

YEAR OF THE VETERAN



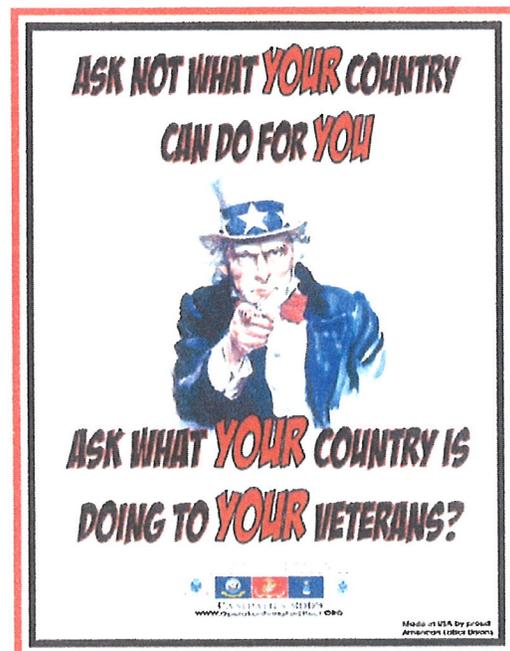
2008
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Operation Firing For Effect (OFFE) is a bi-partisan Veterans Advocacy group, and subsidiary of Veterans For Veteran Connection, Inc., a 501(c)19 non-profit corporation devoted to the protection and improvement of entitlements and services earned by our men and women in uniform.

OFFE does not endorse political candidates running for office. OFFE does report on issues of importance to our former military personnel and their families and that includes 'News' from both sides of the aisle. OFFE will grant equal time to any candidate (regardless of political affiliation) who wishes to share and explain their position(s) on 'Veterans' Affairs'

"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceived veterans of earlier wars were treated and appreciated by our nation." George Washington

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RESOLUTION

Mandatory Funding for Veterans' Healthcare Services

(Including Dental and Mental Health)

Sponsored by

Whereas, the Department of Veterans Affairs (DVA) mission and motto is, "to care for him who has borne the battle, and for his widow and orphan"; and

Whereas, President George Washington stated, "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportionate to how they perceive the veterans of earlier wars were treated and appreciated by their country"; and

Whereas, whenever the United States military has ever been called upon to send forces into harms way, including sons and daughters of our great County of _____, in the State of _____, they have proudly answered the call; and

Whereas, we, as citizens of the United States of America, have promised our troops through recruiters and recruiting brochures comprehensive quality accessible healthcare

for those eligible veterans honorably discharged from The United States military past, present and future; and

Whereas, the legislative bodies of our government at all levels have recognized the importance of supporting those who serve our great country, legislation itself has fallen short of meeting the healthcare needs of our veterans. The current discretionary funding mechanisms for veterans healthcare is beset by numerous flaws preventing many veterans from receiving the quality healthcare they earned and deserve; and

Whereas, on March 16, 2006, the United States Senate voted down mandatory funding for veterans' healthcare services (Ref: Stabenow Amendment No. 3141), which would have insured mandatory funding for our veterans' healthcare needs (YEA 46 / NAY 54); and

Whereas, a Government Accountability Office (GAO) report in 2005 highlighted the lack of resources experienced by the Veterans Administration and its understaffed workforce as they attempt to process an increasing backlog of our veterans claims; and

Whereas, former Department of Veterans Affairs Secretary Anthony Principi has publicly stated the Department of Veterans Affairs has been struggling to provide promised healthcare services to the rapidly rising number of veterans requiring healthcare services;

Therefore be it resolved, as proud citizens of this great nation we fully support mandated full funding for veterans' healthcare services; and

Therefore be it further resolved, the United States House of Representatives and the United States Senate move to ensure that these healthcare obligations to our veterans be recognized and legislation be introduced and passed for signing by the President of the United States of America to guarantee full mandatory funding of veterans' healthcare services; and

Therefore be it further resolved, that a suitable copy of this resolution be prepared and presented to the President of the United States, members of the United States Congress and members of the United States Senate.

