustainability, water efficiency, the use of low-emitting building materials, cycling, and using recycled building products, dealing with recycling during the construction process, working toward high-quality indoor air quality, all those things associated with the green process.

I might also say we have embraced the requirement that the energy usage be 30 percent less than what's known as the ASHRAE standard, American Society of Heating, Ventilating and Air Conditioning. Thirty percent typically relates to office buildings, which is a 40- or 50-hour-a-week environment. Healthcare being 24/7, in most of the areas it's difficult to do that. But we're working very much in order to get that kind of energy performance.

We are conducting a study to look at renewable energies and what types of renewable forms of energy we might use at places like Orlando, whether that might be solar or wind or, bio or whatever. So we are indeed knowledgeable about green and committed to having our building program commit to those goals.

Ms. BROWN OF FLORIDA. Well, in closing, you know, this hospital will be such an economic energy for the community as we build it, as we have workers there, and so can you give me a time certain date as to when I can expect to go and visit this facility completed?

Ms. BROWN OF FLORIDA. And I assure you that money will not be the issue.

Mr. NEARY. Three hundred and seventy-one.

Ms. BROWN OF FLORIDA. You got it.

Mr. NEARY. Yes, we're scheduled to be completed in June of 2012. We've appointed one of our finest resident engineers to serve here in Orlando as a project executive. He's in Orlando now.

One of the keys in a program like this is selecting quality construction contractors. We've moved away from low bid a long time ago, and we would anticipate we will have some very high-quality construction contracting firms competing for this work. A major part of the selection process is their experience, their demonstrated experience at on-time, on-budget construction, working well with their subcontractors and with building owners. And so we're confident that in the summer of 2012 this building—this series of buildings will be completed.

Ms. BROWN OF FLORIDA. Well, in closing, again, the Chairman talks about the bonuses. I would like to see us get in that building. If we could put incentives in there to get that building done, up, operational, properly done, that, to me, is the way we should go.

Mr. NEARY. Okay, well, thank you, ma'am.

Ms. BROWN OF FLORIDA. Thank you.

The CHAIRMAN. Ms. Kosmas.

Ms. KOSMAS. Thank you, Mr. Chairman; and thank you both for the presentation.

I just want to reiterate my excitement at being part of this great venture that we're on which we are embarking here in central Florida. As I said before, not only the VA center but the entire medical city; and thank you for your good work. I think this was a very, very enlightening opportunity for all of us to hear and to have input from others who have specialty areas that are of concern to them.

So, unfortunately, I have to leave, to fly out very quickly, but this is the part of the hearing that was going to be very interesting to me. Because what I wanted to do was hear you respond to the comments that had been made by others about their specific needs.

One was the need for those who are using prosthetics not to have to travel long distances. Are you able to care for them? What does the facility plan to have offered for PTSD and the kinds of needs of that particular patient class? Are you addressing specifically the women's needs or do we need to work on that and in some different venue?

I congratulate you on the LEED certification and the going green and also the partnership that you mentioned by sharing information with Florida hospitals. I met with their Chief Executive Officer yesterday, and they were excited. They have a site, as you know, down at the Lake Nona center. Not sure where they're going with that in the future, but they're very interested in being part of that health IT system that will provide an opportunity for better healthcare, more economic healthcare, better outcomes and that the President has embraced, this Administration has embraced so thoroughly, and the opportunity to use that information in a way that supports the good quality of care that you want to provide.

Again, I think the excitement among the organizations that are all going to be part of this provides a lot of opportunities but, specifically, you're able to care for those veterans who are in need of a prosthetics, the women's needs, and the PTSD.

Mr. LIEZERT. Thank you.

With regard to the question on services, you know, for the most part, I can say, yes, all the concerns that have been addressed this morning will be addressed by the new Medical Center.

But here's the reality of Orlando. With much that is given, much is expected; and the 1,900 employees that work in Orlando today, along with the future employees, of tomorrow need to work toward delivery models of meeting the best practices of tomorrow. Which means, you know, engaging in the top-notch research as Dr. Euliano was talking about, delivering new clinical practices of what the best will be for tomorrow. We cannot be satisfied with status quo in Orlando. Because, as I said, much is expected. And we're up to that challenge. We're working toward that challenge.

Ms. KOSMAS. Good. Thank you. We're very excited to work with you on that challenge.

The CHAIRMAN. Mr. Grayson.

Mr. GRAYSON. Thank you, Mr. Chairman.

I'd like to go back to a question I asked earlier of Dr. Euliano. It has to do with the specific nature of the injuries that we're seeing coming out of the war in Iraq. The greatest single, pervasive problem on people returning from Iraq, servicemembers returning from Iraq, is neurological abnormalities, specifically, one form of brain damage or another, normally caused by concussions, often caused by roadside explosives. And, as I indicated, a recent study showed that 15 percent of all of the people returning from Iraq, of servicemen and women, have such problems.

And these are problems that are lifelong. So we'll be looking at these kinds of problems and the treatment for the next 50 years or more.

So I ask you now, as I asked Dr. Euliano, what do you plan to do for people with that specific need? And since you are now involved in planning out this facility, is there anything that we can do to adjust the plans in order to make treatment for that specific problem better?

Mr. LIEZERT. I think we're on target with the current plans, understanding that the treatment for this signature disease of this war probably hasn't been invented yet. We're doing all that we can to diagnose it, all that we can do to treat it right today, using today's best practice models, but the new Medical Center is geared to deliver that treatment and in addition be flexible enough to change to whatever the new treatment for this diagnosis is in the future.

The thing that I think we're also here with and cooperating with the company and in collaboration with people in Orlando is to do the research to deliver the next treatment for whatever disease might come along the road.

