

VANCOUVER  
H

Good Morning;

My name is Linda Davis, I am the President of AFGE Local 2157 at the VA Medical Center, Portland Division, Veterans Benefits Administration and Willamette National Cemetery. I represent more than 1200 employees who reside in both Oregon and Washington states.

As stated in Secretary Principi's Strategic Plan for 2003-2008 our Mission Statement quotes Lincoln's words; "to care for him who shall have borne the battle and for his widow and his orphan."

Our Vision Statement <sup>AS WELL AS</sup> and Strategic and Enabling Goals further reflect that commitment, and I quote "Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance."

I am not here to question the CARES project and outcomes in relation to the statistical data it was able to collect. I am here to oppose the closure of our Vancouver Division, an integrated facility of the Portland VA Medical Center, based on no collected data in the area of veterans' long term and extended psychiatric care.

We in VISN 20 have worked diligently with our stakeholders to honor and serve our veteran population health needs. We continue to reorganize and fine tune our delivery of care system in order to provide rehab and long-term care in our Vancouver Division, tertiary care in our Portland Division, and primary care at each division and in community-based Outpatient Clinics. Demands for access and care are increasing. In Vancouver we serve the fastest growing county in our country, yet have struggled for over a year with being the hardest hit area in the nation by unemployment. We currently rest above 8% unemployment while the national average is 6%. We are currently preparing for the additional deployment of up to six hundred troops from our Oregon military bases, many of who are Portland/Vancouver metropolitan area residents, to support the war effort in Iraq. How will we care for them when they return? How will we fulfill our mission? What message does this give?

<sup>IF THIS COMMISSION AND ADMINISTRATION CHOOSE TO CLOSE LONG-TERM FACILITIES; THEN</sup>  
In closing, 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, veterans'-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 lose 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. But private nursing home operators will win big.

Thank you,



9/26/03

Linda A. Davis, President  
AFGE, Local 2157  
Portland VA Medical Center  
Portland, Oregon



# AMERICAN FEDERATION of GOVERNMENT EMPLOYEES

## LOCAL 2583

AFFILIATED WITH THE AFL-CIO



VA MEDICAL CENTER/VANCOUVER DIVISION

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Testimony- CARES Commission.

My name is William Hainsey. I am President of AFGE Local 2583 based at the Vancouver division of the Portland VA Medical Center. I represent approx. 300 bargaining unit employees.

I would first like to focus on the Vancouver Division. The Vancouver Division unlike the Portland VA focuses primarily on Rehabilitation and Long Term Care of the Veteran along with a Primary Care Clinic. This is an ideal spot for these types of services as it has easy access for the Veteran, and is located next to interstate 5 and other major arteries of the city. It has ample parking on one level and is easy to navigate for the population of Veterans that we serve. I would also state that these services are not duplicated at the Portland VA Medical Center.

In 1985 construction was completed on a new, state of the art building that houses the NSCU (Nursing Skilled Care Unit). This is not a building that needs renovation or is out of date. Primary care is also located in a new building that also needs no renovation. This facility is an extensive Rehabilitation model and does not follow the typical private model for charging large fees, mediocre care and basically waits for the patient to die.

To give you some background Vancouver is located in Clark County that has a population of 345,000 according to the 2000 census. It also has a Veteran population of 35,000. The county continues to have steady growth. The negative side of this is that there is very little private Nursing home care with beds available being under 100. Two Nursing homes have closed this year alone.

For many years the Vancouver Division has been at the forefront of planning for the Veterans needs so the CARES approach comes as no surprise as we have been doing this well before the Word CARES came into existence. This simply means good planning to give the Veterans the care they need and deserve at a facility that understands this unique population.

From the documentation I have read it appears that the underlying CARES plan is that these Veterans will receive no long-term care at VA facilities. Rather, their care will be privatized and will not have the benefit of specialized, Veteran's only facilities. A promise will be broken for the Veterans who have served and continue to serve this country. I have also read that the primary focus of the CARES is to insure there are facilities where the Veterans are located. If this is true then Vancouver has already met this goal. If something is not broken, don't try to fix it.

I fear this plan, if carried out in this area, will mean the loss and destruction of numerous good jobs of which many are held by Veterans. Job's at Veterans facilities are some of the best jobs in the any community. Commitment to Veterans is a top motivator of this workforce. The same will not be true in private facilities where Veterans will be a minority and no one will consider their special problems and/or needs.

The private sector nursing home industry trade association estimates the cost per patient for long term care will exceed \$100,000 per year in the next decade. The not-for-profit Veterans system can provide superior care to Veterans for a lower cost. As I have had relatives in private nursing homes I can state from first hand experience that the facilities are notorious for under-staffing and failing to provide any continuity of care since staff turnover is very high and morale is very low. Profit seems to be a priority over patient care. This is not a standard of care our Veterans deserve. The only long-term care units that are JACO certified are Vancouver VA and Roseburg, VA in Oregon.