Signature: _____ **Title:** _____

Organization/Company: _____ **Date:** _____

(Please include this footnote on all copies! This Resolution was authored on (11/11/06) by Operation Firing for Effect, (OFFE). You are encouraged to duplicate and distribute this document to all interested parties and elected officials. Send all notarized copies of this Resolution to; OFFE, P.O. Box 77303, Rochester, NY 14617. Operation Firing For Effect is a bi-partisan veterans advocacy group and subsidiary of Veterans For Veteran Connection, Inc., which is a registered 501-(c)19 cooperation devoted to the improvement and protection of entitlements and services earned by our men and women in uniform. Direct all questions to OFFE National Chairman, Gene Simes, (315)986-7322 - WWW.OFFE2008.ORG.)

MEDIA RELEASE

Who Got the Most Votes in Illinois on February 5th?

Chicago—Mandatory Full Funding for VA Healthcare for all veterans, that's who! Over 1 million voters within 23 Counties in Illinois voted for the referendum that appeared on their ballots to produce an overwhelming victory! The current unofficial totals show that 1,137,735, or 93.6 percent of voters said, "Yes, we want our government to properly fund healthcare for all veterans!"

The referendum tells the United States Congress that the voters of Illinois want and expect the U.S. to properly fund healthcare for all veterans—particularly ensuring benefits for those returning from Iraq and Afghanistan. It is time to carry this powerful message to Congress and for our Congressional representatives to hear this powerful voice. The Coalition of Veterans Organizations (CVO) will ensure that all members of the Illinois Congressional Delegation and the members of both the Senate and House Veterans Affairs Committees know the voters of Illinois have spoken.

We want to thank LT Governor Quinn for his commitment to veterans and their families and to Congressional leaders who have put forth bills in the spirit of Mandatory Full Funding of VA Healthcare. We appreciate all they have done. CVO will support legislation that calls for opening the VA to all veterans regardless of their branch of service or their family income levels. We will support legislation that eliminates the categorization of veterans which is currently being used to exclude veterans from enrolling in the VA healthcare system. We will not support legislation that forces veterans to pay for VA health care. Veterans seek legislation that will decisively take VA healthcare funding out of the annual legislative debate over discretionary funding and make it mandatory and unequivocal. We seek VA funding based on a formula that includes treating all veterans, includes the real costs of treating veterans, and the annual changes in those costs. We are aware of legislation that moves in this direction; we need legislation that presents the full package of Mandatory Full Funding of VA Healthcare. Veterans have already paid for their healthcare. They paid with their service to the country and they deserve to be cared for without limitations and restrictions.

Most people are not aware that veterans are excluded from the VA health care system based on the type of medical services that they need and their income, not only of themselves but of their

spouses (many of whom did not serve).

The VA has “categorized” veterans into eight categories and since 2003 has barred veterans in “Category 8” from enrolling in the VA healthcare system. Those veterans served their Country and they were promised VA healthcare. For decades that promise was upheld but has been robbed from those who earned it. Veterans served without conditions on their service and they—and the voters of Illinois—expect our country to provide promised services without conditions imposed after the fact and regardless of whether they were in the active components, Reserves or National Guard.

- Today’s new veterans—having served in Iraq and Afghanistan—are similarly being limited to VA healthcare access. With more than 30 years of health studies on Post Traumatic Stress Disorder and having allowed veterans to go untreated after Vietnam, the current administration is still in denial about the residuals of war. In 2001 VA healthcare was limited to only 2 years of “free” healthcare for those serving in this conflict, and although recent legislation has increased that to 5 years, it is still a travesty. Those of us from other wars were promised VA healthcare and it took 10, 20 or even 30 years to seek treatment from the VA. Why? Because the symptoms of our disorders take years to come to a head. Because we were warriors; we were young and defiant. And because emotionally we did not know how to ask for help. Many of those who did ask for help early on were turned away. We want to ensure that when Johnnie and Jane come marching home in 2008 that they will not be turned away in 2013, in 2018 or in 2028 because they did not enroll in time. Are we telling these veterans—who have born the burden of the current war—that we cannot or will not care for them? We are spending hundreds of billions of dollars without allocating the relatively small amounts necessary to care for our servicemen and women when they return from combat.

It is a shame that veterans are forced to pay for VA healthcare and have co-pays imposed both for visits to the VA and for medication. In many cases veterans are prescribed multiple medications; each prescription has a co-pay, so the co-pays become onerous: so onerous that many veterans cannot afford to use the VA.