So, to answer your question, yes, and with the understanding that it's flexible enough to change to meet the new delivery model.

Mr. GRAYSON. Mr. Neary.

Mr. NEARY. I couldn't add more to that, sir.

Mr. GRAYSON. All right. Well, bear in mind that whatever studies that we do in order to put together plans for a facility like this are based upon past needs, not necessarily future needs. But we can look ahead and see there's going to be a great future needs for great neurological treatments of one kind or another because that is the new injuries that are happening right now out in the field and are being incurred in defense of the country.

You heard Dr. Euliano question whether there were going to be enough psychiatric beds at this facility. Can you make modifications in the plan so you're not fighting the past wars but fighting the future wars and the current wars as well and treating people accordingly?

Mr. LIEZERT. As stated, we have the flexibility in the design of the units that's actually six different units with a different storefront on it. So it may have a psychiatric or mental health storefront on it today, but it will be easily modified for the different storefront on it in the future to meet whatever future demands may be coming.

Mr. GRAYSON. All right. Let me ask you a different kind of question. I was touring a hospital here locally and saw one of the new striker beds that actually does, among other things, translating. So if you want to tell the patient lift your leg in Vietnamese, you actually can do that. It seemed remarkable to me, almost magical.

Arthur C. Clarke, the science fiction writer, said that any technology sufficiently advanced looks like magic; and that's how I felt when I saw that.

Procurement is actually a particular interest of mine. My background was in procurement before I came to Congress. I was prosecuting war profiteers in Iraq. So let me ask you, in the facility that you're building, are we going to get the latest technology like that? Or is there some kind of lag that's built into procurement that we could try to deal with through changing the law?

Mr. LIEZERT. I can tell you what we're looking at, and I don't know the regulations because we haven't got into the activations piece as yet full bore. But some of the things we're looking at through our cooperation and collaboration with Florida hospital system is the integration of patient care delivery, entertainment, and rehab.

So, for example, you walk into a room and you have this video display and on that video display you can have the patient record with images show up on that display, do patient education, do patient treatment planning, all around the patient. Then the provider leaves the room, and then it turns into an entertainment TV or whatnot, Internet perhaps, and then later it might turn into a rehab component where we have real-life technology, using today's terminology, that can do rehab through the form of tennis, bowling or whatever else or some newly developed software package that would deliver that.

Now what you mentioned is the next generation of that, and that intrigued me. We are working toward developing that and working on activating our new hospital with that kind of technology.

Mr. GRAYSON. Well, as far as you know, will you be able to buy, with the Federal procurement system, the latest technology or are there legal impediments that we might need to deal with?

Mr. NEARY. We're not aware of any legal impediment that prevents the VA from acquiring the best, most advanced technologies that VA chooses to procure.

Mr. GRAYSON. Good. Thank you, and thank you.

Mr. NEARY. Appreciate your implied offer of assistance if we discover something like that. As the Chairman often offers, let us know; and we'll address it.

Mr. GRAYSON. Good. Thank you, and thank you again Mr. Chairman. It's a delight to have everyone here in my district.

The CHAIRMAN. Again, we thank Ms. Brown, Mr. Grayson, Ms. Kosmas, and those who participated for inviting us here today. We learned a lot, but certainly I think we committed ourselves to making this happen on time.

We're going to close the formal portion of this hearing.

Are there people here who would like to make any statements to the Committee?

Okay, we will formally adjourn, but——

Ms. BROWN OF FLORIDA. Mr. Chairman, before we adjourn, I see the Mayor of Orlando here, Mr. Crotty.

Mr. Crotty, you want to take the microphone?

The CHAIRMAN. Ms. Brown will be taking those questions and hoping to solve issues that come up. We thank you for your attendance today.

Mr. Mayor.

Mr. CROTTY. Well, thank you all for coming to the Orange County Commission chambers. Welcome.

It's good to see everybody today, and I look forward to working with you in the days ahead as you address this critical issue. I see my Mayor's Advisory Group here, and I'm sure they've weighed in on some of the concerns they have.

I will tell you that we have been working a long time in Orange County particularly as it relates to the issue of the VA hospital. I know Congresswoman Brown and I have had many a conversation about that.

But I actually had an opportunity, believe it or not—it's hard for me to even believe—in 1986 to testify before a Congressional Committee when Congressman Bill Nelson and Congressman Bill McCollum were having a dispute over the location. So we have been involved in this issue a lot of years. It is now a cornerstone of our city and a huge part of our local effort to diversify the local economy.

So thank you all for being here today. I just wanted to come up and say, welcome, it's good to have you here.

And the issues that you address—when you look at the underserved veteran population of the State of Florida and those who are within not so many miles in terms of driving distance from the Orange County area, I think it's critical that you address these issues. So thank you very much.

Congressman Grayson, it's good to see you, and I appreciate you being here today.

The CHAIRMAN. Thank you, Mr. Mayor.

Again, we will adjourn the formal part of this hearing, and Ms. Brown will chair the public comment period.

[Whereupon, at 11:47 a.m., the Committee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Bob Filner, Chairman, Full Committee on Veterans' Affairs

Good morning. I would like to thank the Board of County Commission Chambers for their generosity in providing a space for today's hearing.

I thank the audience for their interest and for attending this hearing. I am pleased to see veterans and the various representatives of veterans service organizations in the audience.

The purpose of this hearing is to discuss how we can build the critical health infrastructure for our veterans in Orlando. Specifically, we will focus our discussion on the new Orlando VA Medical Center to assess the progress that has been made to date.

The new Orlando VA Medical Center at Lake Nona is a $665 million project, which would not have been possible without the tremendous efforts of Congresswoman Brown.

