



Memorandum

Local 2280
American Federation of Government
Employees
Affiliated with the A.F.L.-C.I.O
V.A.Medical Center - Iron Mountain, MI
49801

**STATEMENT FOR THE RECORD BY
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OSCAR G. JOHNSON VA MEDICAL CENTER
IRON MOUNTAIN, MICHIGIAN
THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO
BEFORE THE HEALTH SUBCOMMITTEE OF THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES**

**REALIZING QUALITY RURAL CARE THROUGH APPROPRIATE STAFFING AND
IMPROVED CHOICE**

SEPTEMBER 1, 2015

Chairman Benishek, Ranking Member Brownley and Members of the Subcommittee:

Thank you for the opportunity to provide a statement on behalf of Local 2280 of the American Federation of Government Employees, AFL-CIO and its National Veterans Affairs Council (AFGE).

AFGE represents over 220,000 employees of the Department of Veterans Affairs (VA). AFGE Local 2280 represents all the health care professionals and support personnel at the Oscar G. Johnson VA Medical Center, including the Sault Ste. Marie CBOC, other outpatient facilities and our community living center.

I have served as Local President of Local 2280 for almost 30 years and I have worked at the Iron Mountain VA since 1984. As a Vietnam-era combat veteran, I also receive health care services from the VA.

At our facility, management practices have adversely impacted staffing levels, recruitment and retention of health care personnel, and most important, the ability of veterans in this very rural area to access quality, timely care.

My statement focuses on the following problem areas:

- Cuts in critical health care services;
- Hostile and unreasonable work environment;
- Adverse impact of “firing” bills on recruitment, retention and accountability.
- Cumbersome hiring processes

CUTS IN CRITICAL SERVICES

Over the past year, management at Oscar G. Johnson VA Medical Center has downgraded its emergency room (ER) into an urgent care facility so it no longer provides 24-hour emergency care. As a result, the facility is unable to accept ambulances, veterans with chest pains or veterans presenting other acute conditions. Management also recently closed our intensive care unit (ICU); we are now unable to perform general surgeries or intubate patients. If a patient codes, he or she must be sent to a very small community hospital or to a full capacity VA facility that is over 100 miles away in Green Bay.

Millions of taxpayer dollars were spent to build a state of the art surgery suite in 2014. As soon as the doors opened earlier this year, management lowered the complexity of our surgery program to a basic ambulatory standard of care, requiring

veterans to travel great distances to other VA medical centers for all general surgeries and emergency surgeries. This brand new surgical suite is now being used only for “lumps and bumps” surgery that could just as easily be performed on an outpatient basis.

Just prior to the opening of the new surgical suite, we were finally able to recruit and competitively pay an anesthesiologist to come to Iron Mountain. As a result of these cutbacks, the VA has had to pay for him to receive additional credentials in acupuncture in order to supervise our pain clinic instead.

These cutbacks in essential medical services are life threatening to veterans with serious medical conditions. They also put veterans at risk by devastating the medical center’s ability to recruit and retain surgeons, hospitalists and other clinicians who will no longer be able to maintain their skills and credentials if they stay at Iron Mountain.

Iron Mountain’s cutbacks are very drastic but not unique. A spring 2015 AFGE survey of our locals at VA medical centers found that 62% of respondents reported similar cutbacks at their facilities, especially closings of ERs, ICUs and inpatient beds.

HOSTILE AND UNREASONABLE WORK ENVIRONMENT

A number of providers have already left Iron Mountain for positions in the private sector due to our facility’s toxic workplace and difficult working conditions. Because of increased turnover rates, many veterans at Iron Mountain never see the same doctor twice for clinic care. Chronic turnover is also significantly undermining the effectiveness of our PACT teams; many PACT team clinicians are being reassigned to fill vacancies

in the CBOCs. We recently lost three highly qualified physicians (two emergency doctors and a long time hospitalist.)

The dedicated health care personnel represented by Local 2280 are very concerned that the closing of our ICU and downgrading of our Emergency Department and surgical unit are seriously impacting the services to veterans who reside throughout the rural areas of the Upper Peninsula, Northern Lower Peninsula, and North Eastern Wisconsin.

Attrition is also worsening because of management's overreach into providers' clinical decisions and because of their use of sham peer reviews and other performance evaluations to intimidate and harass providers. False allegations of poor performance can irreparably damage a VA provider's future employment opportunities both within and outside the VA.

