

# AFGE News

# VA EMPLOYEES

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Out of Many/One Union  
AFGE NVAC/AFL-CIO

## AFGE Successfully Wards off Repeal of Ban on Outsourcing

For two years in a row, the American Federation of Government Employees (AFGE) has been able to stop the Bush administration and some lawmakers' efforts to lift the spending ban on outsourcing studies at the Veterans Health Administration (VHA).

During the final days of the last Congress, AFGE was able to rally support of lawmakers to stop any attempt to throw in a provision in the VA authorization bill that would have lifted the ban on outsourcing studies where private contractors compete with federal employees for federal jobs.

VHA is not allowed to conduct outsourcing studies without separate funding from Congress because health care dollars should be used only to care for veterans.

AFGE argues that these job competitions fail to produce savings while jobs targeted for outsourcing are mostly held by disabled veterans, women, and minorities. VA is also not good at tracking the costs of these outsourcing studies, according to a report by the Government Accountability Office (GAO). AFGE will continue to work with lawmakers to make sure that scarce health care dollars are not diverted to fund wasteful and expensive outsourcing studies.

## VA Gets \$3.6 Billion More in 2007

At the urging of AFGE, Congress in February passed a joint resolution providing \$3.6 billion

more for VA medical accounts in fiscal 2007.

Because the last Congress failed to pass nine of the 11 fiscal 2007 spending bills including VA's, the agency from October until mid-February had to operate under a so-called Continuing Resolution (CR) where it was funded at the fiscal 2006 level, which was \$28.7 billion for veterans' health care. The amount was nowhere near enough to provide quality care and services to the growing number of veterans coming home from Iraq and Afghanistan.

The \$3.6 billion additional funding was needed and approved by the House and the Senate on Jan. 31 and Feb. 14 respectively. President Bush signed it into law on Feb. 15.

AFGE had been fighting for more money for VA's 2007 budget. We talked to lawmakers and in November last year, Marilyn Park, AFGE legislative representative, was a guest on a radio show, America's Workforce, where she discussed funding problems at VA and how they hurt veterans and VA employees. AFGE supports a proposal to transform veterans' health care from a discretionary program to a mandatory program to ensure adequate funding. Sen. Daniel Akaka, D-Hawaii, chairman of the Senate VA committee, has plans to hold hearings on the issue some time in the future.

## AFGE Lays out VA Legislative Priorities

AFGE has laid out its 2007 legislative priorities aimed at ensuring adequate resources for VA employees and quality health care services for veterans. The union is working with the new Congress in several areas, including:



**Budget:** VA's funding process is broken. Every year, VA's ability to hire and provide timely services to veterans depends on how well it competes for funding. GAO in September last year found that VA's budget estimates were based on unrealistic assumptions, errors, and insufficient outdated data. That's why VA had a \$3 billion shortfall in veterans' health care in 2005 and 2006 while the wait list for new veterans' health care appointments doubled in a year. At the Veterans Benefits Administration (VBA), the disability and pension claims workload has shot up 57 percent since 2000 while the number of veterans claiming multiple disabilities has doubled in five years. The problem is getting worse now that more veterans are coming home from Iraq and Afghanistan. In 2008, nearly 263,000 returning military members from the war will receive medical care from VA. To ensure quality services for our country's veterans, AFGE supports a proposal that would transform veterans' healthcare from a discretionary program to a mandatory program.

**Bargaining rights:** Under a 1991 law, we are not allowed to bargain over pay, direct patient care and clinical competence. The law, 38 USC 7422, gives the Under Secretary of Health sole authority to determine what can and can't be bargained over. This poses a big problem especially when it comes to patient safety. VA, for example, refuses to bargain over nurse reassignment. It also requires doctors to work long hours despite safety consequences. We need to enact legislation to narrow the scope of 7422. Rep. Bob Filner, D-Calif., chairman of the House Committee on Veterans Affairs has responded to AFGE and is making the issue a priority this year.

**Job competitions:** AFGE has been successful for a number of years in keeping a ban on using medical dollars for outsourcing studies of jobs at VHA. AFGE will continue to pursue legislation that will force the agency to focus on bringing contracted work back in-house by allowing federal employees to compete for the work that has been outsourced.

**Business Process Reengineering (BPR):** VA is implementing BPR, a plan to reorganize and consolidate 14 functions involving 36,000 positions. A BPR pilot project is being carried out on nearly 10,000 laundry and food service positions across the country. AFGE is working with lawmakers to make sure that BPR doesn't result in illegal contracting

out.

**Safety standards:** VA needs better safety standards. All VA hospitals, for example, should have patient lifting equipments to prevent injuries to nurses and patients. AFGE will work with the new Congress to enact workplace safety standards for doctors and nurses.

**Training:** VBA lacks training standards that can be applied to VBA offices across the country. The current centralized training programs are much more like guidance than a national training plan, resulting in incomplete training and tremendous variations in quality among regional offices. AFGE National Secretary-Treasurer David Cox testified before Congress last year on the issue and AFGE will continue to push for better training programs.

**Nurse and doctor pay:** Even though VA has suffered from recruitment and retention problems, VA nurses don't always get locality pay increases because managers rarely conduct locality pay surveys to make sure VA nurses' pay keeps up with that in the private sector. And even when surveys are conducted, front-line nurse pay is often increased at a much slower rate than supervisory nurse pay. Nurses are not the only ones facing locality pay problems. AFGE-recommended doctors and dentists were not selected to sit on the panels that set market pay for each locality. As expected, the market pay recommendations for doctors and dentists vary widely, providing no increase for many. VA also refused to share the surveys it used to set the market pay. AFGE has filed a national grievance requesting new compensation panels and readjustment of market pay.

**Saturday Premium Pay:** VA refuses to provide Saturday Premium Pay to all VHA workers working on Saturdays as it narrowly interprets the definition of the terms "direct patient-care services" and "services incident to direct patient-care services" as stated in a 2003 law. It came up with only 22 occupations, leaving more than 800 others ineligible. AFGE filed a grievance and the arbitrator sided with us, forcing VA to come up with a new list. But in 2005, VA came up with only 10 more occupations. We filed a protest and expect to hear from the arbitrator in March. AFGE believes all VHA workers who work on Saturdays should be eligible for Saturday Premium Pay.