

*Jaye Griffin*

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Lake City Division  
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CARES  
Department of Veteran Affairs  
Veterans Health Administration  
Washington, D.C.

Dear Capital Asset Realignment for Enhanced Services Commission,

“Hope springs eternal in the human breast” –Alexander Pope.  
We the Florida Nurses Association members, who proudly, respectfully, honorably and compassionately serve the veterans at the North Florida-South Georgia Healthcare System at the Lake City Division employ you to reconsider downsizing our facility from a viable acute care facility to an 8-hour facility.

We are all influenced by the unprecedented changes in healthcare and its impact on patient’s access to safe and high- quality patient care. Increased evidence is now impacting upon our veteran population. As you know, Florida has the fastest growing population of veterans. And we at the Lake City Division have been serving our nation’s veterans since 1920. This fact alone should be enough to halt such a drastic change.

Our veterans are a unique population, requiring unique circumstances and unique strategies to provide the “high-quality care” the CARES Commission and the Department of Veteran Affairs insist we provide. We serve veterans and their families from 21 counties in Florida and 19 counties in Georgia. Veterans now travel hundreds of miles to receive care. We know of veterans who insisted that their spouses come to our facility, bypassing numerous hospitals while experiencing serious symptoms. The downsizing of this facility would impose a significant a transportation burden a financial and emotional hardship on our aging population but our community and surrounding counties would be affected.

The CARES Commission stated, “It will expand VA Healthcare in Florida”... instead it is considering closing a viable, accessible and much needed facility.

Nurses are health care’s frontline professionals. It is well known that there is a direct link between quality, safe patient care and nursing. We are already facing a critical nursing shortage at our cohort facility and the closure of Lake City VA would impact that astronomically.

We the nursing staff, again, employ the commission to allow our facility to remain as is.  
So, we can continue to serve our veterans with dedicated hearts and loving hands.  
Because WE CARE.

Thank you, for your time and consideration.  
Florida Nurses Association Chapter,  
Lake City VA.

**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES**

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**STATEMENT TO CARES COMMISSION**

**I WISH TO THANK THE COMMISSION FOR GIVING ME THIS OPPORUNITY TO APPEAR BEFORE THIS COMMISSION AND PRESENT MY TESTIMONY.**

**I AM THE PRESIDENT OF LOCAL 1976 AT THE LAKE CITY DIVISION OF THE NF/SGVHS AND I REPRESENT MORE THAN 800 OF THE 1000 EMPLOYEES AT THE LAKE CITY DIVISION, AS WELL AS EMPLOYEES AT TALLAHASSE, FL & VALDOSTA, GA OUTPATIENT CLINIC. I AM CURRENTLY BEGINNING MY SECOND TERM OF OFFICE, WHICH ARE THREE YEARS IN LENGTH.**

**WHILE PRESIDENT I HAVE SEEN THE NUMBER OF EMPLOYEES AND BEDS, WHETHER THEY ARE SURGICAL, MEDICAL, ACUTE CARE, PSYCHIATRIC OR NURSING HOME BEDS CUT. BEDS WERE CUT, EVEN THOUGH THEY WERE NEEDED AND NATURALLY STAFF FOLLOWED. THE LAKE CITY DIVISION PRIOR TO INTERGRATION HAD ALMOST 1200 EMPLOYEES, TODAY THAT IS LESS THAN THOUSAND.**

**WHY WERE BEDS CUT? GOOD QUESTION, GLAD YOU ASKED. THE REASON GIVEN WAS REDUCED NUMBER OF VETERANS PROJECTED DURING THE COMING YEARS. APPARENTLY THE NUMBERS USED TO PROJECT THESE DECLINES WERE BOGAS, BECAUSE THE VETERAN POPULATION INCREASED, ESPECIALLY IN THE AREA REQUIRING IN PATIENT CARE.**

**IN FLORIDA USING THE NUMBERS GIVEN BY THE DVA, VETERANS REQUIRING IN PATIENT CARE WAS GOING TO DECREASE BY NEARLY 5%, INSTEAD IT IS NOW PROJECTED BY THE DVA TO BE AN INCREASE BY MORE THEN 5%.**

