

Panel #5 - Amelia Wheeler

American Federation of Government Employees

Dallas VAMC Local 2437

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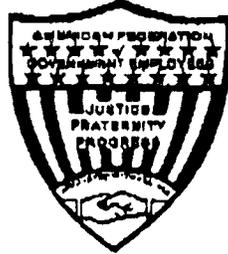
Brenda Hall
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Gwendolyn Morris
Recording Secretary

Emma Sneed
Secretary/Treasurer

Linda Gibson
Labor Relations Officer



Wednesday, October 01, 2003

Sub: Testimony for CARES

Mr. Chairman and Members of the Commission

I am Amelia Wheeler, LVN, Steward for AFGE Local 2437. I work the Ambulatory Care area at the Dallas Campus of the North Texas VA Health Care System.

Since 1991, we have had an increase of approximately 50% in our patient load and we anticipate future increase. The veteran population is aging and as veterans retire many are losing medication benefits and seeking to use the VA to avoid the high price of medication. Recent census data shows Texas to be dead last among the states in health insurance coverage. Uninsured veterans, including veterans that lost their insurance in the recent economic downturn, are turning to the VA for help.

As the number of veterans enrolling with the VA has been increasing, our workload, especially in Ambulatory Care, has been increased by Congressional mandates. We now provide services mandated by Legislation enacted to promote expansion and improvement of clinical research and preventative health education activities of the VA. Statistical methods have determined 22 additional minutes of time per veteran's visit are required to comply with these mandates.

The increased numbers and increased workload per veteran has resulted in our beautiful new Clinical Addition being utilized to capacity and beyond. Staff members are complaining of excessive workloads. We are being told that we will be expected to pick up some of the workload now being seen by other VA's in the area facing closure. We simply do not have the space, the staff or the budget to handle this increase.

As a matter of principal, we are opposed to any closure of VA facilities that would result in loss of veteran's services and of well paying federal jobs. However, if you determine that closure of VA facilities is in the best interest of America's veterans, we urge you to delay any closures until Dallas's budget can be increased, until facilities can be rented or constructed and until adequate additional staff can be hired to care for the increased workload. This increase in workload represents veterans, men and women that were willing to risk their lives » their country, men and women that deserve a VA able to meet their needs without long delays or waits, men and women gave their best for American and who deserve the best America can give. We urge you not to

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forget the veteran in discussions of utilizations rates and cost savings, we urge you not to forget the men and women who man VA's to be realigned, we urge you not to forget the communities where these VA's are located. Do not doom these communities to economic down turn from loss of jobs. We urge you to remember the veterans who use the facilities to be realigned, do not doom them to long drives, long waits and reduced service in over-crowded facilities because you recommend closing before constructing.

That concludes my planned remarks, I would be happy to answer any question the commission might have.

Thank you

Amelia Wheeler
Local 2437

Printed
#5

**Statement of
Fredna S. White, President
American Federation of Government Employees (AFL-CIO)
Local 1822
VA Medical Center, Waco, Texas**

**Before The Department of Veterans Affairs
Capital Asset Realignment For Enhanced Services (CARES)
Commission**

**Waco Hearing
October 3, 2003**

My name is Fredna S. White, President of the American Federation of Government Employees (AFL-CIO) Local 1822, representing approximately 680 employees employed at the Department of Veterans Affairs Medical Center located in Waco, Texas; which is a part of the Central Texas Veterans Health Care System, headquartered in Temple, Texas. I am also President of the AFGE Tenth District VA Council of local unions in VA facilities in Texas, Louisiana and Mississippi. My government career began in 1971 at the Temple facility. After 3 years there, I transferred to the Waco VA and retired in 1997 after approximately 27 years as a VA employee.

The Waco facility is an Acute and Geri-Psychiatric facility that serves a very unique type of veteran that requires the skills and expertise that our employees possess. Last year we served approximately 17,000 plus veterans and could have served many more if given the budget and staff as we do have the necessary facilities and capacities to do so. We have a Blind Rehabilitation Unit, Post-Traumatic Stress Unit and a bed capacity currently, of approximately 250 and that's due primarily to budgetary constraints.

- AFGE's over-arching 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 is a SOLEMN PROMISE that was made to Veterans!
- 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' care. Closing the Waco facility would definitely be a waste of taxpayer's dollars because there has been approximately \$85 million dollars spent in renovation, asbestos abatement and refurbishing of this National Historic Site facility.

- 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. It is much more cost-effective to fully utilize this existing facility here at Waco and expand on the services provided to our veterans.
- The CARES plan means the destruction of approximately 800 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 this 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.
- 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. Private nursing homes are notorious for under-staffing and failing to provide any continuity of care since turnover is very high and morale very low. The constant pressure for profits in the industry makes patient care a low priority---making money is the highest priority. This is not the standard of care our veterans deserve.
- If given the budget and staff, the Waco facility could be modified to provide much more long term care, nursing home care, adult day care, respite care, expand our Post-Traumatic Stress Unit, the Blind Rehabilitation Unit and Acute Psychiatric Unit. We wouldn't have a need to send our patients to Scott and White Hospital and Providence Health Care facility because we don't have a bed available to admit and treat our veterans.
- Psychiatric Care seems to be the forgotten as our inpatient beds have been and are being reduced. The psychiatric care of our veterans is already being reduced and access to care is already being denied due to lack of in-house capacity. The expansion of the Waco facility, e.g., additional beds and space, is what is needed to establish and maintain the full continuity of care for psychiatric care and long term care for our veterans. If given the opportunity, we CAN and Will become and continue to be the Center of Excellence for Psychiatric and Long-Term Care for our veterans!

