

**FIELD HEARING ON THE CHALLENGES OF AN  
AGING VA MEDICAL CENTER**

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**HEARING**  
BEFORE THE  
**COMMITTEE ON VETERANS' AFFAIRS**  
**UNITED STATES SENATE**  
ONE HUNDRED ELEVENTH CONGRESS  
FIRST SESSION  
AUGUST 20, 2009

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## **FIELD HEARING ON THE CHALLENGES OF AN AGING VA MEDICAL CENTER**

**THURSDAY, AUGUST 20, 2009**

U.S. SENATE,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The Committee met, pursuant to notice, at 1:06 p.m., in the Education Conference Room, Omaha VA Medical Center, 4101 Woolworth Avenue, Omaha, Nebraska, Hon. Mike Johanns, presiding.

Present: Senator Johanns.

### **OPENING STATEMENT OF HON. MIKE JOHANNS, U.S. SENATOR FROM NEBRASKA**

Senator JOHANNS. Ladies and gentlemen, let us come to order. I do appreciate everybody being here today. I have some introductions that I would like to make to get us started. I will make an opening statement, and then, as you know, we have two panels. We will work our way through those panels of witnesses and I will move on to that after I have made my opening statement.

But let me, if I might, introduce some really fine people who have come from Washington to help me put this hearing together. I will start with Lupe Wissel. Lupe, if you could stand. I said I wanted to give these good people the proper welcome to our great State of Nebraska. Lupe is the Minority Staff Director, and my Senate office is right across the hall from the Veterans' Affairs Committee, so we run into each other a lot and she does great work. John Towers, who is the Minority Staff Senior Advisor. John, we are very, very happy to have you here. Nancy Hogan, who is with the Majority Staff, welcome. And then you can see that we are recording and taping. Matt Lawrence is with the administrative staff and we so appreciate that. So I want to say welcome to all of those folks.

The gentleman behind me is Andrew Peek. He is with my office, and Andrew is the individual who takes care of veterans affairs and military affairs in the Johanns Senate office.

I want to start also appropriately today by remembering my manners and thanking those who have really made this hearing possible here in Nebraska. Chairman Akaka, I want to recognize him. I want to recognize Ranking Member Burr. With their support and their encouragement, we are here today to learn more about this veterans' facility. They are two very good men. They work together in a very bipartisan way. You sometimes hear about all of the partisanship in Washington. That is what makes the front page. It is interesting to read about. What you don't often get to

read about is the good hard work that is going on at the committee level between Ranking Members and Chairmen, and we have two really fine men there who I enjoy working with and I enjoy being on this Committee. So I wanted the record to reflect my appreciation for their support.

I also want to say to our first panel of witnesses, welcome. We are very glad to have you here. I know that there are many pressing commitments as you work with veterans and their needs and I am so grateful that you have set aside time to be with us on what I consider to be an enormously important topic.

Mr. Orndoff, I do appreciate you coming all this way to our great State. I hope that you have been able to enjoy some Nebraska beef. You can't leave until you have. It is kind of a rule of our State. [Laughter.]

August is a time where oftentimes D.C. folks do take a little bit of a break, if they can, because the House and the Senate are not in session. The health care debate has got all of the Members working very hard, but this is as important as anything that I will talk about during the August recess, and that is health care for our veterans in this part of the world.

I would further like to express my thanks again to the staff.

I would also like to say, if I could move on to my opening statement, that we now have a study that has been done. It was released on Monday, and that study has done a thorough analysis of some of the needs and challenges and issues that we face here.

The study was kicked off before I was in the Senate. It was kicked off in 2008. I thank Lee Terry. I know you were a person calling for that. We appreciate our Congressman's effort here. I also acknowledged at an event this morning the good work of the senior Senator of Nebraska, Ben Nelson, who has also worked to try to get the study done.

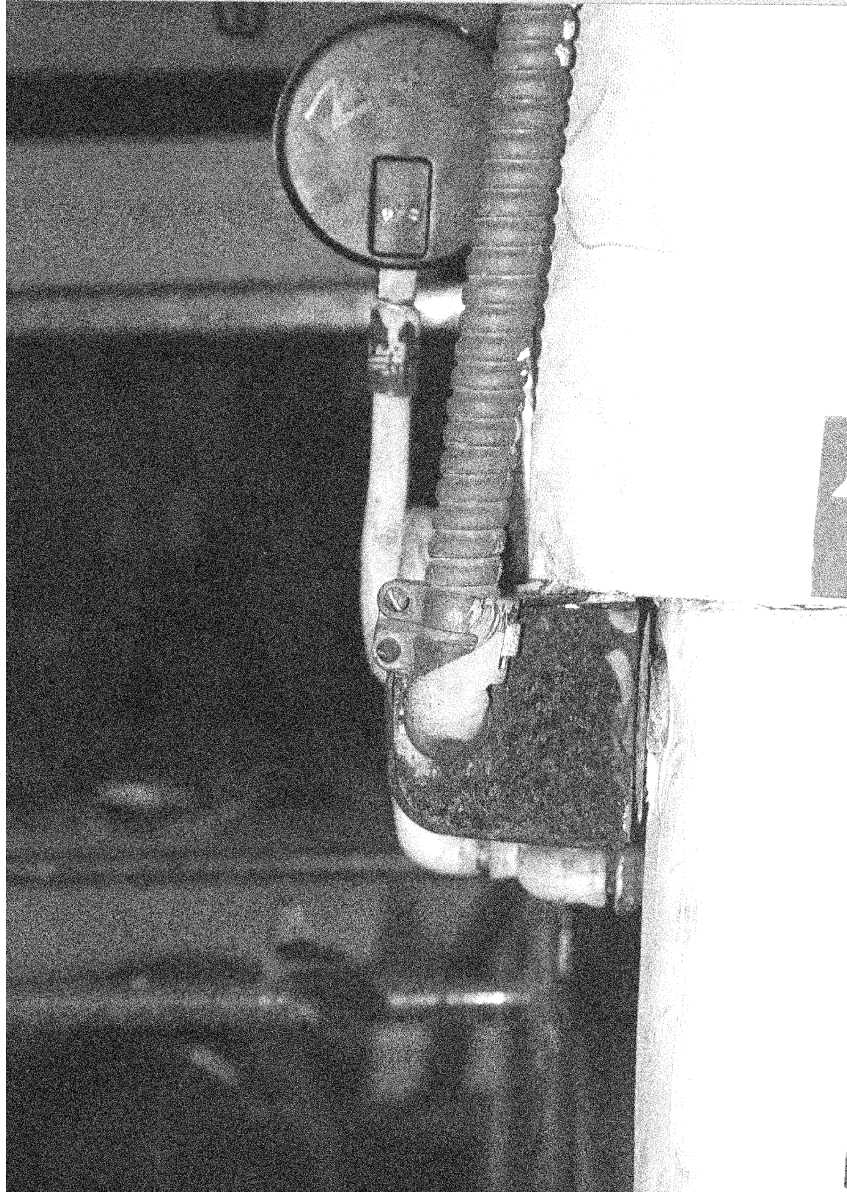
After describing the problems, the authors of this report presented recommendations in terms of the best way to move forward. I do not doubt that a new way is very much needed. I do want to say that I was here earlier in the week. I have pictures that I am going to ask now to be made a part of the record. I will ask somebody if we can just hand them to the witnesses in case they want to refer to any of these pictures. We all have heard the old saying that pictures do tell the story, and believe me, these do.

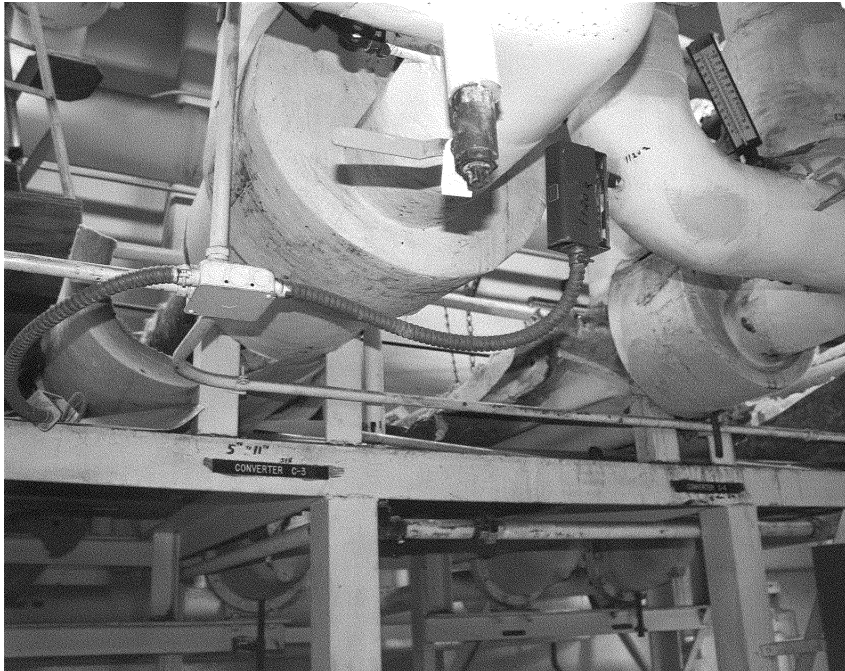
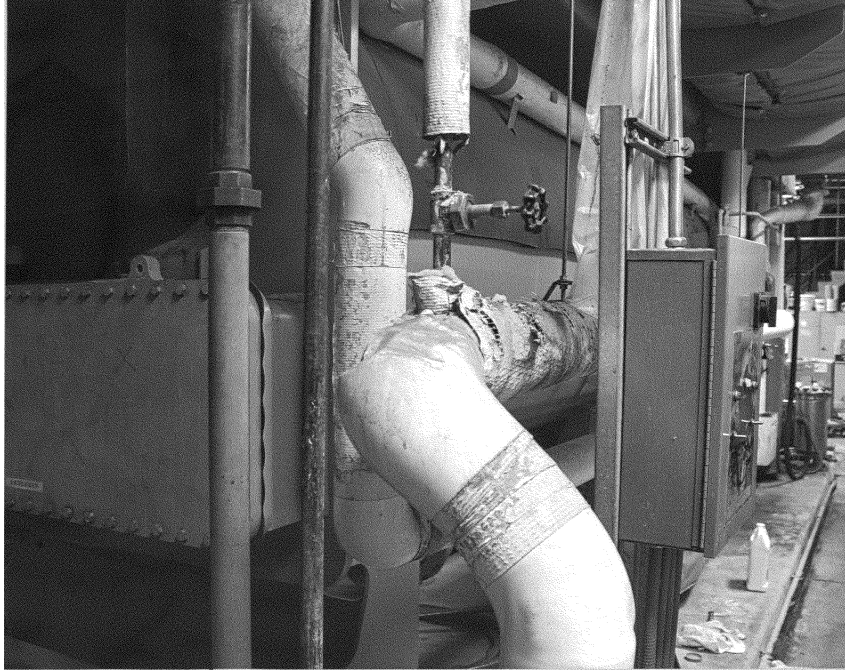
[The nine photographs from Senator Johanns follow:]

















Senator JOHANNNS. The people that are here at the VA hospital are doing great work. I don't care if it is the doctors or the nurses or the professional staff or the maintenance people, they are working against some rather remarkably difficult conditions in delivering good patient care. I read in preparation for this hearing a report that was issued on patient care, and I will tell you that this area ranks as well as really any area in the country. But they are doing it in a facility that really is worn out. It was built a long time ago.

Now, the first thing I noticed when I came here is the paint on the walls, carpet on the floors—the people here have done everything they could to make this as presentable to the veterans as they possibly could. But when you start looking into the facility, you really begin to see some of the challenges that they are facing.

Because of HVAC deficiencies, this hospital may not be able to deal with a major flu pandemic, for example. We sure hope they can. I know the employees here would do everything they could to deal with that issue if it does arise, and it is a concern.

There is also, quite frankly, insufficient emergency power. Should the electric power fail, the AC, most heating systems, and the facility's surgery capacity would be lost, as well as all equipment that requires any emergency power to operate. We would basically be doing what we have to do to make sure that we are dealing with the emergency of the situation, but beyond that, we would just have to wait for power to come back on.

I looked at the water and oxygen pipes that are corroded. They are 50 years old. They fail periodically. In my discussion with the really great staff in the maintenance department, they told me that one of the challenges that they have, if there is a break in a pipe, is trying to find pipe somewhere that they can attach onto for repair, because it just kind of crumbles as they move down the foot-

by-foot piece of that pipe to try to get a firm piece that they can grab onto to do the repairs.

I was amazed to find that there is a defunct nuclear reactor in the basement. Though space is at a premium here, this area is preserved. I don't want to try to scare anybody. Don't ask for a geiger counter or anything. They are down there doing all of those things. As I was saying, I walked into a room and somebody pointed out that this was a nuclear reactor that had been decommissioned at some point.

In the surgical area—we have pictures of the surgical area—I had an opportunity to visit with the staff there and some of the doctors, and again, I am so impressed. There is just tremendous commitment in mission, and they are going to get the job done. It is patient care that is first. You know, you just walk out of there feeling so good about what they are doing for our veterans. But again, I will tell you, they are working within a very, very difficult situation.

In the surgical area, there really aren't separate corridors for clean and dirty equipment. Of course, they are going to worry about contamination, and we are, too. Surgical monitors cannot be affixed to the ceiling, like they are in modern facilities. Actually, they can't put much more in those ceilings because the ceilings are already low and if they did much more there somebody who had any height to them, would be bent over as you go down the hall.

So, there are so many things about the facility that probably made sense, probably would have even been described as state-of-the-art when the facility was built. But today the facility is old. It is worn. In some respects, it is just completely worn out.