**LONG TERM CARE AND EXTENDED CARE IS PROJECTED TO RISE THROUGH FY 2022, YET WE CONTINUE TO REDUCE BEDS & SPACE. IT IS PROJECTED THAT THERE WILL BE A NEED FOR 17,000 NURSING HOME AND EXTENDED CARE BEDS. THIS IS NOT BEING ADDRESSED BY THE NATIONAL DRAFT CARES PLAN. CONTRACTING OUT THESE BEDS, IF YOU CAN FIND THE BEDS, WILL NOT ENHANCE VETERANS CARE.**

*To Do For All Which None Can Do For Oneself*

**ASSUMING THAT THE DVA IS OFF THEIR PROJECTIONS BY 50%, THERE WILL STILL BE A NEED FOR 8,500 BEDS, WHICH WE DON'T HAVE CURRENTLY OR ARE WE PLANNING FOR.**

**THERE IS DEFINITELY THE NEED FOR LONG TERM BEDS AND EXTENDED CARE BEDS, AS WELL AS LONG TERM & EXTENDED CARE PSYCHIATRIC BEDS. LONG TERM AND EXTENDED CARE PSYCHIATRIC BEDS NEEDS WILL RISE AS THE VETERAN POPULATION RISES. THE GAO AND VA PROJECTS OF VETERANS AGE 75 AND OLDER TESTIMONY BEFORE THE ALZHEIMER'S ASSOCIATION IN May 2003, STATES THAT THE "PREVALENCE OF ALZHEIMER'S DISEASE INCREASE RAPIDLY WITH AGE, FROM ABOUT 3% OF PEOPLE AGE 65-74, TO 19% OF THOSE AGE 75-84, AND 47% OF THOSE 85-AND OLDER" HOW ARE WE GOING TO CARE FOR THESE VETERANS? THE DVA CLAIMS THAT THE PROPOSALS TO USE ENHANCED LEASE AGREEMENTS WITH PRIVATE DEVELOPERS WILL PROVIDE VETERANS WITH MORE THAN 17, 000 NURSING HOME BEDS AND THIS WILL ADDRESS THE PROBLEM.**

**THE TRUTH IS, NOT ONE SITE HAS BEEN DEVELOP WITH ENHANCED LEASE AUTHORITY TO PROVIDE ASSISTED LIVING FACILITIES OR NURSING HOME CARE FOR VETERANS. COMMISSIONERS IT IS FOLLY TO RISK THE PREDICTED NEEDS OF VETERANS, MEN AND WOMEN WHO GAVE THEIR BEST FOR THEIR COUNTRY, FOR LONG TERM CARE AND EXTENDED CARE ON AN UNPROVEN APPROACH TO ACCESSING CARE.**

**I AM A VETERAN, I HAVE BEEN AN EMPLOYEE OF THE DVA FOR 20 PLUS YEARS, AND I HAVE YET TO SEE THE PRIVATE SECTOR TAKE CARE OF A VETERAN NEEDS BETTER THAN THE DVA. PATIENTS ARE ROUTINELY PLACED IN OUTSIDE NURSING HOMES AND EXTENDED CARE FACILITIES AND THEY ARE QUICKLY BROUGHT BACK BECAUSE THE PRIVATE SECTOR CAN'T DEAL WITH THE FACT THAT MOST VETS HAVE MULTIPLE HEALTH AND OR MENTAL PROBLEMS THAT THE PRIVATE SECTOR CAN'T OR WON'T COPE WITH.**

**INSPECTIONS BY GAO REVEAL THAT 1 OUT OF FIVE HAD SERIOUS DEFICIENCIES THAT CAUSED PATIENTS ACTUAL HARM OR PLACED THEM IN IMMEDIATE JEOPARD AND NEEDED MORE OVERSIGHT. GAO ALSO FOUND THAT THE DVA IS LESS EQUIPPED THAN THE PRIVATE SECTOR TO ADEQUATELY MONITOR QUALITY STANDARDS AND THE CARE PROVIDED TO VETERANS THROUGH A NATIONAL OR LOCAL**

