

This is my report as the AFGE VISN19 Liaison of the Rocky Mountain Unified Union Presidents

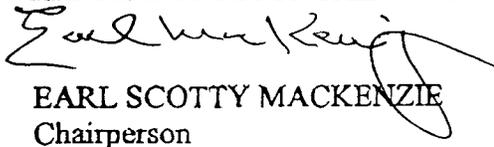
1. On behalf of the union presidents (AFGE, IBEW, NAGE, ANA, NEFE) and bargaining unit members of VISN19, I would like to thank the members of the commission for providing this opportunity to present our views on CARES, (Capital Asset Realignment for Enhanced Services).
2. As you can imagine, we have attempted to follow the CARES process closely because of its significance to our patients and staff. We admit to being confused and at times dismayed by the complexity of the process and our perception that this has become less open and inclusive as it has progressed. Our perception that CARES was a synonym for BRAC has not been allayed by the tortuous course we have followed to this point.
3. Nor do we understand the use of the term "Enhanced Care" in this context. Both the union and Webster/Dictionary agree that to enhance care would be to improve the quality of care. We see nothing in this process that will improve the quality of care that our patients receive. I can assure you that the veterans in VISN19 are receiving beyond quality care in all our medical facilities and CBOCs. I am very proud to be the VISN liaison for Network 19 because we had an excellent partnership with the past VISN Director, Dr. Batliner. We are working the same way with Dr. Ken Maffet, Acting VISN19 Director. I guarantee you I will work in a partnership mode with whomever gets the job as VISN19 Director, because I believe that if labor and management can work together as partners, it reflects on our privilege to provide the highest standard of care for our patients.
4. We, the union, have been consistently skeptical of this operation since its inception. We privately hoped the less jaundiced view of some managers was correct in their appraisal that CARES was a long overdue attempt to look at outdated facilities which can be more expensive to renovate than to raze and rebuild.
5. The average life of a hospital building is said to be 25 years. Many of ours are 50 or more. An unwillingness by Congress to spend money on construction has left us with dinosaurs, some of which are too big and expensive to maintain. The criticism that the VA has excess space and excessive maintenance costs is not accurate when you consider that some of this space can be utilized in a variety of venues. What we need is for a new VA facility constructed at Fitzsimmons, totally staffed by VA personnel, where the veteran has access to enhanced tertiary care and special programs such as a spinal cord injury program.

6. None of us would object to having the most modern, patient friendly and energy efficient facilities possible, but none of us will hold our breath waiting for recommendation and approval of those projects. Absolutely, no VA hospital should close without the recommendation follow through and the project has been approved and completed. History will not absolve any of us if we close hospitals and further ration care during time of war as we legislate billions of dollars in tax breaks to people that already possess great wealth.
7. Even though this administration may not have caused decades of budgetary neglect that has brought us to this point, they need to act responsibly and address the problem. Closing VAs is not an effective answer. We are very concerned that an ideology that views government as an oppressive burden rather than a reservoir of service coupled with a perceived antipathy to collective bargaining rights for federal employees will further threaten the future of VA healthcare.
8. The loss of behavioral health beds has already imperiled many veterans with mental health needs. 42% of our patient population has psychiatric as well as medical diagnoses. 250,000 homeless veterans should have access to VA drug and alcohol detox and treatment as well as psychiatric and medical care. Reduction in mental health beds has occurred in the private sector as well resulting in jails and prisons as major provider of mental healthcare. We should be restoring behavioral health beds, not closing behavioral health hospitals.
9. In light of the projected increase in the need for long term care beds, we urge the commission to plan for that capacity and seriously consider possible conversion of underused facilities for that purpose.
10. There is no doubt that the small facilities are at risk despite the important role they play in providing overflow beds when Hubs are full as well as the convenience to patients and loved ones.
11. We ask, what impact closing VA facilities will have on the small cities and towns in which they are located? Instead of a valued employer and provider of healthcare, will they be seen as boarded up eyesores and purveyors of despair.
12. The CARES program appears to have a myopic vision and it needs to have a broader more encompassing vision that incorporates the veteran needs. As I said before we need to deal with our 42% patient population that has psychiatric illnesses.
13. To send our people off to fight in war as we prepare to close VA hospitals challenges our sense of reality and decency. I realize there is a need for homeland security. At the same time, as a World War II Purple Heart

Veteran, we are going to have more casualties as the war continues, even though they say there is not a war going on. Our troops are over there in harms way. So what do we do with the veteran who lives on the northeast corner of Montana or the southwest corner of Wyoming or the middle of the Rockies in Colorado, or near Bruce Canyon in Utah? How do we take care of our veterans who live in these isolated areas and need care? A promise is a promise. Our nation promised our veteran warriors they would be taken care of when they returned to their homes, wherever they may be.