I am encouraged by the feasibility study on the conditions at the Omaha facility, which was completed by the VA through their consultant group. As I said, the study was begun in 2008. It was presented to the VA in May 2009. It was intended to try to help the Omaha facility best meet the growing health care demands of the local veterans community in the face of the facility's really, really significant issues.

As Governor of Nebraska, we worked with veterans. In fact, my veterans affairs person from those days, from my previous position, is here, John Hilgert. I am so appreciative of him being here. One of the things that we looked at was our veterans homes. We realized that we either had to build new or we had to rehabilitate, or we were not going to be providing the kind of care we wanted for veterans. So literally, starting with Senator Nelson, then having me join in, we headed out to do that; and our four veterans hospitals, in many respects, really reflect the commitment of the funding that is necessary.

Let me say today that what we are really going to try to do is look at this facility. We are going to try to, if you can picture this, turn it upside down and look at it from all different directions. We are going to try to lay a very, very sound record as to what we see here and what is needed. We are going to confirm some problems that exist and we are going to talk about some problems that we might anticipate if nothing is done. I don't think there is a person in this hearing room that wants to argue that nothing is going to



be done. We are going to get some things done here, but we are all going to have to work together to get it done.

The report does offer some possible solutions, and in the testimony today, I do want to analyze these approaches and maybe get an idea, again, to have a very, very complete record as to what these approaches might indicate.

Ultimately, the report recommended a concept called Concept D, the option with the most new construction and the greatest amount of money spent at the Omaha facility. It would construct about 754,000 building gross square feet of new construction, with about 72,000 square feet undergoing renovation and 47,000 being sent offsite.

Now, anytime you go to build a hospital, you know that you are going to spend some money. I would argue that this investment is a wise investment for our veterans. The estimate for this option is about \$550 million.

In outlining this concept, the study recognized the severe limitations of Building 1, which is the main facility that we are in right now; and it just simply calls for replacing most of it. There are just so many fiscal limitations. There are just so many things about this facility that the study indicates really are not salvageable.

So, I am anxious, again, to kind of dig into that and see what that concept is about.

Now, one of the things—I ran into somebody today who wanted to talk to me about parking—

[Laughter.]

Senator JOHANNIS [continuing]. Who was maybe suggesting that I was the cause of some of the parking challenges today. I plead guilty. All I want to say about that is we can't forget that it is the facility that we want to focus on. It is patient care. Yet, we have also got to pay attention to parking needs and that sort of thing. I am going to be anxious to build a record as to what is necessary and what needs to be done so we can meet those needs.

Now, I am a realist. I have had the wonderful honor of serving Nebraskans at all levels of government, and it has been an honor. I have had the honor of working with veterans and trying to do everything we can to meet their needs. I am a realist. I appreciate that you don't build a facility overnight. You don't do a complex construction project overnight. You don't do the planning necessary overnight. I also appreciate that we fit in the order of VA construction priorities. We are probably not the only need in the country. We are not. I sit on the Veterans' Affairs Committee, and I am honored to be there, and we hear about challenges across the country. But I am going to guess, once we have laid the appropriate record, no one will argue that this isn't really a critical need.

At the end of the day, Concept D recommended by the facility study does not have to be precisely the project I would suggest that is constructed. I think it is a good plan. I think it is a great place for us to start the discussion.

The critical point, I believe, is that the report recommends Concept D because it implicitly recognizes that patch-me-up solutions are likely to have very diminishing returns. I hope that this facility has all the potential to be someday described, when it is built, as

state-of-the-art, anticipating the needs of the veterans not only today, but into the future.

I will say this, which will show a little bias before we even get started. I don't believe it makes sense for us to approach this from the standpoint that a little bit of jiggering here and a little bit of twisting and turning here and maybe a little bit of this and that and the next thing gets us to where we want to be. I do not believe that that is the case. I believe the issues are too significant and I believe the report establishes that, in fact, we are at a point where we have to build.

Well, I am going to end my opening comments there, and just, again, to all of you who have been a part of that—to our hard-working Chairman and Ranking Member—thank you for giving me the opportunity to conduct this field hearing here today.

[The prepared statement of Senator Johanns follows:]

PREPARED STATEMENT OF HON. MIKE JOHANNS,  
U.S. SENATOR FROM NEBRASKA

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

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

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

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

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

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

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

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

I don't hear these complaints just from one source, but from many. And unfortunately, this need will only increase. The surgical unit is doing about 18 surgeries a day, up from 6–7 only a few years ago. I raised some of these issues at a hearing on the VA construction process held by the Senate Committee on Veteran's Affairs



on June 10th in Washington. I'm pleased now to be able to discuss them with you again, Mr. Orndoff.

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

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

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

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

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

To remedy some of these issues, the report evaluated five corrective construction ideas. Each of them were different remedies of renovation, reconstruction, and working with affiliate locations. It ultimately recommended Concept D, the option with the most new construction and the greatest amount of money spent at the Omaha facility. It would build 754,000 Building Gross Square Feet (BGSF) of new construction, with 72,000 (BGSF) undergoing renovation and 47,000 BGSF being sent offsite. In total, it would cost \$550 million.

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

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

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

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

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

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

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

Senator JOHANNES. We are ready to start with our first panel of witnesses. I know, Mr. Orndoff, that I think you have some statement that you would like to offer. I think it is appropriate we start with you. I want to keep this very, very informal. This is an informal setting. I think we will start with the statement. We will go through some questions for you, and then I am going to turn to the other members of the panel and try to flesh this out to build a good record. So take us away.

**STATEMENT OF DONALD H. ORNDOFF, AIA, DIRECTOR, OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY AL WASHKO, DIRECTOR, VA NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM; ROBERT YAGER, CHIEF OF FACILITIES MANAGEMENT, OMAHA VA MEDICAL CENTER; AND THOMAS LYNCH, M.D., ACTING CHIEF OF STAFF, VA NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM**

Mr. ORNDOFF. Thank you, Mr. Chairman, and thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs health care and facility issues in Nebraska. I will provide a brief oral statement and request that my full written statement be included in the record.

I am accompanied today by Mr. Al Washko, Director of VA Nebraska-Western Iowa Health Care System; Mr. Robert Yager, Chief, Facilities Management, Omaha VA Medical Center, to my far right; and Dr. Thomas Lynch, Acting Chief of Staff, VA Nebraska-Western Iowa Health Care System, to my left.

The VA Midwest Health Care Network, VISN 23, is one of 21 integrated health care networks in the Veterans Health Administration, or VHA. The VA Midwest Network provides services to veterans residing in Minnesota, North Dakota, South Dakota, Nebraska, and Iowa, and portions of Wyoming, Kansas, Wisconsin, Illinois, and Missouri. There were an estimated one million veterans living within the boundaries of VISN 23 in fiscal year 2008.

The VA Nebraska-Western Iowa Health Care System in Omaha proudly serves veterans in Nebraska, Western Iowa, and portions of Kansas and Missouri. The Omaha facility is an inpatient facility and also has a large outpatient clinic for primary and specialty care. The Omaha facility maintains strong affiliations with Creighton University and the University of Nebraska Medical Schools. The Omaha facility employs 1,635 full-time employees and serves 47,479 unique patients, 3,071 of whom are women veterans. The Omaha facility provided more than 660,000 outpatient visits during fiscal year 2008 and operated on a budget of just under \$300 million.

Through the third quarter of fiscal year 2009, the Omaha facility completed 100 percent of patient appointments within 30 days of the requested time for primary care. The facility completed 98 percent of specialty care appointments within the same standard.

The Omaha facility was originally constructed in 1950, and the aging facility presents some challenges, including a 35-year-old heating, ventilation, and air conditioning system and insufficient emergency power. The correction of these and other space and functional deficiencies is made more difficult by the low floor-to-ceiling height typical of hospitals constructed in that era.

In June 2008, then-Secretary Peake visited the Omaha facility at the request of Senator Ben Nelson. Three months later, VA contracted with GLHN Architects and Engineers to conduct a feasibility study to assess the infrastructure space and functional deficiency corrections. By April 2009, the contractor had completed the feasibility study and proposed five alternatives. The following month, the facility and division forwarded the study to VA's central office and recommended a large clinical expansion, one of the options identified by GLHN. In June 2009, at the request of Senator Nelson, VA Chief of Staff John Gingrich visited Omaha with staff of VISN 23 and the Office of Construction and Facilities Management.

VA is moving forward with plans to improve our ability to meet the needs of veterans in Nebraska. We thank Senator Johanns and Senator Nelson and the Nebraska Congressional delegation for your support in moving forward.

Again, Mr. Chairman, thank you for the opportunity to testify at this hearing. My colleagues and I stand ready to answer your questions.

[The prepared statement of Mr. Orndoff follows:]

PREPARED STATEMENT OF DONALD H. ORNDOFF, AIA, DIRECTOR, OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. Chairman and Members of the Committee, thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs' (VA) health care and facility issues in Nebraska. I am accompanied today by Mr. Al Washko, Director, VA Nebraska-Western Iowa Health Care System; Mr. Robert Yager, Chief of Facilities Management, Omaha VA Medical Center (VAMC); and Dr. Thomas Lynch, Acting Chief of Staff, VA Nebraska-Western Iowa Health Care System.

Today, I will briefly review the operations of VISN 23, which includes Nebraska; provide an overview of our facilities in the State; and describe VA's response to the recently completed feasibility study.

VA MIDWEST HEALTH CARE NETWORK (VISN 23)

The VA Midwest Health Care Network (VISN 23) is one of 21 integrated health care networks in the Veterans Health Administration (VHA). The VA Midwest Network provides services to Veterans residing in Minnesota, North Dakota, South Dakota, Nebraska and Iowa, and portions of Wyoming, Kansas, Wisconsin, Illinois and Missouri. There were an estimated 1.0 million Veterans living within the boundaries of VISN 23 in Fiscal Year (FY) 2008.

VISN 23 includes eight VA medical centers or health care systems based in Fargo, ND; Iowa City, IA; Minneapolis, MN; St. Cloud, MN; Sioux Falls, SD; Fort Meade and Hot Springs, SD (VA Black Hills Health Care System); Des Moines and Knoxville, IA (VA Central Iowa Health Care System); and Omaha, NE (VA Nebraska-Western Iowa Health Care System). In FY 2008, the Network provided services to 290,485 out of 384,225 enrolled Veterans. Additionally, there were about 2.5 million outpatient visits and 30,722 inpatient discharges. The cumulative full-time employee level was 11,196, and the operating budget was about \$2.0 billion.

Seven of our VAMCs or health care systems are affiliated with local medical schools, and VISN 23, and the Brain Sciences Center at the Minneapolis VAMC is conducting research on neurological diseases, disorders, and addictions. The VISN also has established 25 sharing agreements with the Department of Defense (DOD). Given the large geographic footprint of VISN 23, access to care is a priority. Between 2009 and 2010, 14 new locations are planned to open in the VISN, including an Outreach Clinic in O'Neill, NE. VISN 23 is also home to one of four Polytrauma Rehabilitation Centers in VHA dedicated to addressing the clinical needs of the most severely injured Veterans and military servicemembers.

#### NEBRASKA HEALTH CARE FACILITIES

The VA Nebraska-Western Iowa Health Care System in Omaha, NE proudly serves Veterans in Nebraska, Western Iowa and portions of Kansas and Missouri. The Omaha, Nebraska, facility is an inpatient facility and also has a large outpatient clinic for primary and specialty care. There is a Community Living Center located in Grand Island, and Community-Based Outpatient Clinics (CBOCs) in Lincoln, Grand Island, North Platte, Holdrege, Norfolk, Bellevue, Gordon, Alliance, Scottsbluff, and Shenandoah (Iowa). The Omaha facility employs 1,635 full-time employees and serves 47,479 unique patients, 3,071 of whom are women Veterans. The Omaha facility provided more than 660,000 outpatient visits during FY 2008 and operated on a budget of just under \$300 million. It maintains strong affiliations with Creighton University and the University of Nebraska Medical Schools. Through the third quarter of FY 2009, 100 percent of patient appointments were completed within 30 days of the requested time for primary care and 98 percent of specialty care appointments were completed by the same standard. Specialty services available include audiology and speech pathology, dental, extended care and rehabilitation services, cardiology, infectious disease, geriatrics, neurology, mental health and behavioral health sciences, nuclear medicine, pathology, pharmacy, prosthetics, radiology, surgery, and a Visually Impaired Support team, among others.

The Omaha facility was originally constructed in 1950, and the aging facility presents some challenges. The challenges include a Heating Ventilation Air Conditioning system which was installed in the 1970's and lack of sufficient emergency power. The correction of these and other space and functional deficiencies is made more difficult by the very low floor-to-ceiling height, typical of hospitals constructed at that time.

In June 2008, then-Secretary Peake visited the Omaha facility at the request of Senator Ben Nelson; three months later, GLHN Architects and Engineers received a contract to conduct a feasibility study to assess infrastructure, space, and functional deficiency corrections. By April 2009, the contractor had completed a feasibility study and proposed five alternatives. The following month, the facility and VISN forwarded the study to VA Central Office and recommended a large clinical expansion, one of the options identified by GLHN. In June 2009, at the request of Senator Nelson, VA Chief of Staff John Gingrich visited Omaha with staff from VISN 23 and the Office of Construction and Facility Management (OCFM).

#### CONCLUSION

In summary, VA is moving forward with plans to improve our ability to meet the needs of the Veterans in both Nebraska and the VISN. This is being accomplished with the support of Senator Johanns as a Member of the Senate Committee on Veterans' Affairs and the rest of Nebraska Congressional delegation. Under the leadership of Senator Ben Nelson, who requested a Feasibility Study in the FY 2009 MilCon-VA Appropriations Senate Report, VA has information to guide the Department to the right solution. Again, Mr. Chairman, thank you for the opportunity to testify at this hearing. My colleagues and I would be delighted to address any questions you may have for us.

