

My name is Lonnie Brackett, I am the president of the American Federation of Government Employees (AFGE) Local 1226 in Knoxville, Iowa. Local 1226 represent nearly 600 bargaining unit employees. Our primary mission is the care of United States veterans. We serve our veterans in many ways including inpatient and outpatient psychiatric care, rehabilitative and restorative care, primary care outpatient clinics, a Domiciliary, and Geriatric Psych/Nursing Home care as well as support services for the above mentioned to name a few. At the current time we care for 198 inpatients with a capacity of 298 inpatients, which has been reduced due to the possible approval of the CARES initiative. As of June 30, 2003 (this data is only for 9 months of the 2003 calendar year) at the Knoxville facility we have served 7,677 veterans in our outpatient and specialty clinics. Knoxville services the unique and hard to care for veterans. We specialize in Alzheimer's and dementia, with a nationally recognized rehabilitation program.

As a whole, this Local as well as AFGE is concerned that the recommendations of the CARES initiative fail to take into account the fact that the population of elderly veterans will grow by as many as 500,000 over the next 7 years and the number of very elderly veterans age (85+) could triple to over 1.3 million for at least the next 20 years.

Under the CARES plan, there will be a decrease of long term care at VA facilities. The care will be privatized and our veterans will not have the benefit of specialized, veterans only facilities. Providing veteran care at veterans' facilities was a solemn promise that CARES tries to break. Privatization of veterans' long-term care, either for those with dementia or psychiatric problems is neither cost effective or consistent with the promise of lifetime care our nation has made to our veteran population.

Closing VA facilities that can be refurbished to meet the long-term care needs of the large and growing population of elderly veterans wastes precious dollars that should be used for veterans. The CARES plan says that it includes both closures and expansions. Nothing should be closed until all the expansions are funded, built, and operational. To close facilities without making sure that expanded facilities are funded, built, and operational elsewhere risks depletion of the veterans' system's capacities.

The CARES plan will mean the loss or moving of jobs, many of which are held by veterans. Jobs at the Knoxville VA are some of the best in the community. Our work-force is diverse. Commitment to our veterans is the motivator of our work-force. Our people work there because they genuinely care about our veterans, this is not merely a paycheck. The same will not be true in private facilities where veterans will be in the minority and no one will consider their special problems and/or needs. In the private sector, the nursing home industry trade association estimates the cost per patient for long-term care will exceed \$100,000.00 per year in the next decade. The not-for-profit veterans' system can provide superior care for a lower cost. Private nursing homes are notorious for under-staffing and failure to provide any continuity of care since turn-over is very high and morale is very low. The constant pressure for profits in the industry makes patient care a low priority, money is the highest priority. This is not the standard of care that our veterans deserve.

Currently, at the Knoxville division there is by care report numbers 186,000 square feet of unused space. Much of this space is marked for destruction. Many of the buildings could be modified and modernized for use for long-term care (nursing home care), adult day care, and respite care. Presently in Knoxville, psychiatric inpatient beds have been reduced from above 100 to 12 over the last decade with plans to further reduce this number to 6 over the next several months. At this time veterans are being turned away and their stay-time for healing and recuperation is drastically reduced. If anything, additional beds are needed at our facility.

Allowing the VA hospital in Knoxville to close or be turned into an outpatient clinic would be a great injustice to our veterans to whom this isn't just a hospital but a home. And the staff who aren't just caregivers but extended family, to the visitors and family members who are afforded the ease of a more rural setting when coming to this facility, as well as the adequate parking afforded here.

The closing of this facility or converted into an outpatient clinic the loss or transfer of jobs out of the area, would be a devastating blow to the local economy which is still feeling the effects of several major layoff from local industries.

CARES is NOT about moving facilities and capacity to locations where the veterans are. It is about closing down facilities and reducing capacity so that veterans' care can be privatized and veterans' no longer have access to specialized, veteran's -only facilities and care. Privatization will cost more and veterans will get less-lower quality, less continuity, less specialized care, less commitment, less recognition. Thousands of veterans will loose their jobs. Taxpayers will lose. Veterans will lose. Federal employees who have devoted their lives to the care of veterans and the promotion of their interests will lose. Private nursing home operators will win big.

