

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Affiliated With the AFL-CIO

LOCAL #2241

1055 Clermont Street
Denver, Colorado 80220



As president of AFGE Local 2241, representing over 1100 hard-working dedicated employees, I appreciate the opportunity to address the CARES Commission. The goal of the Commission is the same as our Local Union's, to provide the best possible care for our Nation's veterans. My comments will address the initiative before you that outlines a proposal to build a freestanding facility located on the Fitzsimmons Campus adjacent to University of Colorado Hospitals.

X // The identified planning initiative for the Eastern Colorado Market that was sent to the Commission a few months ago contained neither the signature nor the endorsement of the union leadership. We do not concur with the final draft of the initiative as written. As representative of Local 2241, I would like to offer our evaluation of the initiative to the Commission.

A new hospital with modern air conditioning, plumbing, and electrical systems should be built on the Fitzsimmons Campus. The long-standing relationship with the University of Colorado Hospitals should be continued. We do not agree however that the facilities should be adjacent. One of the major arguments for the construction of a new facility is that our current hospital is not large enough to meet the growing demands for services. Yet the proposed square footage is smaller than our current size and allows for no new growth. Clearly, the integration of services is implied by the proposed location adjacent to the University of Colorado Hospitals. Inherent in that move is a loss of independence. This may be perceived as a cost saving measure, but it does not put the patient first.

The blending of services as proposed, presents a potential loss in quality care for veteran patients for a variety of reasons. First, we are the Federal Veterans Affairs Hospital. Our unique mission is to care for those who have fought for this country to protect our lives and liberty. We need to remain separate from private and state organizations with different missions in order to maintain the integrity of services to our veteran patients. Increased integration also poses another danger. State budget problems in the future could undermine the services provided to the patients of the Veterans' Administration Hospital.

Secondly, adjacency implies the integration of services, not just the sharing of resources. This will retard the delivery of services and put the veteran patient at risk due to a larger patient pool and possibly, the inclusion of individuals with different healthcare needs.

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Further, there is the potential for the inclusion of service providers who may not have the unique ability to deal with the specialized needs of veterans that our current staff provides. Federal hospital employees are trained to understand the whole veteran patient and his/her needs.

Lastly, as many of you know, Long Term Care/Extended Care and Psychiatric care were left out of the data gathering for this planning initiative. This is of special concern to us. Veterans have unique mental health and geriatric needs. Thoughtful consideration needs to go into providing services for this important group of patients. The hospital employees and their union representatives want to participate and review the total package before we accept any changes in current services that we provide.

We do not believe it is in the best interest of the veteran patient to mesh services with University of Colorado Hospitals. Our veterans today receive specialized care in a specialized facility. We can continue to provide quality veteran patient care in a new, state-of-the art hospital on the Fitzsimmons Campus while still maintaining our integrity as a federal healthcare facility. We can maintain a close working relationship with the University of Colorado Hospitals without being adjacent and blending services.

None of us know what the future will bring as evidenced by the current conflict in Iraq. The members of Local 2241 ask that you not endanger a long-time commitment to the veterans of this country for mere cost-saving measures.

In summary, it is imperative that the Commission protects the work of the dedicated public employees and the important services they perform. I urge the Commission to support the construction of a federal hospital that remains a federal enclave. I implore the Commission to take measures to preserve the independence of all facilities that provide services to American veterans. Providing a quality environment that allows for increased demand and state-of-the-art care for our patients is of utmost importance. Please do not accept this initiative as written.



American Federation of Government Employees

LOCAL 2199 - AFFILIATED WITH THE AFL-CIO

"To Do For All That Which None Can Do For Himself"



DEPARTMENT OF VETERANS AFFAIRS
V.A. MEDICAL CENTER
SALT LAKE CITY, UTAH 84148

September 22, 2003

Everett Alvarez, Jr.
Chairman, CARES Committee

Dear Mr Alvarez and Members of the Commission:

I am Nancy Jones, President of AFGE, Local 2199 at the VA Medical Center and VBA at Salt Lake City. I appreciate the opportunity to express the views and concerns of the approximately six hundred (600) bargaining unit employees our Local represents regarding the CARES proposals.

The Medical Center in Salt Lake City provides Primary Care and Specialty Care Services. That, I am sure you understand encompasses medicine, surgery, mental health and research for our veterans. Three hundred twenty five thousand (325,000) veterans were scheduled and seen in Primary and Specialty Care Services this year. Due to inadequate staffing there are currently some thirteen hundred (1300) eligible and enrolled veterans awaiting initial appointments in Primary Care. It is anticipated that within the next nine (9) years, by the year 2012, we will experience an eighty three percent (83%) increase; some twenty five thousand (25,000) patients per year. Further, it is anticipated that the major portion of the increase will be for Specialty Care which is of a longer duration and more expensive.

Considering the volume of the anticipated increase at our station alone and the unknown factor regarding the ongoing war against terrorism the proposals which have been submitted by the twenty three (23) VISNs seem to be very short sighted. The impact of dismantling the VA would be a catastrophe. What we the veteran patients, our employees and our communities would suffer if lost could not be regained. If we allow it to happen we are not honoring the commitment and debt this country owes to the veteran.

Lets look beyond the numbers. Lets look at maintaining a world class operation. Lets look at maintaining the quality of care to veterans who have earned the right to expect and get top of line treatment tailored to their specific needs. Often this is not available in the private sector. Lets look at the impact on our geriatric patients being placed in nursing homes which have minimal training requirements for staff. Lets look at better utilization of existing funds by limiting the ever increasing number of middle management and contract positions. Lets look at imploring the president and congress to spend our dollars at home to adequately fund

the VA. Lets look at the devastating impact of the proposed hospital closures and realignment upon our employees, most of whom have dedicated their careers to making our facility outstanding in the care and service to our veterans.

There are currently nine million unemployed people in this country. Please, do not in the name of CARES add to that number. I thank you.



Nancy M Jones

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

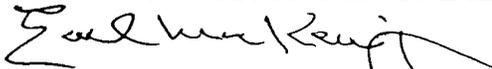
1. On behalf of the union presidents (AFGE, IBEW, NAGE, ANA, NEFE) and bargaining unit members of VISN19, I would like to thank the members of the commission for providing this opportunity to present our views on CARES, (Capital Asset Realignment for Enhanced Services).
2. As you can imagine, we have 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