Senator JOHANNNS. Great. Maybe, since you have just made your statement, if I could just turn to you right away and ask you about something I am getting asked about already. I know at the conclusion of this hearing, the media will be very interested in this. Now that the report is out and needs are being established and the condition of the premise is known, I will be asked, what happens next? After this hearing and after we have put this record together, how would a request like this make its way through this process to a point where we would get a thumbs up, break ground, and start

heading off in a direction of dealing with the issues the report identifies? Talk us through that.

Mr. ORNDOFF. Yes, sir. The report gives us a much greater depth of analysis than we have had before, and we will translate that analysis into a project description and definition. We call it a concept paper that will move forward. We know that this is an extremely high priority. The Secretary is very supportive of moving forward with this project. This project, with all the other competing demands, as you alluded to before, will be evaluated in upcoming budget cycles, but we are confident that this project will be very high on that priority list and have a great opportunity to move forward quickly. That process will happen as part—the first cycle, of course, would be the 2011 budget and it would be considered in that process.

Senator JOHANNIS. Now, when you say that, again for the record and for the people who are here, when you say the 2011 budget, it conjures up in my mind somewhere late in 2011 this might get approved. But when is that budget submitted?

Mr. ORNDOFF. The budget process for 2011 is the Department of Veterans Affairs would pass its budget recommendation to the administration, to the Office of Management and Budget, and that then would be delivered to the Hill at some point. I am not sure exactly the month that that is delivered, but sometime, I believe, in the—

Senator JOHANNIS. February?

Mr. ORNDOFF. February timeframe, thank you.

Senator JOHANNIS. Mm-hmm.

Mr. ORNDOFF. That would be at the point where you would see what is in the administration's budget request and whether this project is in the budget request. So in that timeframe, February of next year, 2010, we would see if this budget is, in fact—or if this project is, in fact, in the 2011 budget request.

The Secretary, as I mentioned, is very supportive of—very much understanding the need for this project and supportive of it moving forward, and we anticipate that, depending on where we are in the budget process, that this project would certainly have a good opportunity to move forward. We, of course, cannot say today—

Senator JOHANNIS. Sure.

Mr. ORNDOFF [continuing]. Exactly what would be in the budget moving forward from the administration. But all indications are this is a very strong project in terms of the prioritization process. Clearly, it is a well-documented need and it should move forward well.

Senator JOHANNIS. So, ultimately, through your efforts and then through the Secretary, it goes to the Office of Management and Budget. When I was on the cabinet, we described that office as the most powerful office in all of Washington. From there, they work with the President's staff and then, ultimately, the President submits a budget request.

Mr. ORNDOFF. Yes, sir.

Senator JOHANNIS. Now let me ask you, this is an important need. I think you and I agree on that. We certainly don't want to be overbearing, but we certainly want to make our case. How can we be helpful in terms of doing that? What would your advice be

to the Congressional delegation, Senator Nelson, myself, and for that matter, to the Veterans' Affairs Committee?

Mr. ORNDOFF. Well, I would say that you have done that. Certainly today is part of that action. Inspiration for the additional analysis that was done through the study was certainly helpful. I think where we are today is we do have a well-defined requirement, and at this point going forward, it is really a matter of what is the funding that the administration will put forward for capital projects for VA. And certainly that is an ongoing discussion and will continue to be until the President puts forward his budget.

But my sense is that the support we have been getting for capital projects for the Department has been very robust and hopefully will continue to be so, because we do have a great need. Within that relatively robust budget, the opportunity for this project to move forward is already there. So, I don't know of any specifics that you could do at this point to bring more attention or emphasis to this. We will see where we are with the budget submission.

Senator JOHANNIS. OK. If I could turn to Mr. Washko here. I know you have been doing everything you can to deal with the issues and challenges that you face. I know this is so important to you that I think we even interrupted some much-needed R&R; and we appreciate that. I don't know what you were doing—it doesn't really matter—and we do appreciate you coming to the hearing today.

You have been here a while now. Give us a historical perspective of kind of what has brought us to where we are at today.

Mr. WASHKO. I arrived here in 2003, late in the summer, and as we began to survey the facility, it was apparent that there were some serious issues with the aging of the facility. We talk about the facility opening in 1950. I think that was in Don's remarks. It reminds me very much of my first car. It was a 1950 Chevrolet.

Senator JOHANNIS. Beautiful car, right?

Mr. WASHKO. I loved it.

Senator JOHANNIS. Yes.

Mr. WASHKO. It was one of my favorite cars ever, but you know what? You don't see very many of them on the road anymore, because they have outlived their usefulness.

So, as I began to look into the infrastructure of the facility, I saw that there was a close resemblance to my 1950 Chevy: that we would run into lots of difficulties adding new innovations to our 1950 Chevy. It is hard to add air conditioning. You have rusty—1950s Chevrolets didn't have galvanized steel and so they rust easily and it is difficult to add some of the new innovations. And that very much is the case with this facility. It has lived its useful life as we looked into this.

So, we began to submit project proposals in the neighborhood, I would say, of 2005 or so. Gary Krupa was our Chief Engineer at the time, and as we began to study the facility, we began to see that renovation was not a good option, that—and a lot of the limitations of renovating this current facility had to do with the floor-to-ceiling limitations that Don brought up. When we bring in these new technologies—we have a state-of-the-art radiology suite, for example. It competes favorably with any hospital in Nebraska. But we have got it squeezed into this little pancake that makes it dif-

difficult to maintain, difficult to install, and difficult to repair. And in some cases, our radiology suite doesn't have emergency power because of the limitations of this old place.

So, our early project proposals dealt with renovation of the existing facility, and as we learned more about the infrastructure, we began suggesting that that was not a good option. So, we have submitted three or four project proposals.

As Don said, the VA has a robust and objective set of criteria that it evaluates projects by. And what we have seen is that our projects have been rising to the top. I am actually quite confident now that we are right close to the top. I take Don Orndoff at his word. Secretary Shinseki sent his Chief of Staff, Mr. Gingrich, out here to look at things and he indicated that he was persuaded that we had serious need. So I personally am confident that we have climbed the ladder of the priority list and that we are waiting for budgetary authority to address our needs.

Senator JOHANNIS. I don't know if it is a question for Mr. Orndoff or, for you Al, but how are these ranked? I hope that is not inside information. We would love to fix every facility all at once. The budget just simply does not allow that to occur; so somewhere, ranking has to be done. How would you describe that process and what are the things here that are driving our rise to the top, which would concern the Secretary, concern you, and concern all of us?

Mr. ORNDOFF. Yes, sir. The ranking process is communicated in the budget itself and it shows the criteria that were used to evaluate our projects. All of the projects are submitted on an annual basis for review and are scored by a Capital Improvement Panel, which is a cross-section of folks in the VA organization that try to objectively look at each budget submission and rank it against that criteria, score it, and give it a number, for lack of a better way to talk about it. Those are then ranked, racked and stacked against each other and a list comes out. That list goes through a very significant senior management review and is ultimately validated by the Secretary.

Then in the budget deliberation process, there is a determination of how much money can be allowed in the capital budget as part of the overall VA budget going forward. So, working from the top of that list down, we would be adding projects—new start projects to the budget.

There is a competing piece for the capital budget and that is projects that have previously received some funding. They were a new start in a prior year, but yet not fully funded. Typically, on a large budget, we will ask for 10 percent of the total project value to begin the design process. That is when authorization of the project would typically happen and we have begun to move forward with the budget. But some of these budgets are very large dollar figures, some approaching a billion dollars at this point. So, we look at a multi-year strategy for funding the projects.

On any given year, there is a competition between putting more money against existing projects to keep them moving forward toward completion and delivery or creating additional new starts. The Department strategy is to do a combination, and so typically we are able to add some new starts to the program. We like to do that. We need to keep moving forward on the priority list and to

help Mr. Washko's project keep coming to the top and ultimately get funded.

So, that is generally how it works. It is an annual cycle. It is a very objective scoring process. The criteria is established and approved by the Secretary before the process begins, so it is very transparent to our stakeholders.

Senator JOHANNNS. OK, great.

I am going to turn now, if I could, to Mr. Yager. You were with me on the tour that I took a little earlier in the week. As best as possible—and feel free to use the photos there if they are helpful in explaining your testimony—kind of walk us through the challenges that you are facing in terms of keeping the hospital working and the air handling and the air conditioning and all of that.

I, again, would like to put some special emphasis on the fact that I think your people are doing a great job. I think the maintenance people are doing a great job. Certainly, the care here ranks very, very well. But what occurred to me when I was touring with you was that the most minor of problem can become a very big crisis just simply because it isn't easy maintenance anymore. There is nothing easy about trying to maintain the systems in this building and I would like to hear from you about that.

So, if you could, kind of take those thoughts and tell me what you are dealing with and where you think things are at today.

Mr. YAGER. Sure. Let me first talk about the people side, just briefly. I have a boss who is hopefully leading us to a better day. I have an immediate boss, the Associate Director, who is tenaciously in the here and now. We are going to keep everything fixed and running and she keeps on top of me to make sure. And then I have a maintenance staff below me who are primarily veterans and they take keeping this hospital running personally. I am a veteran, also. My organization is primarily veteran-staffed and we take it personally to keep this place going.

With that said, there is no doubt that something of a major action needs to take place to correct the long-term deficiencies. Day-to-day operations—there are some challenges. This HVAC system—there are times my maintenance staff have to go out and shovel snow during a blizzard to keep the fresh air intakes from plugging up and shutting off or diminishing the air flow to the hospital. I have been on the roof in a blizzard and it is not a comfortable place to be, yet they are out there with shovels.

Senator JOHANNNS. Yes.

Mr. YAGER. If you have ever lived in a 50-year-old house—you mentioned this exactly—you start a plumbing project and you almost always end up—if starting on the second floor bathroom, you almost always end up in the basement and you have replaced every pipe all the way down.

The challenge is we have patients in our hospital and we have to keep these utilities going. Long disruptions are just not an option in our book. So shutting the water off for a week to replace all the pipes just is not possible. Work is done at night, work is done over the weekends, all in order to minimize the construction activities in this patient care area. And that is always the trick: maintaining patient safety while doing construction; and it is not necessarily easy to do with both.



The electrical system poses some challenges. We are doing upgrades to maintain as much as we can right now, but it is frustrating that every small job—there is always the potential for each job to become a lot more. And sometimes we just have to say, this is how much we can get done in this period of time and now we have to get the place cleaned back up and back to a safe operation again; to give it back to the medical staff to use. So, it is very difficult with the space deficiencies that we have, trying to move people around. It just always gets complicated.

Senator JOHANNNS. Doctor, you have kind of done a number of different jobs here. You were with me on the tour and we went into the emergency ward—not emergency ward—but the surgical ward, I should say. Again, we have pictures of this, with equipment kind of in the hallways and the ceilings are very, very low. There isn't much you can do with those ceilings. My observation, more than about any other place, was the 1950s construction I was observing because of the challenges of shutting down surgery while you rehabilitate a piece of that emergency area.

I would like to have you talk to us about what your doctors are dealing with. You have been over there. What are the day-to-day challenges of that area of the hospital?

Dr. LYNCH. Let me begin by saying that I think the physicians as well as the clinical staff are the beneficiaries of the hard work that engineering does and innovative concepts that they come up with to correct some of the deficiencies and challenges that are associated with this infrastructure. So, part of my answer is oftentimes we don't notice the infrastructure because there are people working very hard to make sure we don't notice the problems and the deficiencies.

That said, I think the biggest challenge that we face is space. I have been here 21 years now. I suspect that space was not an issue until approximately 5 years ago. From a surgical standpoint, that is when we really began to see the growth in technology, the introduction of laparoscopic surgery, the introduction of endovascular surgery. The operating room was no longer shared by a surgeon, an anesthesiologist, and a patient. We were joined by three or four or five support towers with electronic equipment. We were joined by radiology equipment. All of these crowded into the space in the operating room.

Our operating rooms are, on average, about 300 or 400 square feet. Our largest operating rooms are about 500 square feet. The newest operating rooms are at a minimum 600 square feet, which are currently being built. So, we are now faced with the challenge of trying to provide innovative, technologically-advanced, and cutting-edge therapy in operating rooms that were built in 1950. I think that we have succeeded to this point. I think that we can continue to move forward, but we are going to be limited very quickly by an inability to match technology and space, and I think that is the biggest challenge that we are facing.

I think it is not only shared by surgery, I think it is also shared by medicine, because we are unable to renovate the facilities to match the changing demographic of our veteran population. We are treating a younger population and we are treating a female population. Yet we don't have the swing space or the extra space to use

to begin to renovate the clinics and to introduce innovative technology in medicine—telemedicine technologies. So, we are going to be limited very quickly because we don't have space and we don't have the ability to adapt as quickly as other institutions might.

Senator JOHANNNS. Because every construction project has dirt and dust where you are tearing things up to put them back together again, hopefully better than they were. Has that been an impediment to getting things done? The other thing I would ask you, even if there was a mountain of money to be put into that space, it just occurred to me that the physical limitations of the building would make it impossible to improve it very much.

Dr. LYNCH. The way the building is currently constructed, it was not constructed to allow expansion or easy adaptation to current technology. To simply replace the heating, ventilation, and air conditioning system would require a 6-month shut-down of the operating room. I think Mr. Yager allowed me half of the operating room for 3–4 months and the other half for another 3–4 months. That limits our capacity to deliver care. Any time you begin modifying or renovating an operating room, there is always the risk of infection because of the degree and the materials that are around the operating room.