We are asking—and the more than one million citizens that voted want—VA healthcare taken out of the annual debate in Congress and debates between Congress and the Administration as to how much money is allocated. The dollar amount allocated in these debates depends on the political

atmosphere, the demands of the budget, and the ideologies of those concerned. Mandatory Full Funding means basing the annual budget on the needs of our nation's veterans. We know how many veterans will be served in any given year. The VA knows how much it costs to treat veterans and the annual inflation in those costs. With proper oversight in place, we need to make VA Healthcare an entitlement; and remove it from the annual budget debates.

Finally, we must pass Mandatory Full Funding to end the disgrace and travesty of homeless and jobless veterans. A Harvard University study recently found that 1.8 million veterans are without healthcare. They found that most of these veterans are in "Category 8." They have too high an income to "qualify" for VA healthcare and have insufficient income or other circumstances that keep them from accessing of healthcare elsewhere.

The lack of healthcare is a leading cause of homelessness and joblessness. Healthcare problems are the number one reason for bankruptcy. Illness and disability are major reasons that many people cannot work, and that ultimately cannot even get a roof over their heads.

The VA is the largest, and one of the most effective healthcare systems in the country. It has been noted for its computerized system-wide ability to follow and treat veterans and to promote preventative healthcare measures that save lives and money in the long run. It is the most cost effective healthcare system in the country: it is more economical to care for and ensure every veteran has free comprehensive healthcare now, than to wait for veterans to return to the private healthcare system later.

We want to thank the people in the 23 Illinois counties where the Advisory Referendum was on the ballot* for voting "yes." Over 90 percent of the voters voted to tell Congress that the people of Illinois want Mandatory Full Funding of VA Healthcare for all eligible veterans. We would like to recognize that this victory is the leading edge of a nationwide movement, coordinated by Operation Firing For Effect, to have voters all over the country express their support for Mandatory Full Funding of VA Healthcare. People in New York, New Jersey, Oregon, California, Florida, New Mexico and elsewhere are also sending this message to Congress.

* With Cook County, the other Illinois Counties voting on this referendum are: Christian, Clay, Clinton, Crawford, DeKalb, DeWitt, Edgar, Effingham, Grundy, Hamilton, Hardin, Jasper, Jefferson, Jersey, Jo Daviess, LaSalle, Lawrence, Marion, Putnam, Richland, Rock Island, and Whiteside.

New Veterans Affairs Secretary Promises Extensive Internal Review

In his first appearance before Congress since becoming secretary, Eric K. Shinseki said major change is needed quick in his department.

AP

Wednesday, February 04, 2009

New Veterans Affairs Secretary Eric K. Shinseki is launching a top-down review of his embattled department, saying major change is needed quick to ensure the "highest levels of integrity, transparency and performance."

In his first appearance before Congress since becoming secretary, Shinseki also reiterated his promise to submit a "credible and adequate 2010 budget request" in the coming weeks that will be cost-effective while fully sensitive to veterans in need.

"Our veterans deserve and demand a Department of Veterans Affairs that remains relevant over time, that is responsive to their individual and changing needs, and that cares enough about them to undertake this challenging transformation. We care," Shinseki said in testimony prepared for a House Veterans Affairs Committee hearing Wednesday.

Shinseki, a former Army chief of staff, is taking over the government's second largest agency after it was criticized during the Bush administration of not doing enough to meet the growing needs of veterans. Thousands of veterans currently endure six-month waits for disability benefits, and the VA is scrambling to upgrade government technology systems before new legislation providing for millions of dollars in new GI benefits takes effect in August.

In recent weeks, the Government Accountability Office found that the VA was still lowballing budget estimates to Congress at the expense of tens of thousands of patients needing long-term health care. The VA also acknowledged at least nine cases of giving incorrect doses of drugs -- mostly blood-thinning heparin -- due to widespread computer glitches that it did not disclose to patients.

House Veterans Affairs Chairman Bob Filner, D-Calif., has said the recent VA problems pointed to a "dangerous lack of accountability."

In his testimony, Shinseki said he would review the "fundamentals in every line of operation" to ensure that veterans receive "timely access to the highest quality of benefits and services."