Varying panel sizes and double booking (in direct violation of VA policy) have forced Iron Mountain providers to work long extended hours on a regular basis without additional pay or time off. Initially, our physicians were promised an hour of administrative time every day to enable them to promptly respond to hundreds of daily computer alerts, review lab results and follow up on care provided by other VA and non-VA providers. However, due to constant overbooking by management, providers were not actually able to use these one-hour daily slots to handle their other major responsibilities. Management's quick fix was to block off four hours one day a week instead, but even that limited set aside time continues to be swallowed up by enormous panel sizes, walk-ins and unassigned patients.

ADVERSE IMPACT OF “FIRING” BILLS ON RECRUITMENT, RETENTION AND ACCOUNTABILITY

The counterproductive and fear-driven work environment at Iron Mountain is deteriorating further in the face of legislative proposals such as H.R.1994 that assault basic workplace rights. At-will employment is simply not an accountability tool. Taking away our physicians' rights to defend their professional reputation and positions prior to termination is not a path to accountability either. We must ask ourselves: How many VA health care professionals will come forward to Congress or will even want to work at the VA if they know they can be fired on the spot or falsely accused of poor patient care without recourse?

That is why AFGE Local 2280 urges lawmakers to support the true accountability fixes in H.R. 2999. This bill preserves due process – which is critical for protecting the front line employees who are the VA's most valuable watchdog against mismanagement -- while addressing workplace safety, improper management-contractor relationships and abuse of paid administrative leave. If we truly want bureaucrats out of the examining room and the operating room, we cannot give VA managers more power to interfere with patient care through whistleblower retaliation, anti-veteran animus, nepotism, politics and other prohibited personnel practices.

To further increase accountability and the voice of the front-line provider, AFGE Local 2280 urges passage of H.R. 2193 to restore equal collective bargaining rights to the “full Title 38” VA providers -- VA physicians, dentists, registered nurses, physician assistants, optometrists, chiropractors and podiatrists -- who have been unfairly singled out and silenced by current VA Title 38 policy. It hurts VA accountability and recruitment to deny a VA physician the basic bargaining rights afforded to a DOD physician or to

every Hybrid Title 38 VA health care employee. This unfair VA practice is another example of nonmedical personnel (managers and human resources) interfering with clinical decisions.

Finally, to improve recruitment and retention, AFGE Local 2280 urges reintroduction of legislation to make sure every veteran working as a VA Title 38 health care professional has equal veterans' preference rights. An unintended loophole in the Veterans Employment Opportunities Act allows VA hiring officials to pass over veterans with preference points to hire non-veterans for Title 38 health care positions. Former combat medics and corpsmen will not want to bring their valuable experience to the VA instead of DOD or the private sector if they cannot enforce their veterans' preference rights at the VA.

CUMBERSOME HIRING PROCESSES

I would like to close by focusing on hiring instead of firing. The providers represented by AFGE offer the following suggestions for strengthening the VA health care workforce and we urge the Subcommittee to conduct VA provider roundtables on Capitol Hill and in the field to further explore these and other reforms to the hiring process:

- Establish a more formal and permanent applicant pool that can be quickly accessed when vacancies occur (and even earlier when providers give notice that they are leaving).
- Shorten the credentialing process by requiring less information and reducing duplication by reducing requests for older information already collected by state medical boards.
- Eliminate the requirement that VA providers transferring within the VA health care system repeat the full credentialing process.

- Conduct oversight to curb “bait and switch” practices by human resources personnel who fail to deliver on promises made to new hires. Health care professionals regularly share this type of information with colleagues who are considering VA employment.
- Conduct oversight to ensure that job openings are always posted and posted in a timely manner (e.g. 48 hours). This will greatly assist in recruitment and also curb “off the grid” hiring that bypasses job postings and has resulted in a growing problem of cronyism where hiring and promotion is based on who you know rather than skills and experience.

I want to thank the Subcommittee for the opportunity to share AFGE Local 2280’s views on these critical issues. Over the past 30 years, I have personally witnessed the transformation of the VA health care system into a national leader in patient care, research and training and the nation’s most exemplary provider of veteran-centric medical and behavioral health care.

I am extremely proud of the care that our employees deliver and that I personally receive at the Iron Mountain VA. We should not let the rhetoric of privatizers and opponents of employee rights obscure the truth that this is a health care system very much worth saving and fixing and that veterans consistently prefer to receive their care inside the VA. But we must stop starving Iron Mountain and other medical centers of the very clinicians who consistently receive high marks from veterans. The critical ingredients for improved access to rural health care for Oscar G. Johnson Medical Center veterans are a professional, supportive work environment, an end to politically driven assaults on due process and the restoration of critical surgical, ER and ICU services. Thank you.

Benjamin F. Balkum