**CONTRACT. ONLY 4 OUT OF 10 MEDICAL CENTERS REVIEWED CONDUCTED ANNUAL INSPECTIONS AND REQUIRED VISITS TO VETERANS. THERE IS NO WAY THE DVA CAN PROVIDE OVERSIGHT TO MAKE SURE THAT VETERANS RECEIVE ADEQUATE CARE.**

**IT IS CLEARLY NOT GOOD FOR VETERANS TO REDUCE BEDS AND CLOSE FACILITIES WHEN THE DRAFT NATIONAL CARES PLAN DOESN'T TAKE INTO CONSIDERATION THE SINGLE LARGEST FACTOR THAT WILL SHAPE VETERANS HEALTH CARE INTO THE NEXT TWENTY YEARS. THAT COMMISSIONERS IS THEIR PROJECTIONS BASED ON ENROLLMENT THAT EXCLUDES LONG TERM CARE DEMANDS.**

**THE NATIONAL DRAFT CARES PLAN IS NOT GOOD FOR THE VETERANS, DOESN'T CONTRIBUTE TO THE IMPROVED HEALTH CARE, WILL NOT HAVE PRACTICAL RESULTS AND IT SURELY DOESN'T SAFEGUARD THE TAXPAYERS INTEREST.**

**BEFORE BEDS & SPACE ARE CLOSED THEY SHOULD BE EVALUATED FOR CONVERSION TO LONG TERM AND EXTENDED CARE FOR PATIENTS WITH MEDICAL AND MENTAL HEALTH PROBLEMS. THIS COULD BE DONE WITH A MINIMUM OF EXPENSE. CONSTRUCTION COST ARE SKYROCKETING AS WE SPEAK AND THE COST OF NEW CONSTRUCTION IS MORE EXPENSIVE THAN REMODELING ONE NOW. FOR EXAMPLE, TODAY IT WOULD COST \$186.00 PER SQ FOOT TO RENOVATE A STRUCTURE VS \$220.00 PER SQ FOOT FOR A NEW ONE. YOU WOULD INFLATE THOSE COST BY 10% PER YEAR FOR EVERY YEAR IN THE FUTURE. 10 YEARS WOULD REPRESENT A 100% INCREASE IN COST AT A MINIMUM.**

**THE DVA CONCEDES THAT IT ISN'T MEETING THE CURRENT MANDATES TO PROVIDE MENTALLY ILL & HOMELESS VETERANS WITH THE CONTINUUM OF CARE THEY NEED AND DESERVE. 69% OF DVA FACILITIES DO NOT HAVE ANY CURRENT INPATIENT CAPACITY FOR THE TREATMENT OF PSYCHIATRIC GERIATRIC PATIENTS WHO NEED SPECIALIZED LONG TERM AND EXTENDED CARE. ACCORDING TO THE UNDER SECRETARY OF HEALTH, THE DVA IS 20% BELOW POPULATION BASED NEEDS FOR INPATIENTS PSYCHIATRIC BEDS. THE DVA IS NOT CURRENTLY MEETING IT NEEDS AND ADDITIONAL BEDS ARE NEEDED NOW TO ESTABLISH THE FULL CONTINUUM OF PSYCHIATRIC CARE.**

**THE DRAFT NATIONAL CARES PLAN FAILS TO PLAN FOR ADDITIONAL PHARMACY AND CONSOLIDATED MAIL OUTPATIENT PHARMACIES (CMOPS). SPACE SHOULD BE PLANNED TO ADD ADDITIONAL SPACE FOR THE CMOPS TO MEET VETERANS PROJECTED PRESCRIPTION DRUG DEMAND.**

**THE CLOSURE OR SHIFTING OF SERVICES FROM LAKE CITY WILL RESULT IN FURTHER CONSTRUCTION COST AT THE GAINESVILLE FACILITY WHICH WILL MORE THAN OFFSET THE PROPOSED SAVING. THIS IS TRUE IN ALMOST EVERY CLOSING OF DVA FACILITIES NATION WIDE. SO WHY CLOSE ALL THESE FACILITIES OR TRANSFER SERVICES. IT IS CLEAR THAT THE PROJECTIONS AT LAKE CITY ARE INCREASING AT A RATE HIGHER THAN MOST OTHER DVA FACILITIES SCHEDULED TO STAY OPEN OR NOT SCALE BACK ON THEIR SERVICES.**