So, the short answer to your question is, I don't think we have a facility that we can remodel into anything that would be nothing more than an old hospital that had been remodeled within the constraints imposed by 1950s construction.

Senator JOHANNNS. Mr. Yager, do you have any thoughts on that? Is that what we are dealing with, just—

Mr. YAGER. You know, going back to Al's 1950 Chevy, you could restore it back to factory original condition and you have still got a car without seat belts, anti-lock brakes, or an airbag. So it still doesn't have the engineered safety features. You can drive it as safely as possible. You can stay off the interstate. The reality is you do not have a car that has the engineering safety issues built in.

That is part of what we are dealing within our facility here, that there are some limitations. To put a modern HVAC system in, you might have ceilings as low as six-foot-six in the hospital, or you end up with a lot of pipes running outside, almost like an octopus that is swallowing this building. Those are the type of challenges we face.

Bringing the electrical system up to code, again, in an occupied building with patients, is almost impossible to do because we cannot compromise patient safety. So, what gets compromised is the scope and breadth of what we can do for construction and that limits us. It does.

Senator JOHANNNS. You talked to me as we were doing the tour about air handling. I know there was one area of the hospital where you had to aggressively pull on the door just to get it open because of the air handling issues. I would like to establish a little bit of a record, because air handling, I think, in a hospital, everyone would agree is a critical feature. What is going on there and what are the difficulties?

Mr. YAGER. We believe that the building is out of balance. We don't have enough air flow coming into the building, and so the building—and we are exhausting a lot. Surgery alone has a 100

percent outside air requirement, so we exhaust everything we bring in. And I believe that we are exhausting more air than we bring in. Buildings, any commercial building or health care facility should be overall positive so you keep the outside air out and the inside air generally—we have some anecdotal evidence of sometimes when you open doors to the outside, the air just comes rushing in, and so—

Senator JOHANNNS. Yes, you can feel it.

Mr. YAGER. We believe that the building is overall negative and it should be overall positive. That is a challenge—to try to fix an HVAC system that is, you know, patched together and it is not one contiguous system, which we can just go turn a dial and fix this. It would take tearing the thing up all throughout the hospital to probably get it to where it was operating exactly the way it needs to be.

Senator JOHANNNS. As I understand it, it is not just the equipment in the basement, it is the pipes that run through; in expanding the capacity there lies another challenge, that you just don't have the room to put a bigger pipe in.

Mr. YAGER. That is correct.

Senator JOHANNNS. Doctor, when you think about the air handling and you think about just the issue of sanitation, et cetera, talk me through that. What concerns you about the air handling?

Dr. LYNCH. I think probably the primary concern is patient safety and infection. I would just like to state that the VA has probably been a leader in health care and in the area of quality, quality management, and quality measurement. We monitor on a regular basis the incidence of infections. We monitor our surgical mortality or death rate. We monitor a wide range of surgical complications. We have been within acceptable limits, at benchmark or below, for as long as I have been here. And I think that while these are difficult situations in an aging infrastructure, we have been able to maintain quality. I think we have the measures that show that we are continuing to maintain quality.

The VA has a composite measure that came out for the third quarter. There are 12 elements on that measure. They extend from access to patient management to prevention, and we are ranking either at a benchmark or in the upper quarter of 10 of those 12 measures. So, I think we have adequate monitors on us—on our patient care—to assure that at the present time the infrastructure is not adversely impacting patient safety or the quality of care.

Senator JOHANNNS. Thinking ahead to the future, and I am not exactly sure who is best equipped to answer this question, have you done an analysis of future patient needs and the impact on this facility? If you have, I would like you to talk a little bit about that and talk about how this facility meets those future needs.

Mr. WASHKO. Maybe this is a time to talk a little bit about complicated surgeries and some of the limitations we have, Tom, with our existing facility.

Dr. LYNCH. I can certainly address that. I think as surgical technology advances, we are going to have an increasingly difficult time keeping up with that technology when we look at our current operating rooms. We don't have the space to incorporate equipment and we don't have the ability to remodel.

So, we are going to reach one of two conditions at some point in the future. Either we can't deliver some state-of-the-art technology, and at present, I think we have been very proud of the fact that with our university affiliates, we have been able to involve a large number of specialists and allowed them to practice their specialty and their surgical care here because of the technology we have. But we will reach a point very quickly, because surgical technology advances very quickly, where we will not have the room to incorporate that equipment. It will become difficult, but not impossible, for us to incorporate a robot because of the size.

As the technology advances, eventually, we are going to reach a point where we won't be able to incorporate that technology because it will require renovations in the ceiling or in the wall to bring in new conduits and new equipment and we won't be able to do that; or we may be able to do it, but we would only be able to do it on a limited scale. So we would reach a situation where we would have to develop backlogs in order to get patients in for innovative technology.

I think the other big area that will be developing over the next 10 to 15 years is going to be telehealth. We don't have the space or the ability to incorporate that technology as rapidly and as well as we could because of the current infrastructure.

So, I think from a surgical standpoint and from a medical standpoint, those are going to be our major constraints. As we see advancing technology and advancing techniques, at some point, we are going to hit the wall. I don't think we have hit the wall yet. I think we have been able to keep up and we have been able to be innovative and to continue to move forward. But at some point, the facility and the infrastructure is going to say, enough.

Senator JOHANNIS. Yes?

Mr. WASHKO. I would like to give another example. The study that you referenced shows that we are 40 percent deficient from current VA standards. That is a very large deficiency. That means we have only roughly 60 percent of the space that we need. And where that begins to crimp patient care is when new programs are necessary to add—for instance, combat veterans programs. We have made a major commitment to treating combat veterans here where we have over 5,000 returning combat veterans signed up here. We have been trying to create clinics so that combat veterans' care is concentrated among the same primary care providers and that we also have psychiatric presence and mental health presence in the same area—

Senator JOHANNIS. Post Traumatic Stress Syndrome?

Mr. WASHKO. Exactly. So we have been trying to create clinics for combat veterans that have a number of services immediately available. Well, in a facility that only has 60 percent of its space, something has to give when you do that. Now, we have created these clinics here, but in the process, we have suboptimized other parts of patient care.

So, when we created these clinics, we no longer had two exam rooms per doctor, which is what you need for an efficient clinic. We now have compromises in the necessary exam rooms per practicing doctor. So that is an example of a compromise that limited space makes to our operations.

Senator JOHANNIS. Yes. Yes. You know, this gives me such an interesting perspective, because sitting on the Veterans' Affairs Committee, we sit there and we pressure the Veterans Administration, to get Post Traumatic Stress Syndrome treatments in place. You have got to do this. Our veterans need it, and there is tons of evidence to support that. But then you begin to realize the limitations. You want that as badly as we want it, but you are limited by this and it is very, very hard to pull that off when you just simply don't have the adequate tools to get that accomplished. So, that is just an important perspective to have.

I am going to take a step—and I am just about done here with the first panel—but I want to take another step. Of course, there are all kinds of community discussions about what is the best approach. Is it D? And I will guess that will only increase. I would just like to hear again some description of the process by which a final decision arrived at is that this is the way we think we need to go here. Maybe it is Option D. Maybe it is a hybrid of Option D. Maybe it is something else.

And I especially would like to hear any thoughts on community input, because on our next panel, we will have somebody from the University of Nebraska Medical Center, and Creighton University Medical Center. I am a Creighton alum. I love what these folks do at Creighton and at the University of Nebraska. I would love to hear about potential for partnership. I know you are doing some really exciting things now. I just really believe that that is one way of providing really great services and kind of utilizing the resources of each.

So, if you could help me and everybody else here understand, how does that come about and what would be the potential for community input?

Mr. ORNDOFF. Sir, I will take a shot at that, and Mr. Washko can help me out as necessary. First of all, from a project point of view, we have a project. We have a concept that has been promoted by the study and our analysis of this is we believe this is the way to go. Option D is the right answer for all of the things that we have been talking about here today. That is major new construction with some renovation. The exact project is still a work in progress, but we are fully committed to moving forward with a project that is similar in scale and scope as Option D recommended by the report.

Now, in our discussions, we know that there is another step of planning that needs to be done before we really start to design the project, and this is where the opportunity for community input lies. I know the Medical Center Director is very much interested in pursuing that input. The central office will fund that effort, the facilitation of that effort, through our advance planning funds. We have already committed to do that. So that process should happen quickly.

On track two, my office will begin the process of designing the project. We will begin the process of soliciting and hiring a design firm to begin the actual design effort. We will do this beginning very soon. So, those two things will be running in parallel: the final lockdown of exactly what project we are going to do; and the bringing aboard a design firm that will actually decide the final solution.

Of course, depending on when the project is funded is when we will actually move forward with execution of that design. But we are not going to wait for that. We are going to begin that initial design step very soon. And again, in parallel with community input.

Did you want to—

Mr. WASHKO. I would say we are very grateful for Mr. Orndoff's suggestion about how we can take the next steps in the way he just described. That is why I am so optimistic that Secretary Shinseki is supportive of the project proposal that has been made. So we are looking forward to getting started on this quite soon.

Senator JOHANNNS. Great. Nothing I say, should be taken as wanting to hold this up or gum it up. Boy, nobody in this room wants to do that. Nobody in this area, this service area, wants to do that. And I think we will hear that there are some great community resources and they are ready to do anything they can to help veterans, and that is kind of the philosophy that we bring to this—partnerships work great in the State. People know each other; and so, however you can reach out to us and bring us into the process, I think will be beneficial to all concerned, including the veterans.

I will wrap up with just one question directed at each of you; and it is just a general question.

Is there anything that you came prepared to tell me at today's hearing that you haven't yet told me or I haven't elicited in my questioning? If you were laying awake last night thinking about this hearing and thinking, boy, I just need to make this point, I hope he understands it, I hope the Veterans' Affairs Committee understands it, now is your chance. Doctor?

Dr. LYNCH. I think the one aspect that has not come out so far in this hearing is the educational value of this institution. Not only are we providing care to veterans, but this is a critical piece of the teaching programs at both Creighton University as well as the University of Nebraska Medical Center. So, I think as we look at the future of this institution, we need to also look at it as a resource for Nebraska, as well, because a number of the physicians that practice and stay in Nebraska are those that are trained both at the University and at Creighton.

Senator JOHANNNS. That is such an excellent point. And needless to say, we would love to see some of those future physicians decide that this is exactly what they would like to do with their career.

Mr. ORNDOFF. Sir, the only thing I would like to reiterate is the fact that we have a big challenge at VA in terms of doing the reinvestment in our infrastructure that is necessary to continue to support world-class health care into the future for veterans. Certainly, everybody is focused on how to do that. It takes a great deal of resources to push this forward.

Over 63 percent of all VA facilities are over 50 years old. That makes—the situation is, we have quite a few Omaha Medical Centers out there in similar kinds of situations. But with the level of analysis that we have and the support that we have from the delegation, this project will move forward and the solution for Omaha will be near-term.

Senator JOHANNNS. I will tell you, I don't know the Secretary yet. I look forward to getting to know him better. If you would, take back to him how much we appreciate his attention. Everything I know about him, he is a man that gets it and really wants to do the right thing for veterans. So we appreciate that and we especially appreciate the attention he has given.

Mr. ORNDOFF. Yes, sir. I will do that.

Senator JOHANNNS. Thank you.

Al, do you have anything you want to offer?

Mr. WASHKO. I do. In addition to replacing our 1950 Chevy with the next model—

[Laughter.]

Mr. WASHKO [continuing]. We would like to make a new facility a Center of Excellence in telemedicine. Nebraska is a rural State and telemedicine, we think, plays a very major role in reaching out to rural areas. We have an interest in using this project to follow up some of your interests, Senator Johannns, in the mental health area. We think that some of the funds in this project will allow us to construct mental health facilities that we can work in partnership with Creighton and the University of Nebraska. The State legislature recently passed bill No. 603 that focuses on rural mental health care, so, we intend to put a major base here for telemedicine. We are already moving in a number of areas fairly aggressively.

The second thing I would like to say is we intend to put major effort into energy efficiency and building a green facility. We would like to use every technology available and maybe even experiment with one or two to be an example of how a medical center can have drastic reductions in energy usage. We look forward to that.

Senator JOHANNNS. Great. Two great areas. You know of my personal interest in mental health services. We all know that when you move out to more rural areas—less densely-populated areas—these veterans need these services as much as anyone. It is very hard to get the services to them. Telemedicine is a piece of the answer to that very challenging puzzle, so I really applaud that.

Mr. Yager, you get one last shot here.

Mr. YAGER. Senator, I will admit I did lose sleep last night—

[Laughter.]

Mr. YAGER [continuing]. As an architect, this is a very exciting time. And I just look at all of the things that have lined up in a positive manner—all the support that we have gotten from our Congressional delegations, from central office, our network, my leadership, from the guy at the bottom of the food chain on this—everything is lined up in such a positive way. I can't wait for the next few years.

Senator JOHANNNS. Great.

Mr. YAGER. It is going to be very exciting times for us.

Senator JOHANNNS. Great. And you can hold it together until we can—

Mr. YAGER. I can.

[Laughter.]

Senator JOHANNNS [continuing]. Get through this process?

Mr. YAGER. Yes.

Senator JOHANNNS. If I could ask you all to express to the people here—whether they are working down on the HVAC system or they are working in the emergency ward—how much we appreciate their dedication. I was so impressed with that when I was here and I walked out with such a great feeling about that and even more committed to try to get them a facility that meets the needs of the veterans and allows them to continue to bring that first-class care.

