

Mr. Chairman,

Thank you for your time today and consideration of HR 3234, the Failing VA Medical Center Recovery Act.

As you recall, we have had major problems for an extended period of time in my district at the Central Alabama Veterans Healthcare System (CAVHCS). The litany of scandals captured national headlines:

- unacceptable wait times
- the unearthing of thousands of unread Xrays (some of which detected cancer I might add)
- an employee of the VA taking a patient to a crack house
- CAVHCS Director James Talton lying directly to me, a Member of Congress
- retaliation against whistleblowers
- and finally the termination of James Talton, the first termination in the nation of a Director in the wake of the wait list scandal that swept the nation

I cannot understate the malfeasance that took place during the tenure of James Talton and the lasting harm he inflicted on Veterans in Alabama. At the same time, his termination was well over a year ago. To this day, we still do not have a permanent Director, and the hiring of other key staff has been extremely slow. While progress has been made - wait times, particularly for outside care - remain unacceptable. Given the challenges we have faced in Alabama and the bureaucratic and cultural hurdles to turn around a troubled medical center, I have introduced the Failing VA Medical Center Recovery Act.

Today the VA lacks the organization structure and systemic tools for swiftly addressing problems at the worst performing medical centers. Furthermore, there is little direct accountability at the very top for turning around an especially troubled medical center. The legislation focuses on the medical centers facing the most dysfunctional medical centers in the nation, ones that need major intervention and oversight at the highest levels of the VA. These 2-7 medical centers are determined by objective criteria, a composite score derived from the VA's own SAIL data which measures key healthcare metrics.

Similar to how a state may takeover the day to day operations of a failing school, this legislation requires the establishment of highly specialized teams to takeover the day to day operations of these worst VA facilities in the nation, removing the medical centers from the failed local and regional VA leadership.

Rapid deployment teams are empowered with enhanced legal authorities so they have the tools necessary to truly make a difference on day one. Legal authorities include:

- Direct Hiring Authority and the ability to pay up to 125% of the prevailing rate to address critical vacancies
- Enhanced Personnel Accountability Authority (Terminations and Transfers)
- Simplified Contracting Authority

Given the challenging nature of this assignment, members of the team are eligible for enhanced compensation and receive favorable consideration for promotion with a two year tour.

The Office of Accountability and Review is required to prioritize whistleblower retaliation cases at failing medical centers, and the Inspector General is required to prioritize investigations related to failing medical centers.

Upon sustained satisfactory performance (9 months) measured by SAIL, these medical centers return to the operational control of local and regional leadership.

The deployment teams are managed by the Office of Failing Medical Center Recovery. In the legislation, this office is managed by a presidentially-appointed Under Secretary who has a direct line of access to the Secretary of the VA. However, I have recently met with Undersecretary of Health Dr. Shulkin. I have accepted his recommendation that this office fall under his direct control, and I am amenable to modifying this legislation accordingly. I also welcome his personal commitment that these failing medical centers will receive his close supervision.

The legislation does impose statutory reporting requirements so that Congress, the President, and the public have a clear report card on the office's progress.

I welcome your questions and comments.