**THE QUESTION STILL REMAINS, WHY LAKE CITY? ALL THE PROJECTIONS SUGGEST THAT THE FACILITY NOT ONLY STAY OPEN, BUT EXPAND NOT DECREASE SERVICES TO VETERANS.**

**ONCE AGAIN I THANK YOU FOR GIVING ME THE TIME TO ADDRESS THIS COMMISSION. I AM OPEN FOR ANY QUESTIONS YOU MAY HAVE.**

**SINCERELY,**

**FRED BRITTAIN  
PRESIDENT, AFGE LOCAL 1976  
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Cares Commission VISN 8 Questions  
Local 1453 NFFE-IAM  
Jeffrey J Shapiro  
President

The NFFE at Oakland Park Outpatient Clinic is interest how CARES can speed up replacement of employees who retire or leave to other facilities. In the past several months one physician and one PA retired. These employees notified VA and filed 3 months prior to separation. These employees were not replaced for 4-5 months. The burden of veteran care was placed upon the existing staff and patient's appointments were cancelled or reschedule with waiting times lengthen and to be seen in Miami 4-6 months from original dates. How is CARES going to improve service to our veterans, assist our staff, and improve HRMS response time to hire or replace employees?

Dental service at OPOPC has been understaffed for over 1-½ years. One of our Union members a Dentist was sent to Kuwait for almost a year. A Second is currently in Bosnia. This deployment caused the cancellation of patients and strained the working condition for the existing staff. Due to this deployment no replacement was sent from parent facility Miami VAMC. How is CARES going to resolve this loss of employees due to deployment of VA reservists? What special funding is available to our local facility and how is CARES able to help these localities.

Open access is a VISN and CARES initiative, in what way can CARES improve performance and care to our veterans and enhance employees in performing their duties. Secondly how can CARES free up providers such as Clinical Pharmacist to accomplish the job of managing patient care prescriptions and

follow-up and establish Clinical Pharmacist clinic's to relieve physician overload.

The Agency has realized the importance of Department of Rehabilitation and Physical Medicine to the needs of our older and disabled veterans. How can CARES improve resources and staffing? Why is it the policy of VA Miami to sent overflow of referrals in this service and other services to parent facility. How can CARES assist veterans in receiving services in the closest facility to their home, which usually are outpatient clinics? How will CARES reduce waiting time for specialty clinics in CBOC's and Satellites clinics?

When a hospital or Outpatient Clinic is under staff how is the CARES initiative to be acted on? How can CARES reduce turn around time in replacing employees or hire employees to meet the demands of patient care?

How are the VISN and VA hospitals coping with the long-term shortage of personnel? What guidelines does the hospital have to follow to attain more staff, and reallocate staff thru the CARES program? What affect will this have on any bargaining units? How can management find ways thru the VISN/CARES program bring the resource help from the parent facility to its outline CBOCs and Satilettles clinic?

How can the VISN/CARES promote better understanding of labors needs thru CARES program to improve customer service to the veteran and the employee? What programs are available to meet the needs of labor in assisting the VISN/CARES initiative to meet its goals and yet promote and protect jobs in bargaining units?

The NFFE would like the CARES commission to review the use of Part-time employees and contracts workers as an unsuccessful way of filling gaps in veterans care. The use of part-time help in a manpower shortage or understaffing of a facility is detrimental to

the functioning of any department and usually results in lower productivity. The Agency's use of part-time employment is a detriment to the veteran and the facility. Has the CARES/VISN reviewed the long-term effect of part-time workers and contract failures? The concept of 2 part time workers cannot equate or equal to one full time employee. Has the CARES/VISN reviewed the outcome of the part time help statistically? The Agency's is not better off with 2 part-time employees for two halves in this case do not make a whole.