DEPARTMENT OF VETERANS AFFAIRS (VA)

REPORT TO CONGRESS ON RESEARCH FACILITIES INFRASTRUCTURE REPORT

Report Language – The Committee is pleased it received the Phase II Research Facilities Infrastructure report requested in House Report 116–63 and directs the Department to provide a report within 120 days of enactment on its plan to correct the infrastructure deficiencies identified in the report. *House Report 116-445, page 80*

Discussion:

Report language accompanying the House Appropriations Committee Military Quality of Life and Veterans Affairs, and Related Agencies Appropriation Bill, 2006, directed VA to undertake a comprehensive review of its research facilities and reported to the Congress on the deficiencies found and suggestions to correct them. To carry out that assignment the Office of Research and Development (ORD) established the VA Research Infrastructure Evaluation and Improvement Project (RISTEP) with the plan to conduct a detailed assessment of the physical structures housing the biomedical laboratories at 74 major research sites (Phase I).

In July 2012, VA submitted the final report from the Phase I assessment to Congress. The report found nearly $774 million in deficiencies. Individual reports were shared with local facilities, and then life safety deficiencies, such as missing ground fault circuit interrupters and eye washes, were corrected. The research assessment data were also shared with VA Office of Construction and Facilities Management (CFM), and a Research Attachment capturing the Phase I data was added to the VA's Capital Asset Inventory. With data from the Phase I assessment local facilities and Veterans Integrated Service Networks (VISNs) were able to develop accurate business plans to close space and condition gaps in research. Consequently, $414.4 million of Minor Construction and $265.9 million of Non-Recurring Maintenance (NRM) projects related to research were submitted for funding. However, unforeseen issues relating to cost overrun in VA construction, emerging clinical needs, and natural disasters have resulted in delays in obligating funds to some of the research-related projects.

To evaluate progress since the inception of RISTEP, ORD initiated a plan in 2013 to re-assess a subset of the 74 sites previously assessed in Phase I. Between 2014 and 2017, ORD assessed 27 sites (Phase II), some of the sites had received funding to build or renovate research space since the Phase I assessment, but some sites had not.

Summary of Findings (Appendix A)

VA has invested significant resources to correct research deficiencies since the inception of RISTEP. The Phase II assessment found improvement in over half of the 27 sites. Minor construction and NRM projects substantially closed the condition gap in several large programs (i.e., Boston-West Roxbury, MA; Cleveland, OH; Durham, NC;

Nashville, TN; and Portland, OR) and in several small or mid-sized programs (i.e., Indianapolis, IN; Memphis, TN; Madison, WI; and Tucson, AZ). Some programs also cut their deficiencies by repurposing space (i.e., the decommissioning of the Biosafety Level-3 in Baltimore and Manhattan) or by right-sizing the research footprint and using non-capital solutions (i.e., Baltimore, MD; Indianapolis, IN; Manhattan, NY; and Syracuse, NY).

By contrast, several programs have received no funding to correct deficiencies and in those programs the deficiencies remain (i.e., Atlanta, GA; Chicago, IL; Hines, IL; Jackson, MS; and San Diego, CA) or have worsened (i.e., Houston, TX; Little Rock, AR; San Antonio, TX; Salt Lake City, UT; and West Haven, CT). In other programs, significant condition gaps remain (i.e., Boston-Jamaica Plain, MA; Dallas, TX; Long Beach, CA; Milwaukee, WI; and Washington, D.C.).

Proposed Plan to Correct Deficiencies

The Phase II assessment illustrated several challenges in the effort to close the condition and space gaps in research:

- Minor Construction and NRM projects are prioritized and initiated at the local and VISN level, so research-related projects must compete with clinical and educational needs at the local level.
- Each research program draws its strength from its affiliate and must respond to the needs of Veterans locally, so a site-specific approach to correct research deficiency is necessary.
- Research appropriations are separate from construction appropriations and research funding cannot be used for construction or renovation. Therefore, research-related projects must compete with non-research projects at the national level for construction and non-recuring maintenance funding.
- VA research priorities could change, due to emerging pathogen or new deployment condition. Non-capital solutions and strategic partnerships may be more effective than construction to close space gaps.

To meet those challenges, VA proposed a 5-prong plan to correct the infrastructure deficiencies identified in both Phase I and Phase II reports.

(1) Continue the research assessment program: The Phase II assessment focused mostly on large and mid-size research programs. Some programs, such as Cincinnati, OH; Oklahoma City, OK; and Tampa, FL had received minor construction or NRM funding but were not visited in the Phase II assessment. VA proposes to assess sites that were included in Phase I but not visited in Phase II. The goal is to update the condition of research space, especially in small to mid-size programs that have not received significant NRM funding.