I thank the panel. I want to tell you that if you do have to move on, please feel free to do that. If there is something that you think of—I am thinking I will keep the record open here for probably a week, so if there is something that you think of that you want to submit in writing, we would be happy to receive that. Thanks.

Mr. ORNDOFF. Thank you.

Senator JOHANNNS. We will get things reset here and then we will invite our next panel to come up.

[Recess.]

Senator JOHANNNS. I will go ahead and continue the hearing here. Our second panel is seated. I just noticed that I forgot to introduce somebody who really has just been a great piece of the Johanns team dating back a long time, and that is Roger Lempke. He is the former Adjutant General. When I became a United States Senator a few months ago, I was wondering who could be my Director of Military Affairs—all things military. And it just so happened that Roger was thinking about doing some other things in his life, so I convinced him that really what he needed to do was to come back so we could work together again; so, Roger, good to have you here.

Roger is another one of these guys that gets it and cares about the veterans very, very deeply. Probably not a lot of people in this country with the title “General” that do case work for veterans. [Laughter.]

And he loves doing it.

We have an outstanding second panel, and Congressman, you have been so very patiently waiting. I want to start the second panel by acknowledging you. I said today at an event, this hearing wouldn't be happening but for you. Senator Nelson, you guys laid the groundwork. This has been a dream of yours for a long time. I know what August recess is about—or at least I know a little bit about it at this point—every minute is booked. Yet here you are giving us a number of hours of your time and we can't tell you how much we appreciate it.

The protocol is that you go first here, and I don't think I even get to question you, so—

[Laughter.]

Senator JOHANNNS [continuing]. You just jump in.

Mr. TERRY. Nor I, you.

Senator JOHANNNS. Yes, that is right. [Laughter.]

Mr. TERRY. You are new. You may not have read that.

Senator JOHANNNS. That is right. I didn't see that in the rules, but I am very junior, so go ahead. Congressman, welcome.

**STATEMENT OF HON. LEE TERRY, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF NEBRASKA**

Mr. TERRY. Thank you, Senator Johanns. I appreciate you holding this field hearing. You and I certainly have a passion to make



sure that our veterans are properly respected and taken care of, and we are able to work as a delegation to make sure that happens for our Omaha, Nebraska-Western Iowa veterans.

Your staff mentioned that they probably did hear a little bit of the history. We heard it from the VA perspective. Now I get to give the outside-of-the-VA perspective.

Senator JOHANNIS. Great.

Mr. TERRY. When I was first elected 11 years ago, if a veteran came into my office about the VA, it was usually to complain—complain about, well, the facility, the quality of the medical care here, the attitude of the employees here, or employee morale that was projected onto the patients. And in fact, we would have groups ask us to file complaints. In fact, Bob Kerrey did, on behalf of some of the patients treated here, file a complaint.

Leadership was changed. After an interim director, Al Washko took over as the new Director of the VA Medical Center, and he instantly grasped the depths of the issues here with the quality of the health care and set up a system to elevate it. Within about a year of Al Washko taking place, when we got calls or would run into veterans, we would hear about how great the facility is.

Now, Al Washko, I think, single-handedly raised the quality of health care provided here to the point where it is second to none in the city and treats the patients here with the respect that they deserve. The reality is the quality of this building has not been, at least in a highly-technical term, the bowels of the building have not changed. Al just doesn't have the power to fix those.

In his tenure, he has added, departments, ICU, and surgical rooms, a new facade on the front that makes it look inviting and open. But in a way, that is just eating away at the fringes here. The quality of the care has probably peaked because of the poor quality of the building itself.

So, one day, probably around 2005, I was talking to Al Washko during one of my quarterly meetings with him—just him and me talking—and we were talking about the facility, the upkeep, and the repairs that were necessary. I just casually asked him, I said, well, do you need a new hospital here? And I think he said—I am paraphrasing from a couple years of memory past here—but he said, well, I am not asking, but if you can get one, yes. [Laughter.]

He wasn't going to turn that down, right?

He wasn't going to turn that down. So, I started kind of poking around; wrote letters to VA and our Committee leader saying, what can we do? Can we take a look at the Omaha facility and see what options are available to us? I talked to a couple of different Secretaries—Jim Nicholson at the time—and, also about that time, went over and talked to Hal Maurer over here. I said, hey, you guys are going to get a bunch of land and I think the VA is kind of land-locked. If they got a new hospital, could they put it on your land? We started brainstorming about maybe some synergies that could be created from that, and that is when I saw and listened to Hal; and thought, OK, this is really doable. This is something we can work on.

So, we then took it to the VA and that is when heads started hitting against the wall here. We were told that there are a lot of hospitals out there that need it, too. So, what I started to do was work

with our community, meet with the veterans organizations here, and what we found out is—or I found out in meeting with the veterans organizations here is—that they had the same thoughts that I had. It is a great facility, or the quality of care is great here. The employees are great here. But, dang, that building is old and needs to be replaced.

So, we started to get the community support from the veterans. We also started to get the community support from the fathers of our city, which is when I knew we really were building up the dynamics. In fact, our fathers of the city became intricately involved. Ben Nelson became intricately involved. In fact, using Ben's position on Armed Services and Appropriations, we all kind of asked Ben to take the lead on this to see how far we could push it.

Calls were made. Finally, after meeting with various Secretaries, Jim Nicholson got Secretary Peake to the building. Finally, we had someone from the inside of the VA to take a look at this place—besides the VISN 23 level—and then things started to happen. They realized that this building is in as bad as shape as we told them about. Secretary Petzel was able to meet with the community fathers, and brainstormed with them here. We need a study. Let us see a need, see the options. We will work with you. There may be some financing ways that we can help it so you don't have to go through the CARES program or worry about what Congress will put up yet.

So, what we had is a total buy-in from our community at all levels, Mr. Mike.

Senator JOHANNIS. Great.

Mr. TERRY. So that started, then we got Secretary Peake here, who gave the commitment to follow through with the study that brings us here today about what the options are. So now we have a study that shows that this facility does need to be replaced. And I think that that type of backing by the VA is important. Now, let us make it happen.

I don't know what the timing will be. For me, this has been 3, probably about 4 years in the making, a lot of pushing and yelling and screaming and tantrums, figuratively, with the VA. Now we have gotten to the point where I see the light at the end of the tunnel.

Now, Option 4—to anticipate your question—I like Option 4. I think absolutely a new tower is necessary. I don't know what utility there is left in this building, if any, so I don't know if any renovations for other purposes is possible. But if there is, I think we need to look at that.

One thing that we have to commit to, I think, is a new tower. Where it is placed, I think, could still be left open for discussion within the community and the VA, but I am glad we have committed to the new tower.

One other thing I skipped over in that paragraph which I think is important, I think it was just about 2 or 3 years ago, while all these discussions about a new facility came up, where I was asked to put an earmark in for 150—well, it was suggested—but for \$156 million for the replacement of the HVAC. And at that point, I started thinking, what does a new hospital cost, and talked to Leo Daly,

because they build hospitals, and they said, basically, they can replicate this and just did down in Florida for about \$210 million.

Senator JOHANNNS. Yes.

Mr. TERRY. I think that was a critical point where we finally reached the point where now it is being documented that the costs are outweighing the value of the building. So that was an important tipping point. I put in that earmark, and didn't get it. We didn't put it in last year because I wanted to make sure we weren't confusing the path here.

Senator JOHANNNS. Yes.

Mr. TERRY. So, Mike, thanks for doing this. I think this hearing is very helpful in moving this project down the road. Hopefully, we will get the absolute commitment for the funding and the planning now within months instead of years.

[The prepared statement of Mr. Terry follows:]

PREPARED STATEMENT OF HON. LEE TERRY, U.S. REPRESENTATIVE IN CONGRESS,  
SECOND DISTRICT OF NEBRASKA

When I was first elected to Congress, nearly 11 years ago I toured the Omaha VA medical facility. The tour was a quick look at the building that cares for our veterans. At the same time my congressional office was receiving complaints about the quality of care, the run down nature of the facility and the poor attitude of the employees.

In 2003 Al Washko took over as new director for the Omaha VA Medical Center. From day one Mr. Washko realized the vast problems at the facility. He identified and quantified the problems and put the VA on a path to increased quality of health care improved attitude of the employees. Since Mr. Washko has been in charge my office has received very little complaints about the Omaha VA.

I am proud to help with funding to make much needed repairs to the facility. Some of those improvements include: new ICU, new MRI, updated surgery suites and renovated ER.

Later I requested monies for the millions of dollars it would have cost just to upgrade the HVAC system. When I toured the facility it became very apparent that we were using "duct tape" to try and fix major problems.

When I then met with Mr. Washko I wanted his opinion on whether building a new VA hospital was needed. His response was overwhelmingly yes!

In July 2005 I wrote a letter to the Chairman of the House Committee on Veterans Affairs asking for assistance in initiating a feasibility study to improve the veterans health care in Omaha.

In 2007 I met with then Secretary Jim Nicholson about the current troubling facilities at the Omaha VA. I partnered with my Nebraska colleague in the Senate, Ben Nelson. Senator Nelson sits on the Appropriations and Armed Services Committee, so it was logical we would partner and Nelson will be the lead. I have remained intricately involved in the process.

Last year I again toured the Omaha VA with then Secretary Peake. Again, the problems that were indicated years before were still there or had gotten worse.

It is clear to me that the Omaha VA is great at providing care for our veterans. But the facility, being 59 years old is in great need of replacement. The rooms are too small, the ventilation system is not up to code, the HVAC system needs immediate repair and the piping and sewer system is so old that repairs just don't make sense.

A new facility is critical to the future care of those who so proudly served our country. I really believe the nature of the building inhibits the further growth of that exact site. I do want to commend the UNMC and Creighton doctors and students who do their very best every single day to care for our vets. Your work does not go unnoticed and I commend you for it.

The VA and Congress must make a choice—a new building or partner with the private sector. Most veterans I speak with are in full support of a new hospital. There is, however, some resistance to eliminating the hospital all together. If a merger does occur the VA must retain its identity.

Building new or collaborating with an existing hospital has the buy in from veterans in Omaha, we also have buy-in from the business community—some have offered to build the new building and lease it back to us. We also have buy-in from

our Congressman Steve King in Iowa. We also have 100 percent support from Congressmen Jeff Fortenberry and Adrian Smith. So, the entire Nebraska delegation supports this important endeavor.

I want what is best for our veterans, so if that means a new facility or if it means combining efforts with an existing hospital, I am on board. And I would even like to see the Omaha VA strive to be one of the Centers of Excellence.

The men and women serving our country are making tremendous sacrifices to protect our country. I would like to say thank you to all our veterans for their service and sacrifice. It is time for us to do the right thing for our veterans, we must have a new facility for health care in Omaha, we can't wait, we must do it now.

Senator JOHANNIS. Great. Well, let me just say, we thank you for your efforts, appreciate it so much, and, are glad to be a partner now. I thank the voters for their support in November so I could be a partner in this effort. These are the kinds of things that really do make a huge difference.

I also want to say that I look forward to working with you in the future on this, together with the rest of the delegation. We are very fortunate to have a good working relationship, as you know, with everybody.

Mr. TERRY. And to follow up on that, I wanted to make sure it was a part of the testimony: Jeff Fortenberry, Adrian Smith, and even Steve King from Western Iowa are fully on board with this and equally as committed.

Senator JOHANNIS. Great. Great. I know what your schedule is because I have been watching it and you don't have serious bags under your eyes yet, but they are close. If you do have to leave to go on to another event—

Mr. TERRY. I do, but I want to hear David Brown.

Senator JOHANNIS. OK—

[Laughter.]

Senator JOHANNIS. Then I will—

Mr. BROWN. You heard me already once today.

[Laughter.]

Senator JOHANNIS. Yes, we have heard him once. Actually, what I am going to do—I don't wish to disappoint you, but we do have the medical schools here today represented. Dr. Zetterman, it is good to see you here, and Mr. Maurer. I thought I would turn to them next because I think you are a key piece of the present and the future in terms of our veterans.

I would like to start with you, Dr. Maurer, but I am really going to ask you to focus on some of the same things. What resources can be brought to bear here? How does this facility help in terms of the teaching mission for the University of Nebraska Medical Center and for Creighton University Medical Center? Walk us through that, because my hope is that someone reading this record or looking at this record would understand there is tremendous community support here, but there is tremendous community resources available. So, Doctor, take it away.

**STATEMENT OF HAROLD M. MAURER, M.D., CHANCELLOR,  
UNIVERSITY OF NEBRASKA MEDICAL CENTER**

Dr. MAURER. Thank you very much, Senator Johannis. I would like to thank you for the support that you have given over the years as Governor and as Secretary to health care issues in the State of Nebraska. You mentioned mental health, but you have also been interested in research—

Senator JOHANNNS. Yes.

Dr. MAURER [continuing]. Which has been very important to both medical centers in the State of Nebraska and others.

I believe that a new facility here could be transformational in terms of the care of veterans. It could bring new programs to this new facility. It could take some of the existing programs and substantially expand them into Centers of Excellence. It could broaden the research activities, which has not been mentioned thus far by any of the speakers so far. It could certainly enhance the educational activities of both the residents, the resident physician, as well as the students that take rotations at this facility.

There is also an opportunity here to allow nursing and allied health, pharmacy, public health, and other areas to become integrated into the veterans hospital—Omaha VA Hospital—and also serve the veterans of the State of Nebraska, and I think it is critical. So a new hospital here, which I believe is desperately needed, would be absolutely essential.

I think there are limitations now. Having spoken to residents and physicians today in orthopedics about this, they could do a lot more if, for example, the OR had more space to do that in. So, I think there is a real opportunity and we are particularly excited for the VA and excited for the residents to do all we can to support their health care needs in Nebraska.