Members of the Commission:

My name is Michael Crawford and I am the President of the American Federation of Government Employees, Local 2270 at the Omaha VA Medical Center. I was also an active member of the CARES Steering Committee for VISN 23. Local 2270 represents about 700 hard working dedicated women and men who care for our nations veterans, day in and day out, year in and year out.

The Charter of this Commission states, in part, that the focus of the Commission will ensure that any adverse impact on VA staff is minimized. I hope this Commission is dedicated to that statement. I know that many others giving testimony will elaborate on statistical data, future projections and levels of impact so on behalf of the staff at the Omaha VA, I would like focus on three areas of concern and give a brief common sense summary of each of these areas.

First: Funding

The Nebraska Western Iowa plan calls for transferring many of the outpatient specialty care services from the Lincoln campus to the Omaha campus. This would necessitate the expansion, renovation or new construction of approximately 32,000 square feet of space at a cost of approximately 5 million dollars. While the proposal states that these costs would be recovered through various cost saving initiatives, common sense tells me that this is not possible. We continually rob Peter to pay Paul to make ends meet. For example we have already transferred all equipment dollars to operational dollars leaving us with zero dollars for new equipment. We also took the education and travel dollars to pay for the VISN 23 merger which was not funded.

NWIHCS, at last report, was already facing a 7-10 million dollar deficit for FY 2003. Add to that the cost of the necessary renovation and it is obvious that funding must come with any transfer of function.

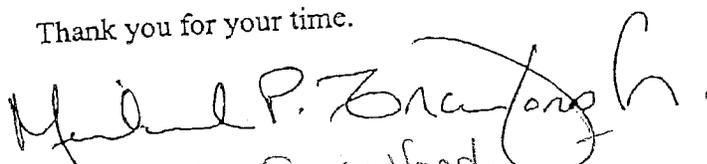
Second: Staffing

The NWIHCS already faces critical shortages of Physicians, RNs and other professional health care providers. This is especially true for the out state facilities. The Nebraska Western Iowa plan states that increasing staffing levels is not necessary. Common sense tells me that you cannot take an already strained system and increase it's workload without increasing staffing levels. It would be a great disservice to our veterans to subject them to even longer wait times due to inadequate staffing. This must somehow be addressed.

Finally, and in my opinion most importantly: The Veteran

Whatever comes out of this Commission and is implemented by the VA must have credibility and be realistic. Veterans in rural areas such as Ne. No. and So. Dakota and Minn. have earned the right to quality healthcare afforded to veterans living in the urban areas of this country. If we do not move to make CBOCS a priority in the rural areas of this VISN we are shortchanging this areas veteran population. Common sense should tell all of us that health care for veteran is why we exist. It is what we do and it is what we must continue to do. We cannot continue to break the promise of providing health care for veterans and we cannot continually change the rules of eligibility. All veterans should feel that they can count on the VA to meet these needs both now and in the future.

Thank you for your time.


mike Crawford, Omaha

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The CARES program has been very active and very confusing to say the least. I have been involved from the start and I am still confused. It seems to me that this program was meant for use in urban areas, not in the rural areas of the country. This has been the case many times over during the process of CARES. We had a big problem meeting the population criteria as well as the mileage requirements. When that proved to be the case, magically the numbers would change and a new criteria was set forth.

I was involved in all the local CARES meetings as well as the VISN 23 Steering Committee meetings. I was always surprised at the end results that the final minutes reflected because they were never the same as what was discussed in the meeting room. When I asked where the final results came from, I was told "We talked after the meeting and came up with . . . whatever". I also remember being told that the data was not to be "questioned". I wonder who provided and gathered the data and if it came from someone in a large city. If that's the case, just how could they possibly know the needs or the problems that we face in rural Nebraska?