(2) Fix existing research space: ORD will continue to build and strengthen intra-agency partnership with CFM, Office of Asset Enterprise Management (OAEM), and others, to support research planning and advocate research-related projects. ORD is assisting CFM in updating the VA Research Facility Design Standards. ORD will

continue to provide input to OAEM and VA Strategic Capital Investment Planning, focusing on research programs that have poor or worsening conditions, such as Hines, IL; Houston, TX; Little Rock, AR; San Antonio, TX; and West Haven, CT.

(3) Build where appropriate. VA is undertaking a major effort to correct seismic deficiencies. Major construction projects are planned in land-locked VA campuses in San Francisco, CA and West Los Angeles, CA. Those projects will replace older, seismically-deficient buildings with new, seismically-sound buildings. New research buildings will also be included in those projects. In addition, minor construction projects, either approved or close to completion, will also add new research space at Salt Lake City, UT and Cincinnati, OH.

(4) Consider non-capital solutions and partnership. VA is in negotiation to extend major research leases at Mission Bay (San Francisco, CA), Charleston, SC; and San Diego, CA. In addition, VA is developing a demonstration project of strategic partnership between Truman VA Medical Center (VAMC), Columbia, MO, and its affiliate, a public university in a region without a major VA Center of Innovation. A desirable outcome of that demonstration project is to extend the partnership to a major research lease. In some locations, VA may also use shared-use agreements, such as the revocable license between St. Louis VAMC, MO, and Washington University, to provide a flexible, cost-neutral solution to close space gaps in research.

(5) Invest to enhance research capabilities. To enhance its research infrastructure, ORD has established programs to purchase major scientific equipment for sharing among multiple VA researchers and to upgrade facilities housing laboratory animals. In fiscal year 2013 – 2019, ORD spent $103 million on new, major scientific equipment, including state-of-the-art imaging, sequencing, and proteomic instruments. VA plans to continue such an investment to support a robust research program nation-wide.

Conclusion:

The Phase II assessment validated the effectiveness of RISTEP to correct deficiencies in VA research space. However, deficiencies in some programs remain or even worsen. VA research programs are embedded in over 100 VA medical centers, many of which are landlocked and well past their expected life span. Correcting research deficiencies requires a plan that is tailored to local needs. Accordingly, VA is proposing to continue to assess the condition of its laboratories; to fix existing deficiencies; to build where appropriate; to explore non-capital solutions; and to invest in new major equipment to enhance research infrastructure. VA thanks the Committee members and staff for their interest in upgrading VA research space and for the opportunity to collaborate to advance Veterans' health and save lives.

Department of Veterans Affairs

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Appendix A: Summary of Findings from VA RISTEP

VA Medical Center	Phase I Deficiencies	Phase II Deficiencies
Atlanta, GA	$6,272,000	$7,437,000
Baltimore, MD*	$6,636,000	$956,000
Boston-Jamaica Plain, MA	$5,704,000	$3,323,000
Boston-West Roxbury, MA	$4,333,000	$1,746,000
Chicago, IL	$1,638,000	$2,174,000
Cleveland, OH	$5,176,000	$863,000
Dallas, TX	$17,106,000	$9,258,000
Durham, NC	$10,018,000	$4,442,000
Hines, IL	$30,862,000	$30,529,000
Houston, TX	$4,746,000	$7,149,000
Indianapolis, IN*	$2,698,000	$653,000
Jackson, MS	$6,647,000	$5,353,000
Little Rock, AR	$3,345,000	$6,095,000
Long Beach, CA	$11,018,000	$6,238,000
Madison, WI	$8,555,000	$3,181,000
Manhattan, NY*	$17,805,000	$739,000
Memphis, TN	$16,614,000	$4,833,000
Milwaukee, WI	$53,993,000	$33,258,000
Nashville, TN	$15,063,000	$2,034,000
Portland, OR	$13,774,000	$2,686,000
Salt Lake City, UT	$4,410,000	$8,531,000
San Antonio, TX	$2,660,000	$4,373,000
San Diego, CA	$28,694,000	$28,696,000
Syracuse, NY*	$9,878,000	$1,329,000
Tucson, AZ	$6,620,000	$692,000
Washington, DC	$10,300,000	$7,278,000
West Haven, CT	$14,771,000	$23,296,000

*Reduction of space since 2013