

**Testimony of Rena Harrington Barnett, RN, Wilmington VA Hospital**

Mr. Chairman and Members of the Commission:

On behalf of the Professional Staff Nurses Association at the Wilmington VA Hospital, we are pleased to present our views on the CARES Market Plan. This plan will impact our facility, our patients, our employees, and our community in Wilmington, as well as the impact it may have on the VA Community at large.

To begin, we must put the CARES initiative in the perspective of all the progress that has been made at the Wilmington VA over the past decade. Among the many improvements that have been made are:

- Construction of a new, state-of-the-art ICU facility
- Renovation of the Operating Suite
- Renovation of one medical/surgical floor, with plans in place for renovating a second floor
- Implementation of state-of-the-art computer systems for inter and intra hospital communication as well as to improve medication control
- Initial strides towards partnering between the Union and Management to better serve our veteran population

CARES comes on the heels of these efforts to upgrade and improve our facility, and we applaud any efforts to improve the efficiency with which we provide service to our veterans. Streamlining procedures, upgrading facilities, and improving the quality of care are all very noble goals, and we support these efforts. Unfortunately, we have concerns that CARES will not necessarily achieve these goals. In fact, we expect that a number of these initiatives will diminish the quality of care.

Before we examine some of our key concerns with CARES, we must point out that we are disappointed in the process under which the CARES initiatives have been developed. While we were initially told of the inclusive nature of the process, we have actually seen little involvement. We were asked for our input early on, but nothing happened to it. The process has been complex and not particularly open. We also have concern with the frequent use of the term "Enhanced Care," as if to mention it would mean that it would occur. In our view, "enhanced care" implies improved quality of patient care, and many of the recommendations clearly would diminish this care.

We do not believe that closing hospitals and moving to the "Hub" concept will improve patient care for any veteran. It may reduce costs and increase efficiency, but we believe that such a move will decrease care for many who depend on the VA hospitals in their local communities. First, transport to a facility will be increased substantially for many of our veterans. We believe that for many, this will mean that they will go without care at all. For others, they will travel the distance, but will not have the family support

network to help them through their medical crisis. As medical professionals, we all know the importance of any patient's support network in the healing process.

Sending patients to the local community hospital or privatization of our hospitals may be a solution here, but we would question whether this is more efficient or effective. Are we just becoming an HMO for our veterans at that point? Further, who will monitor and manage the standard of care at these facilities? Our staff has been trained and is experienced in caring for our veterans. We know their issues, their concerns, and many of our health care providers have dedicated their entire careers to taking care of the veterans. We doubt that our patients would find that level of caring and attentiveness elsewhere that they now find in our VA facilities.

We believe also that this "Hub" concept will have drastic impacts on the employees of the hospital as well as upon the communities. Few of our nurses would move to another facility, and increasing the staffing burden on the Hub hospitals will only be exacerbated in this time of nursing shortage. In many communities, the hospital is one of the larger employers, and the ripple effect of a hospital closing on the local economies will be large.

Key to a future vision is a clear understanding of alternative futures. It is not at all clear to us that a range of alternatives has been considered in the CARES process. The way in which we as a country employ our military is in the process of a dramatic change. The global political climate, the uncertainty of who the enemy may be, and the range of potential weapons and means of destruction implies that the VA must be ready to handle a range of scenarios. Whether it be chemical or biological warfare, multiple simultaneous military fronts across the globe, or increased policing activity, the nature of our Armed Forces and the threats they face are unknown. As an Agency committed to care for the veterans, we must be ready to handle these potential challenges, and we do not see the CARES initiatives addressing these issues. It appears that we are projecting a future much like the present, only smaller. We are downsizing, when in fact, it may be that we should be expanding!

What we do need to focus on are some of the critical issues that do effect the quality of care today:

- We currently have overlaps in services in some areas while we have gaps and inconsistencies in others.
- We need more seamless processes for veterans going from one facility to the next.
- We need to improve our nurse/patient and doctor/patient ratios to ensure proper attention to each patient and cut waiting times.
- We need a veterans centered system that is conducive to employee recruitment and retention in a positive patient care environment.
- We need to improve the standards of care as new procedures and technologies become available.

- We need to provide for the increase in number of women veterans we are now seeing at our facilities.
- We need sufficient behavioral health beds to provide drug and alcohol detox treatment for the 250,000 homeless veterans as well as the 42% of our patient population with psychiatric diagnoses.

We need to have a broader, more encompassing vision that incorporates the veterans needs. We do not see CARES addressing many of these critical needs.

Again, I would like to thank you for the opportunity to voice our concerns.

Rena Harrington Barnett, RN  
President, PSNA/SEIU Local 1996  
Wilmington VA Hospital

This will be read by one of the invited union presidents on the 27<sup>th</sup> of August at the Highland Drive Pittsburgh, PA

1. On behalf of the union presidents (AFGE, LIUNA, SEIU, TEAM, NAGE) and bargaining unit members of VISN4, 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.
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.
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.
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.

UNIFIED UNION PRESIDENTS,

CURTIS M. JACKSON  
Chairperson, UUP