Senator JOHANNNS. Great.

Dr. MAURER. I will stop there.

[The prepared statement of Dr. Maurer follows:]

PREPARED STATEMENT OF HAROLD M. MAURER, M.D., CHANCELLOR, UNIVERSITY OF NEBRASKA MEDICAL CENTER AT SENATOR JOHANNNS' FIELD HEARING ON THE OMAHA VA

I am Dr. Harold M. Maurer, Chancellor of the University of Nebraska Medical Center. Prior to being Chancellor, I was Dean of the College of Medicine and a regular member of the Dean's Committee of the Omaha VA.

The Omaha VA is an integral component of our education, patient care and research program. Many of our faculty spend a considerable portion of their effort at the VA. Our resident physicians and students spend rotations in their training on both in-patient and out-patient services of the VA. We have combined funded research projects, particularly on alcoholism. Thus, the Omaha VA is essential to the programs of the University of Nebraska Medical Center.

Our faculty are involved in general medicine, diabetes, surgery, cancer diagnosis and care, vascular medicine, critical care, gastroenterology, geriatrics and many other services that are provided by the VA to the veterans. We see women's health as a new service for the Omaha VA as well as for other VA's across the country. We are working collaboratively on telemedicine, particularly telepsychiatry for veterans who live in rural Nebraska. UNMC can do even more in the future, but the existing facilities are tired and pose limitations on our ability to serve the veterans to their best advantage.

The Omaha VA, as do all other VA's, provides UNMC with the best electronic medical record example in the Nation. It also provides us with educational opportunities that are irreplaceable. It provides the best system for patient safety, outcome and performance measures. We believe that a new VA facility will enhance the current services and grow the synergism between UNMC and the Omaha VA to better serve the veterans.

Thank you for your attention.

Senator JOHANNNS. Doctor, thank you.

**STATEMENT OF ROWEN K. ZETTERMAN, M.D., DEAN,  
CREIGHTON UNIVERSITY SCHOOL OF MEDICINE**

Dr. ZETTERMAN. Thank you, Senator Johanns, for all that you are doing and also for what you have done. I thought I would just tell you briefly that, as Dean of the Medical School at Creighton, I want to talk a little bit about what Creighton's involvement has been here and a little bit about what we think for the future.

I might say, if I have a conflict of interest, it is that I have been on the medical staff here for 33 years—was the Chief of Staff for 6 years until January 3 of this year—so I have enormous numbers of very positive memories of working here.

All of Creighton's Health Sciences Schools of Medicine, Nursing, Dentistry, and Pharmacy have mutually beneficial programs here at the Omaha VA and actually at other sites throughout Nebraska and Western Iowa, so we are intimately involved. Our School of Medicine currently supplies about 50 percent of the medical staff here at the Omaha site. We have about 55 full-time medical, surgical, psychiatry residents, and pathology residents, that are on duty here at this site every day and virtually all of our residents receive some of their training here. Third- and fourth-year medical students also receive a portion of their work here as they are being supervised by the Creighton faculty.

The VA provides a crucial component of the education of students in medicine, neurology, psychiatry, and surgery, and introduces them to the diseases and the issues of America's returning combat heroes. Creighton faculty engage in research at the Omaha VA and expand our knowledge in common diseases that affect veterans, including infectious diseases, diabetes, obesity, smoking and substance use disorders, and a variety of mental health disorders.

As I hope is apparent from what I am saying, these interactions offer great reciprocal value to both Creighton University School of Medicine and to Nebraska-Western Iowa VA Health Care System. While Creighton faculty members serve a vital role in the care of the veterans and the research into their diseases, the VA provides the environment for education and research that benefits our medical students, residents, and faculty. Creighton faculty bring the latest expertise in patient care and procedures to the VA which benefits the veterans; and the interaction of our faculty at the VA has led to improvements in patient safety and quality of care along with that delivered by the other physicians, nurses, et cetera, that are here.

While the Nebraska-Western Iowa VA Health Care System has been remarkable in improving patient access both locally and regionally through the use of telemedicine, testing the concept of medical home in its primary care clinics, and proactively reducing costs of care while at the same time enhancing patient safety and quality, there are clinical areas that can be greatly improved by additional funding.

The current physical plant was built at a time that it was all inpatient care. Today's outpatient care needs much more space, and I won't reiterate further the issues of the facility because you have heard those in detail, and as I mentioned, I have very intimate knowledge of those needs.

Nebraska-Western Iowa covers a geographic area that is 400 by 200 miles. Additional funding would permit the development of more rural primary care clinics, further assessment of innovative health care delivery models, such as the medical home, enhanced mental health and counseling services, and the greater use of telemedicine to reach veterans who would otherwise be required to travel long distances for their care.

Our aging veterans populations will require greater access to services in their later years. They will need assisted living facilities, nursing home facilities, day care centers for senior veterans, enhanced home care and assistance, and not simply in the larger populated cities, but in our rural areas, as well, and added personnel and services will help them stay within their own homes in later life, while eventually more hospice care sites for those that develop diseases bringing them to their final months will also be needed.

Additional monies coupled with the health care engineering activities currently being carried out at Nebraska-Western Iowa should permit it to be the incubator to test new health care delivery techniques for veterans that increase access, control costs, and improve patient function. Funding can also bring the VA the tools needed for screening and prevention of disease. If we can deliver the care and preventive services that our OEF and OIF war heroes deserve throughout their life and not just when they become sick, we can maintain their current health and will prevent the eventual chronic diseases that some of them might develop.

So, these are but a few of the opportunities that I think we can do with additional funding, and it covers more than just the physical attributes of this facility.

I am grateful for the opportunity to speak on behalf of an area that has an enormous passion in my life and I thank you for bringing this to our attention.

[The prepared statement of Dr. Zetterman follows:]

PREPARED STATEMENT OF ROWEN ZETTERMAN, MD, MACP, MACG, DEAN,  
SCHOOL OF MEDICINE, CREIGHTON UNIVERSITY

Creighton University is a liberal arts university established in Omaha, NE, in 1870. Creighton provides comprehensive education in arts and sciences, law, and the health sciences of medicine, nursing, pharmacy and dentistry. All of Creighton's health science schools have mutually beneficial training and clinical care relationships with the Nebraska-Western Iowa VA Health Care System.

Creighton University School of Medicine has been associated with the Veterans Affairs Medical Center in Omaha essentially since its inception 60 years ago and is currently providing approximately 50% of the physician medical staffing at the Omaha VA site. These Creighton School of Medicine faculty are full-time, part-time or contracted physicians at the VA and provide direct patient care in VA clinics, the inpatient hospital, or procedural areas and operating rooms coupled with administration of clinical services and the supervision and education of VA personnel. Approximately 55 full-time medical, pathology, psychiatry, and surgery residents sponsored by Creighton and the VA are on duty in the Omaha VA every day and virtually all Creighton University residents receive at least a portion of their training at the VA.

Third and fourth year Creighton medical students also receive a portion of their education at the Omaha VA. These students are supervised by the faculty and residents with whom they work. In the VA Emergency Room, students have access to modern educational equipment and utilize simulation mannequins to learn in a controlled system how to respond to emergencies they may face in their future. The VA provides a crucial component of the education of students in medicine, neurology, psychiatry and surgery and also introduces them to the diseases and issues of Amer-

ica's returning combat heroes. These invaluable lessons prepare them for the future care of all types of patients.

Creighton faculty engage in research at the Omaha VA Research facility and work to expand our knowledge of common diseases that affect Veterans including infectious diseases, diabetes mellitus, obesity, smoking and substance use diseases, and mental health disorders.

As I hope is readily apparent, these interactions offer great reciprocal value to both Creighton University School of Medicine and to the Nebraska-Western Iowa VA Health Care System. While Creighton faculty members serve a vital role in the care of Veterans and research into their diseases, the VA provides the environment for education and research that benefits our medical students, residents, and faculty. Creighton faculty bring the latest expertise in patient care and procedures to the VA to the benefit of the Veterans.

The interaction of Creighton faculty at the VA has led to improvements in patient safety and quality of care. As an example, a Creighton faculty member is the lead physician for patient safety and ensures that identified safety problems are thoughtfully and promptly handled. This includes weekly safety rounds in clinical areas to proactively identify potential problems and provide solutions in advance of unsafe events.

I had the opportunity to serve as the Chief of Staff of Nebraska-Western Iowa VA Health Care System for 8 years until January 3rd of this year. While Nebraska-Western Iowa VA Health Care System has been remarkable in improving patient access both locally and regionally through the use of telemedicine, testing the concept of the medical home in its primary care clinics, and proactively reducing costs of care while at the same time enhancing patient safety and quality, there are clinical areas that can be further improved by additional funding. The current physical plant was built at a time that inpatient care was essentially all that was provided and a much larger physical plant is needed today to deliver health care to our Veterans. Larger operating rooms, more space for the services of pathology, radiology and mental health, a new heating and air handling system, additional educational facilities for both patient and student/resident education, and larger clinics and group rooms are needed. These issues have been included in a proposal to the Department of Veteran Affairs to replace or enhance the current structure and the results of this request should be available soon.

Nebraska-Western Iowa Health Care System provides the care for our Veterans in a geographic area that measures 400 by 200 miles. Additional funding should permit the development of more rural primary care clinics, further assessment of innovative healthcare delivery models such as the medical home, enhanced mental health and counseling services, and greater use of telemedicine to reach Veterans who would otherwise be required to travel long distances for their care. Our aging Veterans population will require greater access to services in their later years such as assisted living and nursing home facilities, day care centers for senior Veterans, enhanced home care and assistance and not simply in the larger populated cities, added personnel and services to help them stay within their own homes in later life, and more hospice care sites for those who develop diseases that bring them to their final months. Additional monies coupled with the health care engineering activities being carried out at Nebraska-Western Iowa should permit it to be the incubator to test new health care delivery techniques for Veterans that increase access, controls costs, and improves patient satisfaction. Funding can also bring the VA the tools needed for screening and prevention of disease. If we can continue to deliver the care and preventive services that our OEF/OIF war heroes deserve throughout their life and not just when they become sick, we will not only maintain their current health, we will prevent their chronic diseases and reduce the cost of care as they continue to age. These are but a few opportunities as we continue to increase funding for Veteran's care in Nebraska-Western Iowa.

I am grateful for the opportunity to speak to the importance of the VA to Creighton and of Creighton to the Omaha VA. Thank you for your attention.

Senator JOHANNIS. Great. I will ask each of you, starting with you, Dr. Zetterman, you have had experience with the facility. Your students have. It just appears to me that there is just no doubt about the need to replace what is here. Do you have any question in your mind about that?

Dr. ZETTERMAN. Absolutely none. I struggled along with Tom Lynch, Al Washko, Bob Yager, Nancy Gregory, all of us looking at these things, looking at the various issues that are there. I think



it is remarkable what the staff here has done with an aging facility that is undersized. We can do better with a new facility in large measure because of many of the problems that you have heard.

Senator JOHANNNS. Yes. Thank you for that.

Dr. Maurer, any doubts in your mind?

Dr. MAURER. There are absolutely no doubts in my mind. I would say that it is a very tired facility and I think it is doing a great job with what it has, but it is very limited in what it could do at this particular juncture.

Senator JOHANNNS. Yes. I am going to turn to David Brown, who is of course, the President of the Omaha Chamber of Commerce. In your position, David, you probably are as good a gauge of community support and opposition as anyone out there. You work with the business community, from the very, very smallest to the very largest. I would like you to give us some thoughts about the community and its support for what is happening here and the potential support for a new facility.

**STATEMENT OF DAVID G. BROWN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, GREATER OMAHA CHAMBER OF COMMERCE**

Mr. BROWN. Thank you, Senator. I appreciate the opportunity to be here today. We just left a gathering of 750 of your closest friends as they were pulling off in Nebraska with our Legislator's Day down at the Air and Space Museum, and one of the key issues being discussed was health care reform. I think each of the delegations spoke to it in some form or fashion during the day, and then our keynote speaker at lunch, the U.S. Chamber President, Tom Donohue, focused on health care reform and really the state of health care in our country, which was certainly timely as we talk about the VA facilities that we are sitting in today and the potential for growing those facilities into something we can all be more proud of in the future.

I contend that the local community that supports this facility needs to be as robust as we anticipate the new facility to be. We want the community to be able to grow. We want the community to be able to support this facility with additional partnerships and facilities and resources over time.

So, I have been asked, I think, to touch a bit on the economy and whether or not we are in a position as a community to support not only a new facility, but how do we enhance that facility's success in time.

Omaha has been highlighted over and over and over again as this significant marvel in today's economic times. The Governor likes to call us the happiest State in the Nation. That is from a fiscal sense, of course, and I think he has good reason to be. We have the second-lowest unemployment rate in the country as a State and we are among the lowest four or five communities in the country when it comes to unemployment rate. We continue to be ranked in the top ten in virtually every rank you can find as a place to do business, as a place to start over, as a place to retire, as a place to get medical care, and the list goes on and on. The number of times that we have been ranked as really kind of a unique island

in this country when the economy is tanking in so many places suggests we have found a way to be very resilient.

We are not isolated from what is going on in the rest of the country and the rest of the world. But because of our structure, we are much more insulated from it. We have a very diverse economy here. The military presence here is one of our largest employers, numbering somewhere in the range of 12,000 people, either directly employed by the military or the VA, or companies that support the military here. That is about a \$4 billion a year impact on our State economy. That is \$4 billion. It is such a dominant industry that we need to make sure we are paying attention to all the resources that we have here, whether it be in the base or the VA.