14. CBOCs are performing a vital mission but are not substitutes for a VA hospital. They are dependent on the VA hospitals because their mission is limited.
15. How will facility consolidation and closing affect veterans waiting months to be seen? According to the Presidential Task Force on Veterans Healthcare, as of January 2003, over 236,000 veterans were waiting more than 6 months for an appointment.
16. We hear Senator Hatch, Chairman of the Senate Judiciary Committee; tell the judicial nominees that public service is a noble calling. We agree and none is more honorable and rewarding than caring for veterans.
17. We are committed to realizing a VA that provides accelerated access to veterans, one that has access to and includes a record of military service for each veteran and any resulting condition or complication. We envision a system fully funded to provide the full range of services veterans need and one that is staffed by employees in a veteran centered system conducive to employee recruitment and retention in a positive patient care environment.
18. In conclusion, let us not forget that our active service people have put their lives on the line. They did so in the past and are doing so in the present. They shouldn't have to put their health and lives on the line again when they are veterans. They should have a sense of safety that their healthcare and overall welfare is assured by the veteran affairs administration; that service will be there, intact for those who served America.

THE ROCKY MOUNTAIN UNIFIED UNION PRESIDENTS


EARL SCOTTY MACKENZIE
Chairperson

Good afternoon. I sincerely appreciate the Commission's invitation to be here today.

My name is Kitty Schultz, I am the President of Local 1219, of the American Federation of Government Employees at the Department of Veterans Affairs Medical Center in Sheridan, Wyoming.

Mr. Kurtis Mayer, our CARES Coordinator at the Sheridan VAMC, and I have been working fairly close together so he could do his best to keep me abreast of the CARES initiative and how it will affect our VA Medical Center. For this, I would like to also express my thanks to him.

It is my understanding that our VA Medical Center will not be impacted. Please forgive me for being somewhat skeptical. If we truly are not going to be impacted, then for that I am very thankful.

I do not envy the task you have been charged with. Especially since the process which you have to work with appears to be wrought with flaws. It is mind boggling that you are charged with foreseeing the needs of the VA and our veteran's 20 years down the line. Many of us can't say for certain what we are going to be doing five years from now. Sadly, what recommendations you make based in part on this, will be felt throughout the VA for many years to come.

I understand that based on per capita, in the State of Wyoming, more of our sons and daughters have or do serve in the military than any other state in our nation. I believe that to be true since out of my four children, two are veterans, and one is still an active duty veteran. While the focus of CARES is to realign our assets to where the need is the greatest, lets please keep in mind that not all veterans choose to live on the East coast, West Coast or the Southern states. Many of our Wyoming sons and daughters return to our state to live and are entitled to no less than the same benefits and care.

At this time, since it is being said that the Sheridan VAMC will not be impacted by the CARES, I would like to take a brief moment to speak about the VA as a whole.

When you make your recommendations to Secretary Principi, I ask you to please keep a something in mind. The VA is not brick and mortar. The VA is people; the veterans we are grateful to serve, the employees, and the numerous employees that are themselves veterans. The VA belongs to our veterans, not you or I.

In a sense, the VA is a fraternity, a sorority. A place where our veterans come together yet again for a common purpose. Whether it is for treatment of a service-connected disability, for care that they understood would be their right, or those that come to volunteer to make life more pleasant for those veterans who need their assistance.

I don't believe that recommendations to close, consolidate, or downsize our facilities is in the best interest of our veterans; present or future, or our country. We have for too long talked about our veteran population diminishing with the passing of our World War I and II veterans. Those were and are not our only veterans. What about our Korean Veterans, Vietnam, Desert Storm, and now our War on Terrorism? There have been wars to be fought for generations, and sadly, I believe for generations to come. In the same token, I do not believe the need for our VA's are diminishing. I want my sons and daughters to have the VA strong and viable for them, whether they choose to return to Wyoming or locate to another part of our country.

Please take one last thing into consideration when you make your recommendations. This country has many symbols of democracy and freedom such as our Flag, and the Statute of Liberty. But please remember, there is no greater symbol of freedom than our veterans and the sacrifices they have made in order that we may enjoy the freedoms we have today.

I thank you.