By the time VA completes construction of the new facility, there will be a 134-bed hospital; a 120-bed community living center; a 60-bed domiciliary; an outpatient clinic; and, a veterans benefits mini-service center.

This state-of-the-art medical complex would address key deficiencies in the VISN 8 central market. Whereas the current space is a little under 370,000 gross square feet, the new construction will provide 1.15 million gross square feet of space for the proper delivery of healthcare to our veterans.

With this extra space, the VA can expand its delivery of primary, specialty, diagnostic and mental healthcare. Concurrently, access to care is expected to double for the nearly 92,000 underserved veterans in east-central Florida.

For the first time, VA will make available acute care, complex specialty care, and advanced ancillary and diagnostic services to the veterans of east-central Florida.

Finally, I would also like to thank our panelists for participating in today's Committee hearing and I look forward to hearing their testimonies.

Prepared Statement of Neil R. Euliano, MBA, Ph.D., J.D., Past Chairman, Central Florida Veterans Memorial Park Foundation, Inc., Orlando, FL

Chairman Filner, Ranking Member Buyer, Members of the Committee, I am pleased to appear before the Committee to speak on the infrastructure of the new Veterans Administration Medical complex at Lake Nona, and I thank you for this opportunity to discuss the potential for greatness of this facility.

At its core, I believe this facility has a straightforward mission of providing the best possible medical buildings and facilities for those men and women that have and will have served this great Nation in defense of its freedoms. My discussion, however, will be on the critical health infrastructure that will serve those needy veterans.

While the bricks and mortar may be straightforward . . . the infrastructure that will constitute this facility will be more difficult.

We are preparing for a facility that will operate in the future.

We must address an infrastructure that will exist 4/5 years out since completion will be in 2012/2013. We must use our very best efforts to make sure the infrastructure is state of the art AND malleable enough to adapt to future programs and needs. I realize it is difficult sometimes to think ahead when most of us do not believe in the weather forecast 3 days out. My point is that we are changing and changing rapidly.

Did you know that the top 8 jobs in demand in 2010 (1 year away) did not exist in 2002?

We are currently preparing our Nation's students for:

- Jobs that don't yet exist.
- Using technologies that haven't yet been invented.
- To solve problems we haven't yet identified.

To wit:

Convergent Engineering, a new emerging company in central Florida, focuses on applying artificial intelligence, advanced signal processing, and cutting-edge technology to biomedical research. Their goal is to solve high risk, high reward problems in Biomedical Engineering. Their core competencies include the use of computational intelligence to extract information from biomedical data and the development of *in vivo* communications systems. Data is everywhere, but useful information is rare. Currently, they have four major efforts/projects: but I want to address just one and that is an electronic tag for medication adherence monitoring.

Poor medication adherence has a significant negative impact on patients, pharmaceutical manufacturers, and the healthcare system. Non-adherent patients suffer from increased mortality, increased recurrence of chronic conditions, and increased hospital and nursing home admissions. Pharmaceutical manufacturers experience decreased pharmaceutical revenue, $25 billion annually from unfilled prescriptions and increased clinical trial costs. The healthcare system suffers substantially increased costs estimated to be over $100 billion from increased patient care required, increased pharmaceutical costs, and the poor detection of pharmaceutical efficacy and side effects in clinical trials. In certain populations, such as psychiatric illnesses, patients are particularly prone to poor adherence.

Under development is an ingestible sticker for attachment to medication that allows each pill to be uniquely identified once it enters the digestive tract. The detector is a small device that can be worn continuously on the wrist or arm (like an MP3 player) that automatically detects the tagged pills once they have been ingested. The system uses a proprietary integrated circuit designed to minimize the difficulties with communicating inside the body, as well as a patent-pending methodology for creating ingestible antennas and electronics.

Let's look at the new inventions/procedures in just the last 5 years . . .

- Surgical robots for performance of precise surgery.
- Wireless devices and communication (just now coming online).
- Electronic recordkeeping and data management, central storage, and privacy/security issues, x-ray/imaging storage and retrieval.
- Large CT/MRIs and other imaging devices.
- Expansion of office-based and surgicenter operations.
- Expansions of laparoscopic surgery.
- Proton beam cancer treatment.

Now let's look at the future as we know it now for the next 5 years . . .

- New genetic medical research results.
- Nanomedicine.
- *In vivo* electronics (ocular, sensing, brain-machine interface, spinal cord, repair, etc.).

We are not just changing, we are changing exponentially!!

Will we be ready for this when our new VAMC opens in 4/5 years? I would like to believe we will.

As Cathryn Bang (a Harvard, MIT graduate) states, there is a technology race in healthcare. Hospitals are investing in new medical and information technology at a frenetic pace. The goals are to improve patient outcomes, enhance patient safety, and decrease operating costs. Today's 'must have' emerging technologies are affecting the planning and design of new facilities across the land. To accommodate new medical technologies, facility executives are increasing floor areas and floor to floor heights in new buildings. They are revising layouts in traditional hospital spaces, such as operating rooms and the emergency departments, and improving the infrastructure for telecommunications. New technologies for minimally invasive or non-invasive procedures have become essential for hospitals. Additionally, there is a need for specialized training often required to implement it. Hospitals that have not yet installed positron emission tomography (PET), which is primarily used in cancer detection and treatment, are allocating space to accommodate it.

The infrastructure can be comprised of hundreds of parts and it is impossible in the time permitted to lay them all out. However, they can be broken down into some major categories.

The core areas are:

- Health workforce system.

- Who are the health workers? Are they capable and prepared to meet the demands ensuring the veterans are safe from various health threats? Here are just a few considerations.
- Who will keep our veterans healthy?
- Core competencies for all our health professionals.
- Availability of online health training.

