Written Statement, House Veterans Affairs Committee
May 27, 2021

Good afternoon, Chairman Takano, Ranking Member Bost, and distinguished members of the Committee. I am Bruce Carruthers, a service-connected Viet Nam veteran and retired VA employee. I am here on behalf of the Veterans For Peace Save Our VA Campaign. Like the vast majority of veterans, our members trust the care they receive from the VA. (Trust in VA Now at an All-Time High, VA Says | Military.com.) They support a robust, fully funded, and fully staffed VA.

We are invited to discuss physical infrastructure, human resources, and systems of support.

The facilities of the Veterans Health Administration are in need of repair, upgrading, and expansion. We cannot, however, define infrastructure as simply the physical plant. For a medical entity to provide high-quality care, it must be properly configured, well maintained, fully staffed, and supported by the proper systems.

The average age of VHA buildings is 60 years, and 69% of its main hospitals are at least 50 years old. Some are in good shape, but the fundamental issue is that even if they are maintained, the buildings are not designed to deliver modern healthcare. Many cannot accommodate treatment modalities and technologies developed since they were built. ((HHRG-117-AP18-20210305-SD001.pdf (house.gov). (America's Aging Hospitals Aren't Ready for the Technology Revolution (undark.org). In FY 2018 and 2019, Congress approved a combined $4 billion for VA construction. The VA estimates it requires between $49 and $59 billion to bring online any new or expanded facilities, and that it would cost $22 billion to address poor or failing conditions at existing sites. ((HHRG-117-AP18-20210305-SD001.pdf (house.gov).

Compounding the issue of outdated facilities, VHA currently reports approximately 37,000 vacant positions. Some 28,000 of these are listed as unfunded. It is not clear from the definition

provided if the medical centers have the resources to fill these vacancies. (VA » Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP) » VA Mission Act Section 505 Data). The VA Inspector General reports that in FY 2020 there were severe vacancies in medical officers and nurses, and this has been the case since 2014. Shortages also exists in other crucial occupations such as medical technologist, diagnostic radiologic technologists, and human resources management. The IG was particularly concerned with HR, as these positions are critical to filling vacancies. (OIG Determination of VHA Occupational Staffing Shortages FY 2020 (va.gov)).

An unknown factor that is not addressed in the IG findings is the staffing level actually necessary for VHA to successfully meet its mission, including the additional demands put on the VA by legislative and executive actions, as well as the impact of the Covid-19 pandemic. It is likely that the number of required positions compared to authorized FTE is much higher than the 37,000 cited. (23193b_1218b21d5b9c492299ff0f3df343c331.pdf (filesusr.com).

An updated and expanded VHA infrastructure that is fully staffed requires systems of support. Modern medicine increasingly relies on computer-assisted program for diagnosis and test results, an integrated medical record, and telemedicine. VHA is the leader in the telemedicine field now, and it is poised to take its Contact Centers to a new level that will allow veterans to call in and be referred for a telehealth visit or same day access visit. This will create a one-stop model. This initiative is much more sophisticated than anything in the private sector. This and other such initiatives should be supported.

There are strong voices that claim infrastructure is solely a "brick and mortar" issue. To be effective, however, a medical infrastructure program must include personnel and support systems. If VHA is not properly configured, fully staffed, and supported, it cannot accomplish its four missions: healthcare, education, research, and national preparedness.

Diverting veterans to the private sector under the Community Care Program is not a viable alternative to fully funding VHA. There is already a shortage of physicians, and this is projected to grow over the next decade. According to an article in *Human Resources for Health,* there will be physician shortages throughout the nation by 2030. (Physician workforce in the

United States of America: forecasting nationwide shortages (nih.gov).

Rural areas are experiencing hospital closures at an alarming rate. Since 2005, 176 rural hospitals have closed, with 100 closing between January 2013 and February 2020, according to a Government Accountability Office Report. One in four rural hospitals are in high financial risk of closing. When rural hospitals close, residents must travel substantially farther to access certain health care services. (Conversion of Rural Hospitals to Freestanding Emergency Centers: Rural Health Research Project; Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services (gao.gov); One-in-Four U.S. Rural Hospitals at High Financial Risk of Closing as Patients Leave Communities for Care (prnewswire.com))

Perhaps most important, VHA offers a holistic, integrated approach to healthcare. In VHA veterans have access to a complete array of treatment modalities and personnel to address all their medical and psychological issues. Private-sector patients face a fragmented and often cumbersome system that relies on the individual to secure the proper care.

The price of war must always include the cost of caring for those who serve. This is a sacred trust, and the best way to keep the nation's promise is to ensure that VHA is a robust entity that will serve veterans well into the future.

Thank you for the opportunity to address the Committee on this vital issue, and I am happy to answer any questions you might have.