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## U.S. House of Representatives

## COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED FOURTEENTH CONGRESS

335 CANNON HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

<http://veterans.house.gov>

October 9, 2015

The Honorable Robert A. McDonald  
 Secretary  
 U.S. Department of Veterans Affairs  
 810 Vermont Avenue, NW  
 Washington, DC 20420

Dear Secretary McDonald,

I recently questioned the appropriateness of the Palo Alto Health Care System's substantial spending on art and consulting services at a time when the Department has threatened to shut down hospitals due to lack of funds. I do not think anyone would dispute how critical it is for VA to spend taxpayer dollars in ways that meaningfully improve health care for Veterans. However, based on observing the varying ways that VHA medical facilities nationwide decide to decorate and furnish themselves, there seem to be different opinions and a lack of policy regarding what constitutes a reasonable use of taxpayer dollars.

VA is not part of the General Services Administration's Art in Architecture program, which dictates the amount and method of procuring artwork for most civilian agencies' building projects. VA has design manuals for general architecture, hospitals and clinics, and specifically for mental health facilities. They lay out principles and guidance but are rarely directive. VA's May 2008 Interior Design Manual suggests that, "one goal of art is to provide an image that offers stress reduction and a tranquil view." It sets out a process for designing hospitals in which the project team creates a "Healing Environment Statement" defining the facility's "Healing Environment Design Goals and Principles" and recognizing the facility and VA's mission statements. According to the manual, "All designs should be judged against the Healing Environment Statement to validate [that] the solution meets the goals and principles of the Healing Environment." In other words, the barometer for success seems to be whether the project team thinks its work product meets its own statement of design principles, however the project team interprets that statement. These manuals do not speak to what scope of artwork and ornamental furnishing is permissible.

Please provide answers to the following questions:

- 1) Aside from the design manuals, what is VA's policy regarding the artwork and ornamental furnishings that should be put into medical facilities? Is this policy mandatory or advisory? Please provide all such policies to the Committee.
- 2) At what level are decisions about purchasing artwork and furnishings made? Is there a VHA central office official approving these decisions?
- 3) In what way and how often does the VHA central office or VA headquarters review individual medical facilities' plans to purchase artwork and ornamental furnishings? If such reviews are required, do they occur only at the outset of constructing or renovating a building, or do they also cover subsequent purchases?

- 4) Do design reviews by the Office of Construction and Facilities Management consider what scope, type, or style of artwork and ornamental furnishing is appropriate or whether such purchases meet VA's stated design goals?
- 5) How much has VA spent on artwork and ornamental furnishings since fiscal year 2010? Include purchases for the current fiscal year that are included in the spend plan and/or are planned but whose acquisitions have not been completed. Also include purchases that are not explicit, stand-alone contracts but are elements of larger construction or design contracts. Please organize the information by fiscal year and by VISN and facility. Please distinguish between art and furnishings in patient spaces as opposed to administrative spaces.
- 6) What artwork has VA commissioned or purchased from Veteran artists? Likewise, what artwork has VA commissioned or purchased through the National Alliance for Research on Schizophrenia and Depression, as recommended in VA's mental health facility design manual?

Earlier this week, during the Committee's hearing on the Independent Assessment, you spoke about the need for VHA to make its hospital designs more uniform across the country. I agree that doing so would reduce construction costs as well as operating expenses. The current system seems to be that individual medical center directors make most of the design decisions, with insufficient reviews and approvals by the Office of Construction and Facilities Management. The way architectural designs are selected and artwork is picked out do not seem to be so different. In the same way that this system has produced architecturally unique, billion dollar plus hospitals, I am concerned that individual medical center directors left unmonitored may fill their facilities with outlandishly expensive art. That one health system acquired over \$6 million in artwork in the space of a few years shows this is possible.

Please provide answers to these questions by the close of business on **Thursday, October 29, 2015**. The deliverables opened by this request will not be closed until the Committee is sufficiently satisfied with the responses provided. If you have any questions, please do not hesitate to have your staff contact Dr. Eric Hannel, Majority Staff Director of the Subcommittee on Oversight & Investigations, at (202) 225-3569.

Sincerely,



**JEFF MILLER**  
Chairman

Cc: Corrine Brown, Ranking Member

JM/wm