- Information and communications systems
  - Information, data, and communications systems are those elements of health infrastructure that help professionals diagnose, treat and alert health officials of potential problems. Here are a few considerations.
  - Surveillance and alert systems.
  - Health statistics and data bases.
  - Data standards and interoperability.

- Organizational and systems capacity
  - A strong health organization gives facilities the ability to use tools, information and their workforce to maximum benefit. Here are a few considerations.
  - Partnerships.
  - Facilities and laboratories.
  - Laws policies and regulations.
  - Plans and protocols.

Earlier I mentioned a company in biomedical research; let me mention a few more companies with roots in central Florida with whom the VA hospital could partner.

The United States Army's PEO STRI (Simulation, Research, Training and Instrumentation) located in Orlando; can integrate the latest methods in modeling and simulation and provide the VAMC with the latest technology available in the world.

- Burnham Research Institute, Orlando, Florida expanding their research in Chemistry, Pharmacology, and functional genomics.
- Nemours, a new central Florida neighbor is one of the largest children's care and research centers in America.
- University of Central Florida's new medical school and School of Nursing supplying healthcare professionals at every level.
- The Central Florida Research Park with its many cutting-edge research firms that produce many new technologies.

As I come to the end of my litany, please understand the lives of those men and women that served our Nation will be the recipients of what we do here. We must move forward at deliberate speed with a visionary approach to the future.

Chairman Filner, Ranking Member Buyer, Members of the Committee, thank you again for inviting me to testify. I am honored to share my views with the Committee and look forward to a lasting relationship as we move toward completion of the VAMC in central Florida.

Prepared Statement of William H. Nelson,
Executive Director, USA Cares, Inc., Radcliff, KY

Mr. Chairman and Members of the Committee, thank you for the opportunity to address the Committee at today's hearing on Building the Critical Health Infrastructure for Veterans in Orlando, FL. I am the Executive Director of USA Cares, a Kentucky-headquartered national charity providing financial assistance grants to military and veteran's families in times of need. USA Cares serves post 9/11 military and their families in three key areas: quality of life needs, housing, and combat injured (which includes visible and invisibly wounded). Since 2003, USA Cares has provided over $5.5 million dollars in direct financial aid to help our military families in these three program areas.

Our work in the Combat Injured program is most relevant to today's subject matter and I'd like to take a few minutes to describe what we have learned for the Committee's consideration. While USA Cares has provided significant financial relief to uninjured servicemembers and their families over these past 6 years, it is surely the combat injured who are presented with a host of unique challenges. We receive roughly 5,000 requests for assistance per year—many of the toughest to resolve are those who have been injured in combat. Any servicemember or veteran who served since 9/11 in a combat zone and was shot, hit by an IED type explosion, or became chronically ill or injured—is eligible for assistance from USA Cares. Many of these combat injured have been discharged from active duty and now rely on the Vet-

eran's Administration to competently deliver promised, and earned, medical benefits.

One persistent issue that my caseworkers in our Advocate Center face is the often prohibitive distance from a medical care center to the veteran's home. One quick example—one of our National spokespersons—SGT Bryan Anderson—lost both legs and his left hand in an IED explosion in Iraq. He received great care during his recovery, but his prostheses were single sourced to a company four States away from his home. Whether he lived here in Florida or elsewhere, he has to have regular refitting and adjustments to his prostheses and must travel a considerable distance for this essential service to be performed. At USA Cares it is not uncommon for a wounded veteran to turn to us for financial help in reaching such necessary assistance. More attention needs to be paid to the sourcing for quality of life critical items like prostheses when the veteran's presence is necessary for adjustments/refitting.

USA Cares developed its Warrior Treatment Today program in response to the significant need for veterans and active duty alike to access treatment for PTSD and TBI (post-traumatic stress disorder and traumatic brain injury). The RAND study of last April indicated over 300,000 afflicted personnel with over half undiagnosed or untreated. Many veterans do not accept residential rehabilitation for PTSD due to their need to keep a job and pay the bills. USA Cares, in cooperation with the VA, is working with veterans referred to residential rehab treatment by paying their household bills while in treatment—thus removing one barrier to treatment. This program is up and running in Texas and we intend to extend it to Florida and Kentucky. Florida has two residential rehab centers for PTSD—both are operating at capacity with waiting periods of 2 months or longer (this is consistent with other VA rehab centers in other States). Given the alarming suicide rate among this group, I believe a more robust public-private partnership needs to be nurtured here in Florida and nationwide. In Texas we have private-sector providers who currently provide DoD approved PTSD residential rehab programs with active duty patients in them as we speak. This safety valve of a private sector program is saving lives that might be lost while in the waiting line for the VA's overcrowded facilities. We had an OIF/OEF veteran who had an assigned bed date for the Waco, Texas residential rehab program that was over 2 months away. He attempted suicide (he has a wife and two children) was briefly hospitalized, but upon release, he still had 2 months to go before treatment. Working with the local OIF/OEF VA coordinator, we found private foundation funds to enable him to immediately enter the PTSD program of one of our private sector partners and thus, we believe, saved his life. The OIF/OEF coordinator did not have VA funds to make this option happen; instead she had to rely on a local foundation. Like their coworker in Texas, I believe most OIF/OEF coordinators I have worked with would eagerly embrace such an option if the funds were available to "fee out" high risk veterans to these private sector programs. I encourage the Committee to identify line item funding that could be directly accessible by local OIF/OEF coordinators for high risk veterans. The recent murder/suicide reported in Las Vegas of a troubled Air Force enlisted man is unacceptable, but only one instance of the over 6,500 veterans who commit suicide each year. Anything that you can do to prevent even one more loss is worth it.