We believe that the kinds of companies that we have here and the economic structure we have here lend ourselves to a much healthier economic outlook in the future than many cities of our size can perceive. Four Fortune 500 companies are headquartered here. Many other corporate headquarters are here—like Mutual of Omaha, Ameritrade—companies that people just don't think about when they think about the Midwest or Omaha. But the fact of the matter is, they are all here and they are all growing and they continue to commit to new job growth.

Over the past 5 years, we have seen more than 15,000 new jobs being created in this region. The Chamber alone, through our projects, has dealt with almost 200 projects which totals about \$2.6 billion in capital investment. That is just part of the \$11 billion in capital investment that has happened in this region in the last 5 or 6 years; and there is really no reason to think that it can't continue.

I think, frankly, that is an attribute to why we ought to be thinking about a reinvestment in a VA facility. We do partnerships here like nobody else does. That \$11 billion in capital investment was followed by about \$2 billion in private contributions to make those facilities happen and secure and endow over the long term. We anticipate the same level of support for this kind of facility.

The partnerships that they have already talked about here with Creighton University and with University of Nebraska Medical Center, frankly, are sort of expected. It didn't surprise me at all the two gentlemen were up here saying we do things together, because that is the way we do things here in Omaha. The collection of those three entities working together should make this facility even more successful in the future.

So, while this is sort of a no-brainer when you sit down and ask, do we really need this here. What we have heard about the facility already clearly says that from a physical plant perspective, we have wrung just about every ounce of efficiency and success out of this facility we can in the short term and it is time for us to be thinking about something new so that we can be even better at providing our veterans the services that they need.

[The prepared statement of Mr. Brown follows:]

PREPARED STATEMENT OF DAVID G. BROWN, PRESIDENT AND CEO,  
GREATER OMAHA CHAMBER OF COMMERCE

Good afternoon, I'm David G. Brown, president and CEO of the Greater Omaha Chamber. The Chamber is proud that the VA Nebraska-Western Iowa Hospital is one of the top 10 VA hospitals in the country. It is a leader in the "ambient experi-

ence for patients” and in “state-of-the-art” technology. Even with these positive attributes, significant capital improvements are essential to maintaining the high quality health care currently being delivered by the hospital.

We are proud to say that the Greater Omaha community continues to support the VA Hospital—it is another example of the public-private partnerships that are typical of the Greater Omaha community.

#### GREATER OMAHA’S ECONOMY

Greater Omaha is an excellent city in which to do business. Omaha is ranked #10 by the Brookings institute among “America’s Most Recession-Resistant Cities” and among the top 25 “Best Places to Live and Launch a Business” by Forbes Small Business. In fact, this favorable climate extends throughout the state of Nebraska, where according to the Miliken Institute, the cost of doing business is 18 percent lower than the national average.

Omaha is home to four Fortune 500 Headquarters: Berkshire Hathaway; Union Pacific; ConAgra Foods; Peter Kiewit and Sons. (Mutual of Omaha is close at 525.)

Greater Omaha is also home to a broad range of corporate headquarters. Companies from all industry sectors find Omaha an excellent place to conduct business—Mutual of Omaha, Werner, TD AMERITRADE, HDR, Inc., infoGROUP, Omaha Steaks and Valmont, to name just a few.

Also, Greater Omaha is fortunate to maintain numerous large employers, the top being Offutt Air Force Base in Bellevue, which employs approximately 12,000 military and civilian workers; Second is The Nebraska Medical Center, with approximately 8,350 employees. Major private employers include Alegent Health, First Data, First National Bank, ConAgra Foods, Union Pacific, Mutual of Omaha and PayPal. Major employers are committed to community investment and growth. The diversified economy is not reliant on any one industry. Greater Omaha’s economy benefits from solid population and labor force growth with a relatively diverse industry mix.

The eight counties of Greater Omaha have a labor force totaling more than 456,000, of which approximately 440,000 are employed. Since 1990, the area has added over 84,000 people to its labor force.

Greater Omaha has a higher concentration of its employment in financial activities (Omaha—8.5 percent vs. U.S.—5.9 percent); trade, transportation and utilities (21.3 percent vs. 19.2 percent); information (2.6 percent vs. 2.2 percent) than the U.S.

It is worth mentioning that our financial sector has held up well compared to the national level and, despite the turmoil in the financial markets set in motion last year, employment in Omaha’s financial sector remains essentially unchanged. The high concentration of insurance carriers helps to provide stability to our local economy. There are also more than two dozen insurance companies domiciled in Greater Omaha.

The strength of Greater Omaha’s economy can also be seen in its unemployment rate, which is consistently lower than the national unemployment rate. (5.2% in June compared to 9.5% for the Nation in June.)

*Forbes* magazine ranked Omaha eighth among the “Best Cities for Jobs in 2008” and Nebraska as the 10th most favorable state for business.

Kiplinger’s Personal Finance ranked Omaha third among the “Top 10 Best Cities in 2008.”

Greater Omaha has a history of strong business-government partnerships in area development projects. In the past decade, this cooperative redevelopment has resulted in more than \$11 billion in new investment metro-wide with \$2 billion in downtown alone.

#### VA IMPACT ON THE ECONOMY

Currently, the annual economic impact of the operations of the VA hospital is significant—contributing \$68.5 million to the regional economy (direct, indirect and induced). Employment at the hospital supports an additional 545 jobs in our local labor market. From an economic development standpoint, and considering the capital improvements under discussion, this investment has the potential for expanding services and the creation of additional jobs for Greater Omaha. The medical sector has been, and will continue to be, an extremely important contributor to the economic growth in our community. Investment that results in jobs—especially jobs at this level—helps keep our economy stable.

Omaha is one of the few communities in the US that has two university medical research facilities and the Chamber often uses this fact when recruiting businesses and people to Greater Omaha.

The VA Hospital also plays a major role in medical research in our community through partnership affiliations with UNMC and Creighton Medical Center essence, creating a third medical research facility in Omaha.

This research impacts the wider medical community in ways we often don't consider such as:

- The VA provides employment opportunities for students in residency from the two medical schools.
- Keeping these skilled physicians in our community for residency training is a huge benefit for our community and our local economy.
- Ultimately the goal is, keep many of these physicians employed in Omaha full time.

#### IMPACT ON THE COMMUNITY

The VA hospital provides specialty care to veterans in our community. The VA plays an important role in rural health in our region. The VA continues to incorporate leading-edge technology in their specialty care programs.

VA performs an important role in taking care of 1 out of 3 vets in the area—alleviating pressure/case load on other hospitals and medical facilities. Enhancement of the existing facility is essential in ensuring continued, on-going “state-of-the-art” care for veterans.

#### INVOLVEMENT WITH BUSINESS COMMUNITY

As our guard and reserve personnel return from war zones, the VA plays an important role in the re-assimilation into society and returning them to being productive contributors in the community.

VA is an important resource to the business community in learning how to assist the returning employees

In fact, this is an area that the Chamber intends to be more involved in—(our role is to provide our members with the services they need and this is an area we are considering; David—they asked us yesterday if we could add ways to help businesses in this area—reminded me of the personal conversation you had with a returning National Guardsman).

#### CONCLUSION

On behalf of the Greater Omaha Chamber, I ask for your careful consideration of the request before you.

Thank you for your time.

Senator JOHANNIS. Hopefully, there will be a day where we are out there digging ground and the construction has started. David, talk just briefly about the capacity of the community—the surrounding area, for that matter—to meet the construction needs of something this complicated. I mean, building a hospital of this size is no easy undertaking.

Mr. BROWN. You know, I would say in a lot of cities, you might be able to make that statement. But if you look at the companies that make their living designing hospitals and medical facilities and building hospitals and medical facilities, several of them are located right here in Omaha, Nebraska. We have at least one of the largest construction companies in the world is located here, Peter Kiewit and Sons; and several of the largest design firms that specialize in hospitals, both Leo Daly and HTR. There is no doubt in my mind that we have not only the technical capacity to construct-design something and then build it on time and on or under budget, but we have the people here that can do that work, as well.

Drive around town today and see how many sky cranes are still operating, how many buildings are currently under construction, and you can see that even in a time like this, we can handle—we can put forward a lot of projects. We didn't slow down when the economy was booming, either. Construction happened here and we can certainly handle another project of this magnitude.

Senator JOHANNNS. Great. Amanda, the pressure is really on you—

[Laughter.]

Senator JOHANNNS [continuing]. Because there are many, many veterans groups who stand by their veterans, and you are one of them. I would be very, very interested in hearing the perspective of some of the good people that you work with and how they feel about how things are going here and what their hopes and dreams for the future are.

**STATEMENT OF AMANDA VAZQUEZ, GOVERNMENT RELATIONS DIRECTOR, GREAT PLAINS CHAPTER, PARALYZED VETERANS OF AMERICA**

Ms. VAZQUEZ. OK. Thank you, Senator. On behalf of Great Plains Paralyzed Veterans of America, I would like to thank you for the opportunity to present our views to you today on the VA facility in Omaha.

The VA Nebraska-Western Iowa Health Care System, while it has improved immensely over the last 25 years, needs to be examined and enhanced. We believe that there are options that would improve the functionality of the Omaha VA and improve overall quality of care for our veterans.

PVA would like to focus our discussion on the need for a new VA facility that would address two very important issues that our members face when visiting the current facility: the need for increased parking; and for Spinal Cord Injury, or SCI, services to be available in Omaha. We would like to impress upon you the importance of addressing these challenges in order to improve the care that Nebraska veterans receive.

Among our membership, parking has been identified as the number 1 challenge with the Omaha VA. One of our members commented, "You have to get there 2 hours early for an appointment just to find a parking space." Another member commented that "it is like a kamikaze run."

All of our members are qualified to park in handicapped parking spaces. However, these spaces are rarely unoccupied. Most of our members use wheelchairs and drive vans with ramps. Therefore, they require the van-accessible spaces which allow for the ramp to be lowered into an access aisle. There are even fewer van-accessible spaces than handicapped parking spaces, making it virtually impossible for our members to utilize these spaces when they visit the VA. If they park their van in a regular parking space, there is no room for the ramp to unfold, leaving no way for the individual to exit the van.

This leaves only two options: A, drive around for hours waiting for a van-accessible space to open up; or B, have someone drop the veteran off at the front of the hospital and then park the van in a regular space. Option A is less than ideal, since there is no way of knowing when someone will return to their van to leave a parking space available. This option is completely unreliable and could potentially cause the veteran to miss his or her appointment. Option B is only an option if the person needing the use of the ramp is not driving, making it possible for the driver to drop them off and park the vehicle. Many of our members are very independent

and drive themselves to appointments and anywhere else they may need to go. Thus, this forces the veteran to rely on someone else to take the time to transport them to and from their appointment.

The second challenge I would like to bring to your attention is space limitations that affect care for spinal cord injured patients. Veterans with spinal cord injuries require specialized care from the VA that should come from doctors and nurses who have been trained specifically in SCI. It is extremely important that SCI veterans meet with these doctors and nurses to ensure that they receive the best care possible.

That being said, the only SCI clinic and doctor in Nebraska are located 50-plus miles away from the main acute care hospital in Omaha. With the majority of the veteran population in Nebraska living within a 50-mile radius of Omaha, it does not make sense to have this clinic based out of Lincoln.

Dr. Judge, who runs the SCI clinic in Lincoln, has tried for years without avail to get approval to come to Omaha. He has not been successful because there is not any available space in Omaha to hold such a clinic. This situation puts extreme limitations and hardships on PVA members. Therefore, they have simply stopped making the trip. Our members are then forced to meet with doctors and nurses who are untrained in SCI and do not understand their specific disabilities. This can cause misdiagnosis of certain conditions and could potentially be life-threatening.

One member, Randy Squier, said he had never even heard of the SCI clinic in Lincoln. Randy said, "I don't know that the Omaha VA staff fully understand SCI. Every time I go, I have to tell them my story all over again." One staff person couldn't believe Randy couldn't move his arms because his chart had him classified as a quadriplegic. This lack of knowledge by untrained staff that are treating SCI patients is deeply concerning and does not measure up to the quality of care that should be given in any VA hospital, let alone in Nebraska.

None of the staff in Omaha has attended any SCI training, according to our National Service Officer, John Gogan. He says that staff may have SCI assigned as their specialty area, but it may be their third or fourth priority. When asked about the nurses and doctors in Omaha relating to SCI, PVA member Tamara Lawter said, "They don't know anything about SCI. One nurse actually said to me, 'Oh, my God, that is gross,'" when Ms. Lawter was explaining a method of care related to her injury.

Many of these concerns could have been eliminated if there were space for an SCI clinic to be housed in Omaha. Having trained medical professionals to treat SCI patients is essential in providing a higher standard of care, which the VA prides itself on. These concerns must be addressed.

We believe part of the answer is a new facility. If space becomes available in Omaha for the SCI clinic to be relocated and for adequate parking, Omaha will then have the ability to employ trained skilled nurses and doctors to care for SCI patients and veterans will have a more positive experience at VA.

Senator Johanns, Great Plains PVA would like to thank the Committee for looking into this situation. We all agree that VA is the best source of care for our Nation's veterans, especially when

it comes to specialized care, such as SCI. We look forward to working with the Committee to address these challenges and hope that we can find a much-needed solution.

I would be happy to answer any questions.

[The prepared statement of Ms. Vazquez follows:]

PREPARED STATEMENT OF AMANDA VAZQUEZ, GOVERNMENT RELATIONS DIRECTOR,  
GREAT PLAINS CHAPTER, PARALYZED VETERANS OF AMERICA

Senator Johanns, on behalf of Great Plains Paralyzed Veterans of America, I would like to thank you for the opportunity to present our views today on the VA facility in Omaha. We appreciate the effort of this Committee to look into the situation in Omaha to see whether the current hospital is sufficient to meet the needs of Nebraska's veterans. The VA Nebraska-Western Iowa Health Care System, while it has improved immensely over the last 25 years, needs to be examined and enhanced related to available space for an SCI Clinic and parking. We believe that there are options that would improve the functionality of the Omaha VA and improve overall quality of care for our veterans.