The Vancouver Division continues to grow. Our partnerships with the Vancouver community are strong. Demolition of 17 World War II has begun to make room for a 4 story building that will house community services with 1 floor dedicated for use by the VA. As this points out the Vancouver campus has room to grow. Services should be added instead of taken away.

Moving services to the Portland, VA hospital is a poor option. The most obvious reasons are lack of parking and difficulty of access from major highways, lack of space at the hospital where access of care is already being denied or postponed due to the lack of in-house capacity. 3 wards are currently being leased at Portland to OSHU. If Nursing home service is either fully or partially moved there the cost of renovation would be unrealistic plus losing the 1 million-dollar revenue for the leasing of those wards.

The VA states that it wants to use "enhanced use leases" due to having no realistic plan to met Veterans long-term care needs. I have seen no data that the private sector will be able to cover the VA needs through enhanced use leases. Regardless of whether they materialize, they will not be the same things as Veterans-only facilities that guarantee Veterans access.

I fear that CARES is not about moving facilities and capacity to locations where the Veterans are. It appears it is about closing down facilities and reducing capacity so that Veterans care can be privatized and Veterans no longer have the access to specialized, Veterans-only facilities and care.

In reading the Department of Veterans Affairs Strategic Plan for 3003-2008 it states 5 goals. They are:

1. **Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.**
2. **Ensure a smooth transition for veterans from the active military service to civilian life**
3. **Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the nation.**
4. **Contribute to the public health emergency management, social-economic well being and history of the nation.**
5. **Deliver world-class service to veterans and their families by applying sound business principals that result in effective management of people, communications, technology, and governance.**

I can only hope that these goals are real and have an honest purpose. The VA can always improve in the way it delivers service. My continued fear is that changes are made for political agendas and not based upon the care and well being of the veterans and the staff who serve them.

I have given 24 years of my life to federal service both as active military and the Veterans Administration. I have seen that Privatization has cost more and as usual veterans will get less--- lower quality, less continuity, less specialized care, less commitment, less recognition. Thousands of Veterans will lose 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. But private nursing home and other private interests will win big.

Once these hearing are over and you leave please remember that we, the staff and veterans, must live with your decisions. Please make them wisely based upon needs rather than on political pressure. Again, I can only speak for the Vancouver division and will state again, it is not broken, please do not fix it.

  
William Hainsey

**CARES TESTMONY**  
**By**  
**Keith Himel**  
**President AFGE Local 498**

Members of the CARES Commission, I want to thank you for this opportunity to speak before you today. My name is Keith L. Himel, President of American Federation of Government Employees Local 498, and I am representing approximately 750 employees. The American Lake Division of VA Puget Sound Health Care System provides a vast array of healthcare to veterans living in the South Sound area. These include primary and specialty medical care, surgical and perioperative care, full spectrum of ancillary and diagnostic services, inpatient medicine and psychiatric care, a mental health clinic that provides Post Traumatic Stress Disorder (PTSD) and addictions treatment programs, compensated work therapy and incentive therapy programs, homeless care line, blind rehabilitation, physical/occupational/recreational therapy programs, and comprehensive dental and audiology services. American Lake is also home to the Center of Excellence for Geriatric Research, Education Clinical Care (GRECC) service line. In FY 2002 24,996 veterans received healthcare and services from the American Lake Division, 68% of whom were Service Connected. Ninety-four percent of these veterans come from Washington State. To estimate the number of veterans we will grow by and treat over the next 20 years is futile for the amount of veterans grows every day as this country continues to wage war.

Points of Interest-Site Specific:

- The buildings in which we deliver healthcare were constructed in 1923. These buildings have been consistently maintained. The money that has been allocated for seismic repair has been used as directed and allotted since the Nisqually earthquake in 2001.
- American Lake has received and is currently treating one of the first veteran patients to come from Operation Iraqi Freedom. We anticipate that he will not be the last.
- American Lake has a Geriatric Fellow heading the geriatric and extended care treatment team. She also provides geriatric residency training to the graduate medical education program at Madigan Army Medical Center.
- American Lake is in the ideal location to best serve our veterans in its priority catchment area. 84% of our veterans live in the five counties we serve.
- American Lake serves as a resource for the largest military debarkation area in the Pacific Northwest. We are home to one of the VA's largest compensation and pension programs.
- American Lake has made building maintenance plans that were in place prior to CARES, in order to provide and house our patients.
- Plans are already in process to expand primary and mental health care to veterans in the South Sound area by means of a Community Based Outpatient Clinic (CBOC).