In a final note on infrastructure, I believe based on our experience of 6 years assisting post 9/11 veterans, that the public-private partnership is the best answer to a number of critical, right-now needs. Building more VA hospitals, newer hospitals, is a fine thing (I am a 20 year Navy veteran and I appreciate it!), and finding medical staff to fill those hospitals is an ongoing challenge I know, but I hope the Committee will take under advisement the fact that certain needs must be addressed NOW—before we see another generation of veterans lost to the streets and addiction. They deserve much better for their sacrifices on our Nation's behalf. Thank you.

Prepared Statement of Jerry W. Bass, National Senior Vice Commander, Allied Veterans of the World, Inc. and Affiliates, Callahan, FL

Mr. Chairman, distinguished Committee Members, my name is Jerry W. Bass. I reside at 2826 Waterview Circle, Jacksonville, Florida. I am a veteran, and have served our country in the United States Air Force. Currently, I am the National Senior Vice Commander of Allied Veterans of the World, Inc. and Affiliates. Some of you may remember when Congressman Andre Crenshaw recognized our organization on the floor of Congress last September. We are a small but persistent veterans organization that works tirelessly toward achieving one goal and one goal only . . . that of improving the state of veterans' healthcare.

During the last 20 months, we have donated over $2.7 million, most of which has been donated to the veteran healthcare system in Florida. We realize you as a Committee and Congress cannot do it all and that is why Allied Veterans is committed to improve the quality of veterans healthcare. Nonetheless, I would like to commend you for your outstanding support of veterans. In these trying times when our dollars are stretched to the limit, you as a Committee and Members of Congress have given Veterans Affairs the largest operational budget to date, during its 77-year history. Thus far, your commitment has directly impacted millions of veterans, however as the influx of veterans in Florida continues to increase, so does the need for an increased healthcare budget for our State's veterans.

The new VA hospital is slated to be built here in Orlando in 2012 and will serve over 400,000 veterans in the East Central section of Florida. Without your ongoing dedication to our veterans, this new VA hospital would not be possible. This future, state-of-the-art facility will be a reminder that today's VA, is not the VA that our fathers knew. I often think of a story told by Congresswoman Corrine Brown, as she described her visit to a Florida VA hospital. She explained that several veteran patients were housed in a hospital ward where all the ailing patients were expected to use the one bathroom assigned to them. This bathroom was located at the end of the hallway—yes, at the END of the hallway. Try to recall the last time you were a patient in a hospital. Can you imagine attempting to walk to the end of the hallway to use a bathroom while sick in a hospital, and then having to wait your turn? It was during that hospital visit when Congresswoman Brown vowed to make a difference in Florida's veteran healthcare system, and she has.

It is that kind of dedication we need from this Committee and from Members of Congress. The funding for the operation of the new Orlando VA hospital is going to be critical. The allotted funding will not only serve over 400,000 veterans in this area, but it will also support the VA outpatient clinics in areas such as: Daytona, Viera, Leesburg, Kissimmee and Orange City. These facilities all fall under the funding of the Orlando VA hospital.

Ladies and gentlemen, we all recognize the need for vast improvements in the veteran healthcare system. When faced with the vital decisions regarding funding for veterans healthcare, please proceed with due respect of our veterans' steadfast dedication to our country—dedication to our children's country—and unrelenting sacrifice to uphold our country's freedoms. I believe it is our duty to give back to those who have given so much to our country. Our veterans continue to unite America's heart and soul. Please continue to protect the healthcare of our country's heroes just as they dedicated their lives to protect our country and its freedom! Please stand up on behalf of veterans, and honor their sacrifice by continuing to improve veterans healthcare in the State of Florida! God bless you!

Prepared Statement of Colonel Tom Walters, USAF (Ret.), President, Central Florida Veterans, Inc., Orlando, FL

Good morning, I am Tom Walters. I am a retired Colonel having served 28½ years in the United States Air Force. I currently serve as the President of Central Florida Veterans, Incorporated.

Florida has the second-largest population of veterans in the United States, second only to the great State of California where I grew up and from where I entered the Air Force. Florida is number one in the Nation with a veterans population that is 50 percent disabled or greater. Florida is number one in the Nation with a veterans population that is over 65 years of age. Florida is ranked 23rd in the Nation when it comes to funding veterans' programs. **I feel this needs to be addressed and corrected.**

It is my understanding the stem problem is that Federal funding for veterans programs is based on the proportional number of individuals that entered the military from a given State. As I mentioned earlier, I entered the Air Force from California and yet I decided to retire in central Florida. If my understanding is correct, funding for my portion of veterans programs is going to California not Florida where I reside.

We are **thrilled** with the prospect of the new Veterans Administration Medical Center; it will cure the vast majority of the shortfalls in the healthcare infrastructure for veterans here in central Florida.

Current projected cost to finish out the project is $371 million, which I have been told we will see funded in the FY 2010 Federal budget. In today's "recessed" economy that dollar amount appears right on target. However, if the stimulus program gains traction and construction rebounds, $371 million may not be adequate due to

higher demand and cost of materials and labor. I ask Congress and this Committee to keep an eye on actual costs so we don't have to downscale what is planned to be a "first class" facility.

Speaking of "first class," I haven't heard of budgeting for equipment and furnishings. In the mid 1990s, I helped close a similarly sized Air Force hospital. If my memory is good, the depreciated value of the furnishings was in the neighborhood of $70 million. I would expect the cost of state-of-the-art equipment, along with furnishing, in today's market, would bring a price tag of $150 to $200 million. Hopefully, this is already being worked with consideration of early funding for "long lead" equipment items.