"I intend to ... demand the highest levels of integrity, transparency and performance in leading the department through the fundamental and comprehensive change it must quickly undergo," Shinseki said. "There's a long tradition of VA providing leadership in medicine, of setting standards in many fields. Where we lead, we must continue. Where we do not, we must regain that leadership."

**VA MEDICAL MALPRACTICE CLAIMS
FISCAL YEAR 2003**

| | |
|---------------------------------------|--------------|
| Claims Closed | 1,081 |
| Settled | 214 (19%) |
| Denied | 867 (80%) |
| Denied without suit following | 604 (56%) |
| Cases Finally Closed Administratively | 818 (76%) |
| Amount Paid on Claims Settled | \$19,663,747 |
| Average Settlement | \$ 91,887 |

**VA MEDICAL MALPRACTICE CLAIMS
FISCAL YEAR 2004**

| | |
|---------------------------------------|--------------|
| Claims Closed | 1,117 |
| Settled | 206 (18%) |
| Denied | 911 (82%) |
| Denied without suit following | 601 (54%) |
| Cases Finally Closed Administratively | 807 (72%) |
| Amount Paid on Claims Settled | \$20,789,885 |
| Average Settlement | \$ 100,922 |

**VA MEDICAL MALPRACTICE CLAIMS
FISCAL YEAR 2005**

| | |
|--|---------------------|
| Claims Closed | 1,180 |
| Settled | 228 (20%) |
| Denied | 952 (80%) |
| Denied without suit following | 721 (61%) |
| Cases Finally Closed Administratively | 949 (80%) |
| Amount Paid on Claims Settled | \$20,407,932 |
| Average Settlement | \$ 89,508 |

**VA MEDICAL MALPRACTICE CLAIMS
FISCAL YEAR 2006**

| | |
|--|---------------------|
| Claims Closed | 1,177 |
| Settled | 225 (19%) |
| Denied | 952 (81%) |
| Denied without suit following | 721 (61%) |
| Cases Finally Closed Administratively | 946 (80%) |
| Amount Paid on Claims Settled | \$23,835,797 |
| Average Settlement | \$ 105,937 |

**VA MEDICAL MALPRACTICE CLAIMS
FISCAL YEAR 2007**

| | |
|--|---------------------|
| Claims Closed | 1307 |
| Settled | 213 (16%) |
| Denied | 1094 (84%) |
| Denied without suit following | 844 (77%) |
| Cases Finally Closed Administratively | 1057 (81%) |
| Amount Paid on Claims Settled | \$19,842,986 |
| Average Settlement | \$ 93,159 |

VETERANS ISSUES UPDATE: A roundtable discussion aimed at creating a consensus among military and veterans groups about top priorities for the year ahead, focused on how solving some longstanding problems might be especially important today to veterans and their families who are being hurt by the national economic crisis. The discussion involving 36 organizations representing current and former service members was sponsored by the House Veterans' Affairs Committee, which has responsibility over some, but not all, veterans programs. In comparing the views of the groups, committee staff came up with five shared priorities: advance appropriations for veterans' programs, fixing disability compensation, improving mental health treatment, implementing the new Post-9/11 GI Bill in August and smoothing the transition from military to civilian life.

None of those issues are new, and the problems have proven difficult to fix. Rep. Bob Filner (D-CA) the veterans' committee chairman, said Congress has tried to eliminate a backlog of disability claims that have forced veterans to wait, on average, more than 180 days for a simple claim to be approved and years of delay if the claim is complicated. Congress boosted VA staff so that more people are processing claims, which may be a long-term solution — but while new employees are being found and trained, "the backlog is growing," Filner said. Congress has faced similar problems in trying to improve job training and rehabilitation programs, creating programs that reduce homelessness and expanding access to veterans' health care. John Rowan, president of Vietnam Veterans of America (VVA), and representatives from the Non Commissioned Officers Association (NCOA) and Veterans of Foreign Wars (VFW) all backed the idea of making quick improvements in veterans programs to help people who have lost jobs or health insurance because of the economic slump. Rowan had the most ambitious idea, proposing to create a new VA division for economic independence that would oversee small business, job training, vocational rehabilitation programs and reintegration efforts for injured and disabled veterans. Rowan said the idea would be to take programs spread throughout the government, where they are the "step-children of some other agency," and make them into veterans' programs.