- Plans are underway for a Joint Venture with DOD for shared services. This continues a very long history of previous and existing sharing agreements that the VA has had with local DoD facilities. We also have plans to collaborate with VBA and provide them a building to use at American Lake.
- American Lake is proud to serve veterans with special disabilities through its Blind Rehab program (a VISN20 asset) as well as its PTSD program. We also serve the long-term care needs of our aged veteran population through our Nursing Home Care Unit, Dementia Special Care Unit, and the GRECC. American Lake was also chosen for the Assisted Living Pilot Program that is now being adopted at other VA facilities.

Points of Interest-General:

- Closing VA facilities that can be refurbished to meet the long and ongoing care needs of the growing, large population of elderly veterans wastes precious dollars that should be used for veterans.
- American Lake has more available assets than not if you consider its location, assets, and potential.
- 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 and operational risks depletion of the veterans' system's capacities.

In conclusion, CARES is not about moving facilities and capacity to locations where the veterans are. We are where the veterans are!\* It is about closing down facilities and reducing capacity so that the veterans' care can be privatized and veterans will no longer have access to specialized, veterans-only facilities and care. Privatization will cost more and veterans will get less—lower quality, less continuity, less specialized care, less commitment and less recognition. Thousands of veterans will lose their jobs. Taxpayers will lose. Federal employees who have devoted their lives to the care of veterans and the promotion of their interests will lose. But private nursing home operators will win big.

\* Please see attached population demographics for American Lake Division

Keith L. Himel  
President  
AFGE Local 498

**Veteran Population Demographics for FY 2002  
American Lake Division**

Total number of veterans using the American Lake campus in FY 2022 – **24,996**.  
**24,842** veterans came to American Lake from every state in the union and includes veterans from American Samoa (3), Canada (1), Philippines (6) and Puerto Rico (4).  
**154** Veterans had not state or county identified in their patient files.

94% of veterans coming from Washington  
1% from Oregon  
1% from Arizona  
1% from California

Total **WASHINGTON** Veterans using American Lake campus in FY 2002 – **23,422**.

**By County:**

Veterans come to American Lake from every county in Washington.

59% Pierce	(13,745) *
14% Thurston	( 3,280) *
7% King	( 1,717)
4% Kitsap	( 1,038)
4% Grays Harbor	( 936) *
4% Lewis	( 868) *
3% Mason	( 676) *

- ❖ Annotates the five counties that are part of the American Lake catchment area. They total 83% of the veteran population coming to American Lake for their health care needs.

**By Service Connection:**

68% of veterans coming to American Lake have a Service Connected Disability.

32% are Service Connected 50% or greater  
36% are Service Connected less than 50%  
28% are Not Service Connected  
2% are NCS, VA Pension  
1% are Aid & Attendance

**By Gender**

91% Male  
9% Female

**By Age**

Age spread is from 20-107 years of age. Median age is 56 years old with 889 veterans.  
500 veterans are 85 years or older.

19%	4400	Age 20-44
48%	11177	Age 45-65
33%	7845	Age 65 Plus (6% of these are 85 plus)

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**Testimony – CARES Commission**

My name is Glen Pederson. I am President of AFGE Local 1042, Roseburg, Oregon. I represent approximately 550 bargaining unit members.

I am of the understanding that the criteria for Long Term Care and Domiciliaries had not yet been developed. Therefore as stakeholders, we did not address these issues.

I believe the drastic changes made by the Commission do not reflect stakeholder input or application of objective criteria, thus limiting Veterans Care. Our VISNs plan was vastly different.

General concern is that the recommendations fail to take account of the fact that the population of elderly veterans will grow by 500,000 over the next 7 years, and the number of very elderly veterans (age 85-plus) will triple to over 1.3 million for at least the next 20 years.

The implication of the CARES plan is that none of these veterans will receive long term care at VA facilities. Rather, their care will be privatized and they will not have the benefit of specialized, Veterans' – only facilities. Providing Veterans care at Veterans' facilities was a SOLEMN PROMISE that we should not break.

Privatization of veterans' long-term care, either for those with dementia or psychiatric problems, is neither cost-effective nor 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 means the destruction of numerous good jobs held overwhelmingly by veterans, which will increase the number of indigent veterans needing care and housing. Jobs at veterans' facilities are some of the best jobs in any community – they have good pensions, health insurance, regular salary adjustments, training and career development potential. Workforce is diverse. Commitment to veterans is a top motivator of this workforce. The same will not be true in private facilities where veterans will be a minority and no one will consider their special problems and/or needs.

Service to the veterans should not be diminished as well as employee levels maintained.