Another issue that is critical to the healthcare infrastructure for veterans is the adequate and timely funding of annual operational costs. We, the Central Florida Veterans, have discussed and support advance funding, or in effect 2-year funding, to avoid falling under a "continuing resolution" year after year. In 19 of the past 22 years, Congress has failed to pass a VA funding bill before the start of the new fiscal year. The idea is to end funding delays that force VA hospitals and clinics to defer maintenance and freeze hiring as they operate for months under a "continuing resolution."

My final topic is transportation. It would be sad if you built it and they can't come. Transportation to and from our new healthcare infrastructure is critical for many Central Florida Veterans. As mass transit projects for central Florida are discussed in Washington, DC, first, please support the appropriate projects and second, advocate and support that the VA Medical Center needs to be included as a "destination."

Prepared Statement of Andrew H. Marshall, Supervisory National Service Officer, Department of Florida, Disabled American Veterans

Mr. Chairman and Members of the Committee:

Thank you for inviting the Disabled American Veterans (DAV) to testify at this field hearing of the Committee on Veterans' Affairs on building the critical health infrastructure for veterans residing in and around Orlando, Florida. The DAV is an organization of 1.2 million service-disabled veterans, and devotes its energies to rebuilding the lives of disabled veterans and their families.

As you may know, the almost 30-year struggle to construct a hospital in central Florida began in the 1980's and 1990's. Plans to build a 470-bed Department of Veterans Affairs (VA) hospital that would serve disabled veterans in this area have been made and have failed. In 1983, VA indicated it would build the hospital in Brevard County because it is farthest from VA facilities in Tampa and Gainesville, both of which were then serving central Florida veterans. In 1992, VA revived the plan to construct the hospital southeast of Orlando. Between the site selections, hospital designs, and funding problems, this proposal shrank to an outpatient clinic, which opened in 1999.

Since the 1990's, Florida's veteran population has grown from 1.55 million to more than 1.8 million. Such growth moved Florida from the fourth to the second State with the largest veterans population in the country with nearly 400,000 veterans located in the central Florida area. Notably, this number does not include those veterans who choose to make Florida their home during the winter months of the year.

It has been a concern for the DAV Department of Florida that less than half of the veterans in the Orlando region are within VA's access standards for hospital care. They average 2 hours of travel time to get to a VA hospital located in Tampa, Gainesville, or Jacksonville for treatment that often turns out to be an all day affair. This includes veterans living in Orange, Seminole, Brevard, Volusia, Osceola, Polk and Lake Counties. With the economic downturn, and because so many disabled veterans exist on small fixed incomes, some find that the cost of transportation to a VA hospital is just too high and are left with two choices: they could ration or even go without the treatment they need, or skimp on food or other necessities to pay for transportation.

To ease the burden of traveling these distances, the DAV Department of Florida supports the DAV Transportation Network, which allows disabled veterans to get to and from VA healthcare facilities for needed treatment. In Florida, DAV Hospital Service Coordinators (HSCs) operate 10 active programs. They have recruited volunteer drivers who logged 56,196 miles last year, providing 38,112 veterans rides to and from VA healthcare facilities. To meet appointments at the Orlando VAMC, 1,358 veterans were transported over 21,944 miles. Many of these veterans rode in vans DAV purchased and donated to VA healthcare facilities for use in the Transportation Network.

With great concern for our fellow disabled veterans in need of medical care, the DAV Department of Florida supports the construction of a new Orlando VA Medical Center, which will serve central Florida veterans. This six-county region has one of the largest concentrations of veterans in the United States without a veterans' hospital. The number of veterans seeking healthcare in central Florida is expected to peak at 107,500 between 2010 and 2015, up from the current 90,000 veteran patients who made hundreds of thousands of outpatient visits to local VA clinics in Leesburg, Kissimmee, Orlando, and Viera.

While previous efforts have been unsuccessful, formal plans for a VA Medical Center to be located in Orlando, Florida, gained momentum when it was included in VA's Capital Assets Realignment for Enhanced Service (CARES) Draft National Plan. As many at this hearing are aware, CARES represents the most comprehensive effort to develop a road map that will guide the allocation of capital resources within the Veterans Health Administration (VHA). According to the Draft National Plan, construction of the Orlando VAMC is needed to meet the growing demand for primary and specialty care, and a need for acute care beds.

Proving that the third time is a charm, Members of this Committee and the Florida Congressional delegation were successful in securing funding to construct a new medical facility here in Orlando, which should be ready to open in 2012. This past September, VA completed its acquisition of 65 acres of land at Lake Nona which was selected in March 2007. In October, Florida disabled veterans, members of the DAV Department of Florida, local elected officials, Senators and Representatives, and then-Secretary of Veterans Affairs, Dr. James B. Peake, were in attendance during the groundbreaking ceremony of the Orlando VAMC. This was a proud day for all who have persisted and persevered over nearly 30 years.

The Orlando VA Medical Center is to have a 134-bed inpatient diagnostic and treatment hospital, large outpatient clinic with support services, 118-bed nursing home, 60-bed domiciliary, and a veterans benefits mini service center. We believe the new facility will make it easier for east-central Florida veterans to access needed medical care and relieve the burden of traveling long distances for their inpatient care. Moreover, we believe it is proper that the VA outpatient clinic at Baldwin Park, which has a nursing home and transitional housing for veterans dealing with mental health and co-morbid conditions will remain open until the transfer of such services to the new Medical Center is completed. We stand ready to work with the Veterans Integrated Service Network and Medical Center leadership in re-evaluating the future of this clinic.