Our Veterans are very special and caring for them adequately is a concern we have been had for years. See, money is not a new problem. We at the VA have had to do "more with less" for a long time now. Jobs have been taken away, people retire and are not replaced, consolidations have taken place and yet we still find a way to care for our Veterans.

People complain that the waiting time is too long, or that travel is a problem. Yet if we were ever funded and staffed as needed, these problems (at least the waiting times) would be gone. The really funny thing about all the fuss is that the intent of CARES is to give the right care at the right time in the right place—not take the care further away and make it harder to obtain.

Congress has not been happy with the CARES process. There have been letters written to the Secretary of the VA, voicing concerns. We all stand to lose if it is carried forward at this time, without revising the process that determines the outcome. It just does not fit us here in rural America. It is not fair to the American Veteran who has chosen to live in the less populated parts of the country. They deserve to be able to receive VA health care. The VA belongs to them and we are proud to care for them. Let us have a real voice in the CARES process, let us all work together to come up with a workable plan that is fair and just to the rural Veterans as well as those who live in Cities across America.

There is concern from the Veterans as to whether their voice is being heard. The CARES plan was to include the Veteran groups as well as their actual input into the plan. CARES leaders brag that this was done . . . well, I beg to differ. Yes, there were several Town Hall Meetings, held, advertised in advance you bet, but at every single one of these meetings, CBOCS were discussed in detail with the general population believing that a CBOC was "coming to a town near you". Each meeting was held in an area that the CBOC's were to be placed—Holdrege, Norfolk and O'Neill. One was held in Grand Island after AFGE contacted a county service officer and voiced the concerns that we had. The Commission states that attention was paid to the input gathered—well not here in Nebraska, they didn't. Why? Because we did not meet the criteria needed to allow our plan to go forward. Why? Because we are not heavily populated with veterans in a small area. NEBRASKA's demographics "**don't fit the plan**"!

With the cost to be somewhere around 4.6 billion dollars in the next 20 years to carry out this NEW WAY TO CARE FOR OUR VETERANS, I really wonder about the future in the VA's. Before the commission sets forth, I wish that they would re-think the way to deliver the care to our honored men and women, old and YOUNG. The need is now as well as in the future. We need to be able to plan for the next three to five years, not 20 years down the road. I wonder how many newly injured veterans there are, and I only pray that they will be able to receive the care they need—when they need it and where they need it—and given to them by the dedicated federal worker that really does put them first. I say STOP the Nonsense and get real—listen to the voices of our veterans. If "not trying to save money" is for real, then staff Medical Centers properly, put CBOC's in outlying areas, and increase Specialty medical care as needed. The infrastructure that Secretary Principi is speaking of was developed by Congress and the way they fund the VA. Money has been wasted in the VA, yes, but it is wasted more by paying outside consulting groups to give advice to restructure a system that they have no vested interest in. This is a system that has been in need of restructuring for a long time but the restructuring needs to be fair with goals that are obtained by treating all veterans the same, not punishing them for living in VISN 23's unsuitable, demographic states.

In all, the CARES Plan has little change for us in Nebraska. But I thought that we were to look for ways to "fix" things. We did although it was hard to do. We even suggested that Lincoln VA should be moved to a new, smaller building and the present structures be either rented, sold, or torn down. This was not a popular scenario, believe me, but we felt forced to say it anyway. Well, that never even passed through the VISN because it wasn't "Politically Correct". So we were saved that. Omaha will grow and Grand Island gets it's NHCU remodeling project. Well, the NHCU really is no surprise because that project was approved prior to CARES. So I guess we spent a lot of time, energy and money to carry out an assignment once again.

AFGE LOCAL 1228 TESTIMONY
CARES HEARING
Thursday, September 4, 2003
Omaha, Nebraska

Good Afternoon,

On behalf of the employees at the VA Central Iowa Health Care System, Des Moines Campus, and representing the members of American Federation of Government Employees (AFGE Local 1228)

I come before you and the CARES Commission to present our concerns.

