Written Testimony
The Honorable Anthony J. Principi
U.S. House of Representatives
Committee on Veterans Affairs
May 27, 2021

Chairman Takano, Ranking Member Bost, and members of the committee: good afternoon. Thank you for inviting me to testify. It is a pleasure and privilege to appear before your Committee.

During my tenure as Secretary of Veterans Affairs, I spent a lot of time on Capitol Hill meeting with members on both sides of the aisle. One of the most important things I learned was that when we worked together it was the best way to get done what needs to be done on behalf of America's Veterans.

Four years ago, I testified before this committee about the need for VA's medical infrastructure to keep pace with the transformation of VA medicine. That hearing and the work of your Committee and your counterparts in the Senate helped lead to the MISSION Act, which was signed into law with overwhelming bipartisan support—a law that included the establishment of a VA Asset and Infrastructure Review (AIR) Commission.

I commend the Committee for this accomplishment.

Mr. Chairman, Mr. Bost, and members of the Committee, VA's health care system is a critical and vital national resource. The department's partnerships with America's medical schools revolutionized academic medicine and dramatically improved quality of care in VA medical centers.

VA research teams have participated in hundreds of important advances in medicine, such as the development of the CT scanner.

They have created improved artificial limbs such as the Seattle Foot, and were instrumental in finding a cure for tuberculosis and improving the lives of many with Parkinson's disease.

They developed the first nicotine patch and proved the value of low dose aspirin therapy in preventing heart attacks.

And for critically wounded veterans of Iraq and Afghanistan, VA developed a national system of polytrauma centers to address the devastating injuries many have suffered.

VA's system is especially valuable because it is able to provide specialized care for the unique medical issues veterans face, such as prosthetic care, spinal cord injury, traumatic brain injury, and mental health care.

And VA welcomes all veterans, whatever their background. Here's an example: when New York City, a center of gay life, was hit hard and early by the AIDS epidemic, VA hospitals in the metropolitan area were not spared.

One of the very first cases of AIDS was seen in 1979 at the VA hospital in Manhattan—four years before the virus that caused the disease was discovered. I saw firsthand how the Manhattan VA and VA's throughout the nation pulled together in support of a minority group in that group's time of need.

That same spirit of inclusion guides VA's often-commended response to the COVID-19 pandemic.

I strongly believe in VA's health care system. It has done wonderful things for our nation and the world.

The Community Care program the MISSION act authorized was designed to meet the health care needs of today's veterans when VA cannot do so. It gives them greater access to care in their communities, including urgent care, and expands benefits for caregivers.

What it does not, and should not, do is replace VA's patient care infrastructure with private care providers. We must do everything in our power to ensure VA health care remains a vibrant system in terms of its infrastructure, people, and technologies.

To keep VA's health care system dynamic, though, the department must conform to the changes that have taken place in health care delivery in the United States, and to the changing demographics of the veteran population.

The system cannot remain static. If it does, it will perish.

Many VA medical centers were built in an era in which medical care was synonymous with hospital care. There were few, if any, outpatient clinics where veterans could receive their care. VA facilities built after the first and second world wars are huge—with the capacity to care for thousands of patients at a time.

However, the transformation of VA care from hospital-centered to patient-centered care means some of those medical centers are largely empty.

Today, most veterans, like other Americans, see their physicians on an outpatient basis. In addition, the demographics of where veterans live have changed—and the MISSION Act's community care provisions have further reduced the need for care in some VA facilities and some of the services VA offers.

The Asset and Infrastructure Review now underway is a process that will design, approve, and implement a comprehensive long-term plan to modernize and realign VA's health care infrastructure, based on market assessments of the capacity of both VA and non-VA providers to meet veterans' demand for health care. It gives VA the opportunity to best meet veterans' health care needs for generations to come.

The review, scheduled to be completed in 2023, offers the possibility of a future for VA health care that will provide quality, readily accessible, cost-effective care through VHA, while also leveraging the resources offered by federal partners, such as DoD and academic affiliates.

But the review can only be successful if Congress approves the recommendations of the AIR Commission.

Having chaired the 2005 Base Realignment and Closure (BRAC) Commission I know that recommendations for realignment and closure have profound effects on communities and the people who live and work in these communities.

However, as I told this committee in 2017, "If VA does not realign itself, the current decline in the veteran population will make many VA medical centers museums of the past, not the guideposts for the future they should be."

Keeping VA strong and a vibrant direct patient care system requires changes to be made to keep pace with those taking place in healthcare delivery.

In 2003, when I was Secretary, I commissioned a comprehensive assessment of VA's capital infrastructure and the demand for VA health care. The process was called Capital Asset Realignment for Enhanced Services (CARES), and it was modeled on DoD's BRAC infrastructure review process.

The CARES commission offered sound recommendations for realignment and allocation of the Department's capital assets to meet demand for VA's services over the next twenty years.

Unfortunately, the CARES and DoD processes differed in one specific way. Under CARES there was no requirement for Congress to adopt or reject the commission's final recommendations as a package.

As a result, recommendations for some needed new hospitals and outpatient clinics were accepted; while others to close or realign the mission of facilities were rejected. When the AIR Commission's report comes to Congress for deliberation, I hope you will give careful consideration to adopting its recommendations. In addition, while President Biden's infrastructure proposal includes an investment of $18 billion in VA infrastructure, I believe it is imperative that any such investment in the department's physical footprint be done within the constructs of recommendations to be reviewed by the Commission.

Thank you.