As the Orlando VAMC will be situated across the street from the University of Central Florida's (UCF) College of Medicine and Health Sciences campus, along with the Burnham Institute for Medical Research East Coast Campus, University of Florida Research Center, and the M.D. Anderson Orlando Cancer Research Center. Such a "Medical City" complex in southeast Orlando will help preserve VA's world-class medical care buttressed by its numerous academic affiliations. In this instance, the UCF's 4-year clinical education curriculum set to open this fall is projected to produce about 120 medical graduates each year offering. Florida veterans would benefit from such an affiliation with clinical training as well as clinical trial opportunities. Additionally, Orlando's Florida Hospital is poised to partner with the VA to help share in the costs of diagnostic equipment and contribute to residency and staffing needs. This commitment will ensure that veterans have access to additional resources to further enhance the medical services the VA may offer to them.

While much has been accomplished to date, more work needs to be done. We urge this Committee to continue its work to ensure funding to complete construction of this facility is secure and that it continue its strong oversight to ensure construction timelines are met. This facility is greatly needed and disabled veterans should not suffer any more delays.

Mr. Chairman, this concludes my testimony. The DAV Department of Florida would again like to thank the Members of this Committee, the Florida Congressional Delegation, and all veterans who have worked tirelessly to help build the critical healthcare infrastructure for central Florida veterans.

Prepared Statement of Jerry Mullenix, Assistant Adjutant, Department of Florida, American Legion

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to present The American Legion's views on the importance of a fully functional health infrastructure for veterans in central Florida. In 2004, through the Capital Asset Realignment for Enhanced Services (CARES)

process, it was ascertained that the central Florida catchment area was underserved. Less than half of the catchment area veterans were within access standards for hospital care. This justified the need to build a new replacement medical facility.

As the construction of the Orlando Veterans Affairs Medical Center (Orlando VAMC) gets underway, The American Legion restates its position on building a healthcare system that revolves around the special needs of veterans. In accordance with the CARES Commission Report of 2004, The American Legion also reiterates the tasks of identification of the intricacies of services and surgical procedures, postoperative and intensive care, patient safety, and supportive infrastructure. We also stress the importance of the ongoing modernization and configuration of Department of Veterans Affairs (VA) facilities to ensure they constantly meet the demands of advanced medicine.

By 2012, the campus is mandated to be fully functional on its new location in South Orlando (Lake Nona) across from the new University of Central Florida Medical School. The American Legion applauds VA for its continued efforts in connecting its medical facilities with institutions of modern advanced medicine and technology.

While The American Legion also applauds the VA on its transition from caring for 90,000 veterans at the current facility to 400,000 veterans in the upcoming facility, we feel inclined to remind the Congress of the importance of the new facility's physical purpose; which is to accommodate the ever-progressing medical disciplines within its walls to ensure deliverance of quality and adequate care to this Nation's veterans.

Due to the ongoing complexity of illnesses and conditions from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) returnees, as well as the medical issues of the growing number of aging Gulf War and Vietnam veterans and current elderly Korean War and World War II enrolled veterans receiving and seeking VA healthcare, a more sophisticated and serviceable infrastructure is required. This includes the assurance of comprehensive care for women veterans. Currently, approximately 49 percent of women veterans are dual medical system users. This means they are using VA and non-VA services for their healthcare needs. This is due to the lack of needed medical care available at VA.

According to a recent National Institute of Health report, women veterans' use of VA and non-VA providers is influenced by the scope of clinical services and dissatisfaction with those services. It was recommended that VA clinics either promote routine gynecological care within primary care clinic settings or pair traditional primary care with VA women's clinics to enhance coordination and comprehensiveness of medical care and, thus, reduce the fragmentation of care for women veterans.

In addition, all must be mindful of the upcoming increase of newly enrolled Priority Group 8 veterans into the VA healthcare system. The increase will begin with approximately 265,000 veterans by July 2009. With Florida being second only to California with the largest population of veterans, one can assume the influx will have a significant impact on the VA healthcare system in Florida to include, within the central Florida region. It is the position of The American Legion that all mandated personnel involved in the building of the new VAMC must remain proactive throughout its construction and beyond due to the complex issues the current facility faces.

To improve on the future, we are to constantly be reminded of the lack of quality care veterans have received in the central region of Florida and the importance that it be maintained far beyond the level of complacency. In a recent U.S. Government Accountability Office (GAO) report, it was discovered that the VA was experiencing a shortage of nurses. Nurses are the largest group of healthcare providers employed by the VA.

According to the GAO report on shortages of nurses, it was noted that maintaining the nurse workforce at VA is critical to the care of the veteran population, since studies have shown that a shortage of nurses, especially when combined with a greater workload, can adversely affect patients and the care they receive. For example, hospitals with fewer nurses have demonstrated higher rates of problems such as urinary tract infections and pneumonia. The American Legion urges the Congress to assess the very issues, past and present, and ensure those problems aren't transferred to the upcoming facility.

Also, according to the Orlando VAMC, many veterans who previously did not require services are currently enrolling due to job losses and financial hardships. In December 2008, the Orlando VAMC patient enrollment increased by 20 percent with approximately 600 new patients. The Orlando VAMC management expects higher numbers monthly throughout 2009. From 2007 to present VA has added approximately 600 new employees. This implies a significant increase of demand for services at the current facility, which will be transferred to the Lake Nona location.

With regard to the dilapidating physical plant of the Orlando medical facility, The American Legion believes that no healthcare delivery system can be expected to provide quality care unless the physical settings that house such care are also state of the art. The resulting deficiencies from the shortcomings of the current facility cannot be allowed to permeate the culture of the upcoming facility. The American Legion recommends when constructing the new facility that terms like "best practices" and "striving to maintain excellence" must be taken literally by VA to ensure all enrolled veterans will receive the best medical care in the new state-of-the-art facility.