In conclusion, the privatization and the displacement of our veterans here in the Waco area will cost more and veterans will get 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!

Parcel # 35

TESTIMONY BY
MARY GIBSON
NATIONAL ALLIANCE FOR THE MENTALLY ILL
VETERANS COMMITTEE
VICE-CHAIRPERSON
AND VISN 17 COORIDNATOR
FOR
THE CARES COMMISSION
ON
OCTOBER 3, 2003

Contents of Mary Gibson's Testimony:

- 1. Testimony by Mary Gibson, NAMI Veterans Vice Chair and VISN 17 Coordinator**
- 2. Copy of letter sent to Secretary Principi**
- 3. Letter to President Bush**
- 4. Statement of Moe Armstrong**
- 5. Fact Sheet 4**
- 6. NAMI Fact Sheets-3**
- 7. Commission Report to the President**
- 8. Attachment 4**
- 9. Mentally Ill Will Suffer Most and Faces of the VA-Waco Trib**

**Testimony to the Cares Commission
Regarding Proposed Closure of
the Waco Veterans Affairs Psychiatric Hospital
October 3, 2003
Waco, Texas**

I am Mary Gibson, vice-chair of the National Alliance for the Mentally Ill (NAMI) Veterans Committee. My husband is a veteran with a very serious mental illness and receives services at the Waco Psychiatric Hospital. This testimony has been very difficult for me to write. I am not a person who cries easily but every time I have sat at my computer to write I have cried. I so want to say the words that would help you see how important this hospital is to so many patients.

NAMI is the nation's voice for the mentally ill so I am here to be the voice of the Waco veterans with serious mental illnesses. I have had opportunity to visit with some of the veterans that receive services in Waco. These men and women cannot stand here and tell their story but they asked me to do it for them. It is with deep humility that I in turn tell these stories to you. I have not added any of my own thoughts but just sat and wrote what they said. As you hear their stories try to put faces in your minds and realize that they are reaching out to you as well as they can.

All said that it would be a hardship on them if they were forced to go to Temple:

1. One reason was that they couldn't drive that far with their disability,
2. Several were unable to drive on a very busy interstate highway.
3. Another statement that rang true for each one was that this is a family made up of all the other patients, the doctors, nurses, and other staff and they have lost so much in their lives since they served in the service and just feel

- that they can not go on if the hospital is closed. The employees here treat them with dignity and respect even now with all the uncertain future that they face.
4. A 78-year-old World War II veteran has just now sought help; living since 1945 with bad dreams, stress filled days because he couldn't take time to get help. He had a family to feed. Recently his world came crashing down around him and he wanted to commit suicide. His family got him here for help. "I have been treated so well here. Everyone is so caring and I have advanced so much. I don't think I could handle a move-it would set me back so much. I am afraid everything done will be undone." He also told me that he thinks it is a preplanned deal because patients have been taken away and hidden so they can say the hospital has not been used enough.
 5. One veteran has been coming here since April 1974 and feels safe here. "I have seen staff with tears in their eyes as they work with me and if that isn't family I don't know what family is. The other patients mean so much to me and I try to help them in any way I can. To take this place away from us is Un-American because I know right now if asked to I would go back and give to this nation as I did before".
 6. One man came from Buffalo, New York because the VA there told him this is the best place to receive the best care in the country. To go to Temple would be an unhappy time since there is no place outside that is so peaceful as it is here.
 7. I will end with this message from a woman that I felt a close bond with because we grew up in the same area of Texas. She had been at the Dallas VA Hospital. But it wasn't very good. On a scale from 1 to 10 it ranked a 2. On this same scale Waco would be a 10+.

What plans and goals have the VA made for people with mental illness? Unfortunately, very little it appears. Has the VA been compliant with the mandate of the capacity law? A law about allocating appropriate resources to meet an explicit statutory requirement is being ignored. The failure to allocate the necessary resources or even budget for people with serious

mental illness is indefensible. The law requires nothing less than that VA expand substantially the number and scope of specialized mental health and substance abuse programs as to afford veterans real access to needed specialized care and services. This is another very serious reason to keep the Waco Hospital open.

The Undersecretary for Health Robert Roswell said in answer to a question raised at the American Legion Convention in St. Louis August 23, "we do not have enough information to address the long-term care of psychiatric patients. There is no policy".

NAMI questions how can all these plans to close psychiatric hospitals be done at a time when no long-range plan is in place? NAMI Veterans Committee Chair June Judge told Mr. Roswell that those MHICMs were not being funded to the extent they are needed. She emphasized that the veterans may look okay but still have the need for support due to cognitive impairments, which often accompany illness such as schizophrenia. She stressed the point of rehabilitation and recovery (not cure) but being able to live a life with dignity. Mr. Roswell answered by saying they are working on it.

I ask you how can these forced closures of VA psychiatric hospitals be even considered when a plan is not in place? Time does not have to be so short. Let the studies, research, patient needs as well as community needs be evaluated fully before ANY one request closure of even one hospital.

The veteran's independent budget for 2002 clearly stated that decisions related to the provision of specialized medical care must be based on the health-care needs of individual, not cost. In the President's New Freedom Commission on Mental Illness report states that there is failure to make mental health a national priority.

Thank you for allowing me to bring you this testimony. I request that this committee study it and realize how very important the Waco facility is and how needs are being met here that cannot be duplicated in Temple.

**Respectfully Submitted by
Mary Gibson, NAMI Veterans Committee
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