**TO DO FOR ALL THAT WHICH NO ONE CAN DO ALONE**

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**Our Concerns with the Draft National CARES Plan are:**

**A. The Draft National CARES Plan fails to plan to meet the increasing demand for long-term care services in 2012 or 2022.**

CARES is supposedly data driven but the CARES plans exclude data on what the Under Secretary for Health, Dr. Robert Roswell, has testified is "one of the major driving forces in the design of the VA health care system." The Draft National CARES Plan fails to address the expected demand for veterans' long term and extended care needs. The Commission must be urged to correct this glaring defect in the objectivity and sufficiency of the National CARES Plan. How can the Commission confidentially recommend that the proposed Draft National CARES Plan meets the demand for veterans health care services over the next 20 years if it does not fully address the long term and extended care needs of elderly veterans?

1. The data for the next 20 years is clear – the VA needs additional capacity to provide the expected long term care needs of veterans.

VA readily acknowledges that the number of veteran's age 75 and older will increase from 4 million to 4.5 million by 2010. The VA and the General Accounting Office (GAO) estimate that veteran's population most in need of nursing home care, veterans 85 years old or older, is expected to triple to over 1.3 million by 2012 and remain at that level through 2023. Veterans age 85 or older are especially likely to require either institutional long-term care or other types of home-based geriatric services as well as health care services of all types.

2. VA's own projections are that it will need more than 17,000 beds to meet the statutory requirements for veterans' long term and extended care entitlements.

The rapid rise of elderly veterans will mean VA must plan to have the capital assets to provide them with needed long term and extended care services. According to the VA's FY03 VA Enrollee Health Care Projection Model, the average daily census of nursing home beds is expected to increase by 17, 357 beds from FY 2001 to FY 2022. This projected is based upon a majority of Priority 1a enrollees turning to the VA for the long-term care benefits they are entitled to under the Veterans' Millennium Health Care Act. **The Draft National CARES Plan fails to address VA's need for more than 17,000 additional nursing home care and extended care beds.**

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3. The CARES Commission must ensure that the Draft National CARES Plan enhances veterans' access to long term care and extended care.

The CARES Commission review of the Draft National CARES Plan is guided by basic questions: Is it good for veterans? Does it contribute to improved health care delivery? Will it effect a practical result? Does it safeguard the taxpayers' interest?

Clearly it is bad for veterans for the VA to plan to reduce beds and close facilities when the plan does not take into account the single largest factor that will shape veterans health care in the next two decades. The Under Secretary for Health's Draft National CARES Plan is not good for veterans because it proposes closing facilities based upon projected enrollment demand that excludes projections for long term care demand. The current Draft National CARES Plan is not good for the delivery of health care to veterans if the VA does not plan for space to provide adult day health care or respite care. According to recent GAO testimony, more than half of VA's facilities do not offer four of the required non-institutional long term care services – adult day health care, respite care, home-based primary, and geriatric evaluation – at all or only offer such services in parts of the geographic areas they serve.

The practical effect of not including long term and extended care space and bed projections in the Draft National CARES Plan is that the VA will not be adequately positioned to provide veterans with the full continuum of care they need as elderly and frail war heroes. Rather than planning for the in-house capacity necessary to meet the rising demand for long term and extended care, the VA will either deny veterans such care or be forced to rely on the private contractors. By leaving no option but to privatize veterans' long term and extended care the VA eliminates any leverage to save the taxpayer money.

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**B. The Draft National CARES Plan fails to plan to meet the space and bed needs to provide veterans with inpatient and outpatient psychiatric care.**

While the VA claims that its plan is data driven the Draft National CARES Plan states that its mental health outpatient and inpatient psychiatry projections are "undergoing revision" and "should be available for next year's strategic planning cycle." Nonetheless the Draft National CARES Plan proposes numerous realignments and reductions in beds that directly impact on the VA's ability to provide veterans with serious mental illness with continuum of health care they need.

Despite the absence of CARES data projecting inpatient and outpatient psychiatric demand, and the clear recognition that VA is not meeting veterans demand currently, the VA has proposed a Draft National CARES Plan that does not adequately ensure that the VA will have the beds and space needed to care for seriously mentally ill and homeless veterans.

**C. The closures proposed in the Draft National Cares Plans are not based upon decreasing numbers of veterans but lack of in-house capacity to meet the rising demand.**

In many instances where VA is closing or downsizing facilities, patient workload is actually projected to increase.

In reading the Department of Veterans Affairs Strategic Plan for 2003 – 2008 it states 5 goals. They are:

1. **Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.**
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I can only hope that these goals are real and have an honest purpose. The VA can always improve in the way it delivers service. My continued fear is that changes are made for political agendas and not based upon the care and well being of the veterans and the staff who serve them.

Closing Statement:

I, like my colleagues and Bill Hainsey, President, AFGE Local 2583, believe 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, veterans' 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 lose 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.

Thank you for the opportunity to address the Commission.

GLEN PEDERSON  
President, AFGE Local 1042

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