The GAO report of March 2007, "*VA Should Better Monitor Implementation and Impact of Capital Asset Alignment Decisions*," noted various issues that warranted the construction of a new Orlando medical facility. They included:

- **Facility condition and location.** Expanding the existing Orlando medical facility to meet growing demand was ruled out as an option because there was inadequate land available at the existing site to accommodate a larger facility, thereby warranting the need for a new facility.
- **Access issues.** GAO ascertained that a new medical facility was needed in Orlando to meet the CARES access proximity standard. This was warranted because only 45 percent of the veteran population in the Sunshine Health Care Network resided in an area that met the standard. It was concluded that the new facility would increase the percentage of veterans living within 1 hour of acute patient care to approximately 80 percent.
- **Veteran population growth.** The central Florida region had the largest workload gap and greatest infrastructure need of any market in the Nation.

The American Legion urges the execution of all policies that led to the decision, design and construction of the new medical facility to include the GAO recommendation that VA implement a new staffing system and assess the barriers to alternative work schedules to alleviate retention and staff shortages, particularly within the nursing division. Every issue discussed in this presentation is essential to a completely functional and effective healthcare system. All are intertwined with the purpose of caring for veterans with various complex issues. Leaving these issues and anticipated issues unattended would render this task futile.

In conclusion, as this project develops, The American Legion recommends the Congress be constantly aware of new medical issues that arise and anticipate treating them. Such issues include, military sexual trauma (MST), women veterans' comprehensive care, traumatic brain injury, mental health, spinal cord injury, blindness and other eye injuries, long-term care, increased outreach, and the inclusion of newly enrolled Priority Group 8 veterans, to name a few.

Mr. Chairman, thank you again for this opportunity to address this Committee on the importance of infrastructure within the central Florida healthcare network. The American Legion looks forward to working with you to continue to enhance the mission to provide adequate and quality care to central Florida's veterans.

Prepared Statement of Robert L. Neary, Jr., Director, Service Delivery Office, Office of Construction and Facilities Management, U.S. Department of Veterans Affairs

Mr. Chairman, Ranking Member Buyer and Members of the Committee, I am pleased to appear before the Committee today to discuss the progress that has been made in bringing a Department of Veterans Affairs (VA) hospital to Orlando. This hearing provides an opportunity to update the Committee and members of the veteran community on the status of the project. First, let me introduce Mr. Tim Liezert, Director of the Orlando VA Medical Center, who is accompanying me today.

As members of the veteran community know, for many years there has been discussion about constructing a VA hospital here in Orlando. We are now making real progress toward that goal. We have acquired the site for the new facility. The architects are well along in the design process. Congress has authorized the project and appropriated $294 million toward the site acquisition, design and construction. I am pleased to report that construction will begin this year.

Let me provide some specifics. The new Orlando VA hospital will be constructed on a 65 acre site in the Lake Nona development in southeast Orlando. It will be adjacent to the new medical school of the University of Central Florida. As the Committee knows, the VA healthcare system benefits significantly from the more than 100 affiliations it has with medical universities across the Nation.

The new facilities will consist of an inpatient hospital with 134 hospital beds, a 120-bed community living center, a 60-bed domiciliary, and an outpatient center with the capacity to care for 675,000 outpatient visits per year. In total, over 1.2 million square feet will be constructed and the initiative has a total project cost of $665.4 million. These facilities will be staffed by 2,100 healthcare providers and support personnel. VA anticipates more than 113,000 Veterans will receive care at the new facility.

We expect construction of these new facilities to start early this summer with the award of the first contract to begin site development and to organize utilities at the site. VA will negotiate other contracts concerning the community living center, the domiciliary, and inpatient and outpatient structures, the energy center and parking garages. We anticipate completing all construction in mid-2012 followed by the activation of the facility.

This project demonstrates the Nation's commitment to care for our veteran heroes. Not only in Orlando, but across the country, new and improved facilities for veterans care are in design or under construction. Since 2004 $5.6 billion has been appropriated for the Department's major construction program with over 50 major projects receiving funding to provide new facilities and improve and expand existing ones.

We look forward to completing the new hospital here in Orlando and facilities at other locations and will be pleased to answer questions the Committee may have.

MATERIAL SUBMITTED FOR THE RECORD

Congress of the United States
House of Representatives
Washington, DC.
April 21, 2009

The Honorable Bob Filner
Chairman
House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, DC 20515

Dear Chairman Filner:

Thank you, Mr. Chairman and Members of the House Veterans Affairs Committee, for holding the hearing this morning to address the status of the veteran healthcare infrastructure here in the Orlando area. While I am unable to be with you, I am pleased that the Committee has recognized many of our local veterans leaders and will listen to their concerns and suggestions regarding VA services in central Florida.

Mr. Chairman, I've had the honor to work with many great local veteran leaders, some of whom you will hear from today, to ensure that the new VA hospital here in Orlando becomes a reality. While we have made progress with the hospital, we need a strong Federal commitment to finish the much needed veterans medical facility. We have made significant progress in meeting veterans medical needs, but we have a much larger challenge to assist our veterans who are challenged with addiction, mental health problems and homelessness. Furthermore, we must find ways to aid our returning veterans and their families in keeping their homes and providing them with job training skills.

Thank you again, Chairman Filner, for addressing issues important to our veterans in central Florida. I want to assure the Committee and the panelists today that I will continue to put my full support behind efforts to provide the necessary funds and services to our local veterans.

Sincerely,

John L. Mica
Member of Congress

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