At VA Central Iowa Health Care System and as members of the Labor Organization AFGE Local 1228 we are completely dedicated to providing the highest quality of health care available today.

Our members represent many positions at the Medical Center, from Administrative to Health Care Provider. As AFGE members and employees, we provide world class health care to our patients.

Change creates anxiety and opportunity and the Draft CARES PLAN presents both scenarios. I would like to advise you that as a labor organization and as employees we share both concerns.

It has been proposed that both Psych and Nursing Home care be moved to the Des Moines Campus. If this is what the commission and Secretary Principipi ultimately approve, we then must make sure that we address the following concerns.

#1 That Patient Care and family care do not suffer and must improve.

#2 That the impact on the community of Knoxville, Iowa be assessed and addressed in a caring and compassionate manner.

#3 That our Knoxville Campus employees be provided new opportunities for employment in Des Moines.

#4 That Des Moines Campus employees are treated with compassion and concern if any bumping or Reduction in Force should occur.

#5 That parking issues at the Des Moines Campus be addressed.

#6 That all stakeholders are kept informed as to why and how decisions are made and how they will impact patients, patient families and employees.

As a Union Officer and with many years of experience in labor issues, As a VHA employee with 35 years of Service and as a disabled Vietnam Veteran who receives all of my care at VA - I want quality health care to be provided in all of VISN 23 for a very long time. I believe we can accomplish this if we all work together.

Thank you,

Jon P. Cruikshank
Treasurer, AFGE Local 1228
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CARES Commission Hearing
September 4, 2003
Omaha, Nebraska

I appreciate the opportunity to address the Commission and the audience regarding the proposed movement of VA patients from the Knoxville, Iowa facility to the Des Moines facility in the interest of improved patient care. This decision is based on the fact that acute care will be more assessible to the patients.

As the President of the Union of RNs at the Des Moines facility, the United American Nurses/ Iowa Nurses Association Unit. I would like to state the obvious first. Patient care is of the utmost importance to the Nurses. In Des Moines we support any process to improve this #1 priority.

We also know the CARES proposal is a devastating move to the employees of Knoxville and to the city. And that the Veterans are well cared for in that facility by a very dedicated and expertise staff.

The UAN RNs in Des Moines support the efforts of the Knoxville employees to maintain their facility. However, if the decision is made to carry out the proposal of moving the care to Des Moines, our first concern will be that all effort is made to include the Nursing staff in both Des Moines and Knoxville in the planning and decision-making process. It will be to the benefit of patient care to have Nurses involved in every aspect, from the building plans to the staffing needs.

Most people in this country are aware that there is a Nursing shortage. The Iowa Nursing Workforce statistics show that 60% of actively licensed Nurses will be over 50 by 2009. Projections show RN vacancies of 21% in long term care, 9% in hospital care, 12% in Ambulatory Care and an overall average of 13% vacancy of RNs. In order to counteract a potential shortage at the Central Iowa VA, the RNs recommend secondly that a process be in place to facilitate the transition in the work environment and in work redesign. These are work life changes that have been identified as major factors in contributing to a decline in Iowa's Nursing workforce. Nurses leave Nursing when changes are made that do not involve adequate transition processes. A designated staff will need to be appointed to structure, trouble shoot and facilitate the transition.

Third, the RNs believe that a taskgroup should also be formed to address employees concerns and to receive employee input as soon as the CARES decision is made. This group would be most effective if it was made up of employees, Union representatives and management.

Lastly, it will be important for the CARES Commission and the VA administration to communicate at least weekly with employees at both facilities. Communication should

include updates and responding to employee questions. A local Hotline number just for CI employees would facilitate communication.

The Nurses know that this is a difficult time for the employees of the Central Iowa Health Care System. Great effort should be made to maintain the workforce and to continue to provide the excellent patient care. Our four suggestions: involving Nurses in planning and decision-making, a planned process in place to facilitate the transition, a taskgroup to address employee concerns and weekly communication with employees will hopefully aid in making the process easier.

Monica Moore, RN, BSN