PVA would like to focus much of our discussion on the issues that our members face when visiting the VA facility in Omaha, and how these issues affect their overall care. We will then outline the SCI services that are provided at the Lincoln and Grand Island locations that would be better implemented from Omaha. We would like to impress upon you the importance of addressing these challenges in order to improve the care that Nebraska veterans receive.

IDENTIFYING CHALLENGES WITH THE FACILITY

Among our membership, parking has been identified as the number one problem with the Omaha VA. One of our PVA members commented, "you have to get there two hours early [for an appointment] just to find a parking space." Another member commented "it's like a kamikaze run" because you become so desperate to find an available parking space, you are willing to risk collision and even hitting people who are walking to and from their vehicles. Veterans do not want to, and often cannot, spend their day driving around a parking lot to try to find an available space, especially when they have had to wait a week or more to get their appointment. Veterans know that a missed appointment could result in another lengthy wait before their doctor would be able to see them again. Going to a doctor's appointment should not be an all-day event, especially if the individual is only actually in the hospital for a couple of hours. You and I would never stand for that if we were visiting our doctor's office. There is no reason why this should be an acceptable practice for our veterans.

Further, handicapped parking is an even greater challenge. All of our members are qualified to park in handicapped parking spaces; however, these spaces are rarely unoccupied and so veterans must venture out into the main parking lot where spaces are extremely tight. Most of our members use wheelchairs and drive vans with ramps. Therefore, they require the van accessible spaces which allow for the ramp to be lowered into an access aisle. There are even fewer van accessible spaces than handicapped parking spaces, making it virtually impossible for our members to utilize these spaces when they visit the VA. If they park their van in a "regular" parking space, there is no room for the ramp to unfold, leaving no way for the individual to exit the van. This leaves only two options:

- a. Drive around for hours waiting for a van accessible space to open up
- b. Have someone drop the veteran off at the front of the hospital and then park the van in a regular parking space.

Option a is less than ideal since there is no way of knowing when someone will return to their van to leave the parking lot and free up the van accessible space. This option is completely unreliable and could potentially cause the veteran to miss his/her appointment. Option b is only an option if the person needing the use of the ramp is not driving, making it possible for the driver to drop them off and park the vehicle. Many of our members are very independent, and drive themselves to appointments and anywhere else they may need to go; thus, forcing the veteran to rely on someone else to take the time to transport them to and from their appointment.

Since the Omaha VA is situated on uneven ground, there is a very steep hill leading up to the hospital from the main parking lot. If PVA members, or any other individual who uses a wheelchair, is forced to park in this lot, they are then also forced to climb this steep hill to get to the hospital. This hill is often referred to as "the death hill" by many veterans, because of the incredible slope and the

amount of endurance and strength it takes for a person in a wheelchair to push up the hill. It becomes even more of a challenge in the winter months when there is ice and snow on the ground and the extreme cold air is inhaled. Many of our members and other disabled veterans are of the older generations, and do not have the physical capacity to climb this hill without risking their health and safety.

#### DELIVERY OF CARE FOR SCI/D PATIENTS

Veterans with Spinal Cord Injuries (SCI) require specialized care from the VA that should come from doctors and nurses who have been trained specifically in SCI. It is extremely important that SCI veterans meet with these doctors and nurses to ensure that they receive the best care possible. That being said, the VA in Nebraska has an SCI Primary Care Team which is located in Lincoln where the SCI Clinic is held. Therefore, the only SCI doctor in Nebraska is located 50+ miles away from the main acute care hospital. With the majority of the veteran population in Nebraska living within a 50 mile radius of Omaha, it does not make sense to have this clinic based out of the Lincoln.

To my knowledge, Dr. Judge, who runs the SCI clinic in Lincoln, has tried for years without avail to schedule a couple days a month to come up to Omaha to meet with patients. He has not been successful because there is not any available space in Omaha to hold such a clinic, even for a day or two a month. This situation puts extreme limitations and hardships on PVA members, and has caused them to stop utilizing the SCI Clinic. It becomes very difficult for many of our members to travel to and from Lincoln to meet with the medical staff at the Clinic; therefore, they have simply stopped making the trip. Since Dr. Judge has not been approved to travel to Omaha to meet with patients, our members are forced to meet with doctors and nurses who are untrained in SCI and do not understand their specific disabilities. This can cause misdiagnosis of certain conditions, and could potentially be life-threatening.

One PVA member, Randy Squier of Glenwood, Iowa, said he had never even heard of an SCI Clinic in Lincoln. No one has ever told him about the SCI Clinic, or even talked to him about visiting a nearby SCI Center. He said, "I don't know what I'm missing out on." In response to whether or not the staff in Omaha (where he goes for a yearly checkup) understands his situation, Randy said, "I don't know that they fully understand SCI. Every time I go, I have to tell them my story all over again because it's always a different person." One staff person couldn't believe Randy could move his arms because his chart had him classified as a quadriplegic. This lack of knowledge by staff that are treating SCI patients is deeply concerning and does not measure up to the quality of care that should be given in any VA hospital, let alone Nebraska.

The SCI Clinic doctor and nurse travel quarterly from Lincoln to Grand Island to meet with patients for a day. PVA member, Tamara Lawter from Kearney, expressed that the "SCI Clinic should be in Omaha" with the other clinics, since it is the main VA facility in the state. With the majority of veterans living in and around Omaha, it only makes sense to have this specialized clinic in Omaha as well. Ed Keuter, another PVA member who lives in Omaha, said "I think it would be a great thing for Omaha to have it" because many veterans are unable to use the Clinic since it is based in Lincoln. Mr. Keuter is one of these veterans. He used to travel to Lincoln to see Dr. Judge; however, he is no longer able to make that trip. He now uses the VA's community or home-based care. Mr. Keuter spoke very highly of this new program because it allows for a nurse to visit him in his house. He and his wife are extremely happy with this option as it alleviates the hardship of driving to the SCI Clinic. However, the nurses who visit him are not as knowledgeable in SCI because they have never been trained in that area.

None of the staff in Omaha has attended any SCI training, according to our National Service Officer, John Gogan. He says the staff may have SCI assigned as their specialty area, but it may be their 3rd or 4th priority. When asked if he thought he would be well-cared for at the Omaha hospital should he have to be admitted, Mr. Keuter said "it would make [him] nervous" to rely on the staff in Omaha to handle his care. He does not think the staff could adequately care for his specific needs relating to SCI because they have never had any formal training. When asked about the nurses and doctors in Omaha relating to SCI, Ms. Lawter said "They're horrible. They don't know anything about SCI. One nurse actually said to me 'Oh my god that's gross'" when Ms. Lawter was explaining a method of care related to her injury. According to Mr. Gogan, if a SCI patient is admitted at the Omaha hospital, the medical staff is resistant to calling Dr. Judge to see the patient. There seems to be a certain arrogance about these doctors that they feel they know how



to handle SCI patients regardless of the fact that they have never been through SCI training.

Many of the concerns that I have outlined for you today could have been eliminated if there were space for a SCI Clinic to be housed in Omaha. Having trained medical professionals to treat spinal cord injured patients is essential in providing a higher standard of care, which the VA prides itself on. These concerns must be addressed. The level of care that many of our members are receiving is unacceptable. We believe part of the answer could be a new facility. If space becomes available in Omaha for the SCI Clinic to be relocated, Omaha will then have the ability to employ trained, skilled nurses and doctors to care for SCI patients. However, Omaha must increase the number of staff who are trained in SCI to ensure that all SCI patients are cared for by knowledgeable, trained staff who can handle and best diagnose their unique situations.

Senator Johanns, Great Plains PVA would like to thank the Committee for looking into the situation with the Omaha VA. We all agree that the VA is the best source of care for our Nation's veterans, especially when it comes to specialized services such as SCI. We look forward to working with the Committee to address these challenges and hope we can find a much needed solution. I would be happy to answer any questions that you might have.

Senator JOHANNNS. Amanda, that was great. This is why we do these hearings. I must admit, I did not realize that that was an issue facing paralyzed veterans, and that is exactly why you are here, to flesh that out for us.

Here is what I am going to suggest, because your testimony was so good, I really don't have anything I want to ask you, but I know that there will be a process looking at what the facility is to do once it is built. I am confident in saying that and I am going to be very insistent that you and Paralyzed Veterans are heard on that, although I don't think I have to insist on that at all. I am confident the folks here will take your views and the views of all veterans into account in trying to decide how this facility can serve the veterans of today and in the future.

My observation, which I am guessing is true, is that because of the remarkable care that is provided literally at the battlefield, if you will, or at the scene of the injury, veterans are coming home with more significant injuries than maybe we have ever seen before and living; and in many cases living lives where they are doing things, but they need medical care maybe different than what was needed 20, 30, 40 years ago. So, we have to make sure we are not just focused on today, that we are focused on what those needs are going to be for your members as they age, because they will. We all do. So, we will make sure that veterans are part of that process.

Ms. VAZQUEZ. Thank you. I appreciate that.

Senator JOHANNNS. Thank you for being here.

I am going to do exactly what I did with the last panel. I am going to ask each of you if there something that as you were thinking about your testimony today that you were hoping I would ask you that I have not asked, or was there a point that you wanted to make that has just come to mind since you testified.

Dr. Zetterman, I will start on your side of the table and we will just make our way down through the panel.

Dr. ZETTERMAN. Thank you very much, Senator Johanns. I guess what I would reiterate more than anything else is the important mutual benefit of both medical schools and the Nebraska-Western Iowa VA Health Care System, as well as to our other health science schools. That mutual benefit arrangement is crucial, I think, to both of our futures. Thank you.

Senator JOHANNNS. Great.

Amanda, anything to add to your testimony?

Ms. VAZQUEZ. I would just say that PVA is open to any suggestions, any ideas that the VA is looking at as far as expanding or relocating, and we would be more than willing to be a part of that process. In fact, we would like to be a part of that process to make sure that all veterans receive the care that they need.

Senator JOHANNNS. Great. Outstanding.

Dr. MAURER. I would like to say two things. One is I think all of our interests are to do the best we can in health care for the veterans. Whatever that is, that is what it is going to be. That is what it should be.

And second, what I would like to say is that the educational component of the VA is irreplaceable. It is extremely important for each of our programs.

Senator JOHANNNS. You know, likewise to what I expressed to Amanda. I definitely want the medical schools to be engaged in whatever occurs in terms of a planning process because I just think you are such a great resource. Although I am sure there is some healthy competition, my experience as the Governor was there was a healthy desire to work together to improve medical circumstances and health care in our State, and in this region, for that matter. You all serve a bigger area than just the State. So, I am going to want to be very insistent about you being a part of that and where this goes from here, because I think you are a great asset.

David, I think you might be close to getting the last word, at least from the witnesses' standpoint.

Mr. BROWN. How unusual. [Laughter.]

Senator, the only thing I might add is that the current VA already has a significant economic impact on this region. It is estimated to be about \$68.5 million a year, with 550 direct jobs. So as an economic development practitioner, a facility like this is really a rare opportunity to keep a strong part of our economy even stronger and to provide a valuable service. So thank you for your leadership on this.

Senator JOHANNNS. Glad to do it.

Ladies and gentlemen, we have now been here just about 2 hours. We have had two great panels. I want to express my appreciation for your attendance, your being a part of this. It is so very important, and it is so important that we get this right. We are going to have a generational chance to do just that. This doesn't come around every few years. The facility that is going to rise from the ground is something that will probably be around another 50 or 60 years, or who knows how long. So, we want to make sure that it is right, not only in terms of the structure and the mechanics and the size of the operating rooms in all of that, but that it is right for the veterans, and that really is the bottom line.

That is why I am so thankful that I ended up on the Veterans' Affairs Committee. I just think we can do some really great things here. I love the partnership I am seeing.

So my last words today, really in closing the hearing, are to say thank you to the veterans and their families. They have been very, very patient as we have worked our way through this process. We

are going to have to call on their patience some more. Even with a good start here, this doesn't happen overnight.

Ideally, we are going to get in the budget pretty quickly here. My hope is right away, as a matter of fact. That will get this off and going. But even at that, you don't build a hospital overnight. Even if we get through the budget process, there are still a number of years ahead of us.

My role on the Veterans Committee will hopefully give me the ability to oversee this and make sure all of the right people are at the right tables at the right time, which I will do everything I can to make that happen.

I am going to hold the record open here for a week, so if there is something that you think of or if there is somebody here today that really wants me to hear about something, I hope you will send us a letter in care of the Veterans' Affairs Committee.

I am going to also insert as a part of the record the study that was done. We have got the photographs as a part of the record.

[The study is held in Committee files.]

Senator JOHANNIS. Anyone who had written testimony, if you would, leave a copy of that with staff.

If you have any questions, I introduced everybody behind me, both from Veterans Affairs and from the staff, don't hesitate to pull them aside, offer your comments, questions, contact information, whatever it is we can do to help.

I do want to thank those who have given up their personal time, who have traveled from a distance to be here with us today. I do appreciate that immensely and I just so appreciate the work that is being done here, like I said, from the person who runs the facility to the person who is making sure that the air handling is working and everybody here. Thank you. I can't tell you how appreciative we are for your care and commitment of these great individuals who have served our Nation.

Thank you all, and with that, we will gavel it closed.

[Applause.]

[Whereupon, at 2:52 p.m., the Committee was adjourned.]