

ISSUE BRIEF: MAINTAINING VA'S CRITICAL INFRASTRUCTURE

The Situation

- The Department of Veterans Affairs (VA) manages and maintains almost 34,000 acres of land and more than 6,000 buildings, the vast majority of which are used to deliver health care at over 1,700 facilities. The average age of a VA building in use today is more than 60 years – some are more than 100 years old – yet VA has been unable to keep pace with the need to maintain, repair and replace aging and dilapidated facilities.
- According to VA's internal Strategic Capital Infrastructure Plan or SCIP projections, it would require an average of \$5 to \$6 billion annually over the next ten years to rebuild, modernize and repair VA's health care infrastructure, yet VA has requested, and Congress has appropriated much less than half that amount over the prior decade.
- Further, VA research laboratory infrastructure provides an important link to hundreds of medical schools and other academic affiliates, but an independent report released in 2012 found unmet needs of nearly \$800 million to bring VA research facilities up to date and make them safer. While many identified safety and electrical deficiencies were corrected significant gaps still remain.
- VA also leases medical facilities in hundreds of communities across the nation; however, as a result of a policy shift by the Congressional Budget Office (CBO) in 2012, the "cost" of leases are now "scored" the same as the cost of building a new facility, making it significantly more difficult for VA to lease new facilities or even renew existing leases for much-needed clinics and outpatient facilities.
- To address VA's long-term, systemic inability to properly maintain its infrastructure, the VA MISSION Act included an "Asset and Infrastructure Review" that beginning in 2021 – after the new community care program has been implemented – will take a comprehensive look at VA's present and future infrastructure needs, and make recommendations on repairing, replacing and realigning VA health care facilities.

The Challenge

- In 2019, Secretary Wilkie testified to the Senate that he estimated it would take \$60 billion over five years for capital investment to bring VA's infrastructure "up to speed", yet once again VA requested and Congress appropriated far less than required.
- The continued inability of Congress and the Administration to resolve the lease "scoring" problem is preventing or delaying VA from opening new health care facilities to expand timely access to care.
- Although the MISSION Act laid out a process for future infrastructure planning, VA continues to have significant needs that must be addressed now or risk permanently losing critical health care capacity.

The Solution

- VA must request, and Congress must appropriate, sufficient funding this year and every year to address existing infrastructure needs, rather than waiting for the results and impact of the Asset and Infrastructure Review to take effect a decade or more in the future.
- Congress must enact legislation to overcome the CBO policy shift on VA leases.
- Congress must ensure that VA fully and faithfully implements the Asset and Infrastructure Review, particularly ensuring that the review is not accelerated, that market capacity assessments are performed in an open process, and that veterans and VSOs meaningfully engaged by VA beginning in 2021 based on the carefully constructed timeline contained in the MISSION Act, and must do so in a fully transparent process with meaningful engagement from veterans and VSOs throughout.