Cutting the processing time for disability checks would be of immediate help to veterans who have lost jobs and also might reduce homelessness among veterans, said Richard Schneider of the NCOA. "This nation is in an unemployment crisis," he said. "We need to fix the claims backlog. It will help the homeless issue. It will help the unemployment issue. It is a tragedy that people have waited years to be paid." Chris Needham of VFW said veterans programs also could help people who lose health insurance when they lose their jobs if VA uses existing waiver authority that would consider current income — and not income over the previous 12 months — when deciding whether they qualify as low-income veterans, which allows them to qualify for health care even if they do not have service-connected medical problems. A smaller group of six veterans' organizations will testify 28 JAN before the Senate Veterans Affairs Committee about their priorities for the 2010 VA budget. [Source: AirForceTimes Rick maze article 27 Jan 09 ++]

VA FUNDING 2009: Two years after a politically embarrassing \$1 billion shortfall that imperiled veterans health care, the Veterans Affairs Department is still lowballing budget estimates to Congress to keep its spending down, government investigators say. The report by the Government Accountability Office, set to be released 23 JAN, highlights the Bush administration's problems in planning for the treatment of veterans that President Barack Obama has pledged to fix. It found the VA's long-term budget plan for the rehabilitation of veterans in nursing homes, hospices and community centers to be flawed, failing to account for tens of thousands of patients and understating costs by millions of dollars. In its strategic plan covering 2007 to 2013, the VA inflated the number of veterans it would treat at hospices and community centers based on a questionably low budget, the investigators concluded. At the same time, they said, the VA didn't account for roughly 25,000 — or nearly three-quarters — of its patients who receive treatment at nursing homes operated by the VA and state governments each year. "VA's use, without explanation, of cost assumptions and a workload projection that appear unrealistic raises questions about both the reliability of VA's spending estimates and the extent to which VA is

closing previously identified gaps in noninstitutional long-term care services," according to the 34-page draft report obtained by The Associated Press.

The VA did not immediately respond to a request for comment. In the report, the VA acknowledged problems in its plan for long-term care, which accounts annually for more than \$4 billion, or 12% of its total health care spending. In many cases, officials told the GAO they put in lower estimates in order to be conservative in their appropriations requests to Congress and to stay within anticipated budgetary constraints. As to the 25,000 nursing home patients unaccounted for, the VA explained it was usual clinical practice to provide short-term care of 90 days or less following hospitalization in a VA medical center, such as for those who had a stroke, to ensure patients are medically stable. But the VA had chosen not to budget for them because the government is not legally required to provide the care except in serious cases. The GAO noted the VA was in the process of putting together an updated strategic plan. Retired Gen. Eric K. Shinseki, who was sworn in 21 JAN as VA secretary, has promised to submit "credible and adequate" budget requests to Congress. "VA supports GAO's overarching conclusion that the long-term care strategic planning and budgeting justification process should be clarified," wrote outgoing VA Secretary James Peake in a response dated 5 JAN. He said the department would put together an action plan within 60 days of the report's release.

The report comes amid an expected surge in demand from veterans for long-term rehabilitative and other care over the next several years. Roughly 40% of the veteran population is age 65 or older, compared to about 13% of the general population, with the number of elderly veterans expected to increase through 2014. In 2005, the VA stunned Congress by suddenly announcing it faced a \$1 billion shortfall after failing to take into account the additional cost of caring for veterans injured in Iraq and Afghanistan. The admission, which came months after the department insisted it was operating within its means and did not need additional money, drew harsh criticism from both parties. The GAO later determined the VA repeatedly miscalculated — if not deliberately misled taxpayers — with questionable methods used to justify Bush administration cuts to health care amid the burgeoning Iraq war. In the report, the GAO said it had found similarly unrealistic assumptions and projections in the VA's more recent budget estimates submitted in August 2007. According to latest GAO report, the VA is believed to have:

- Undercut its 2009 budget estimate for nursing home care by roughly \$112 million. It noted the VA planned for \$4 billion in spending, up \$108 million from the previous year, based largely on a projected 2.5% increase in costs. But previously, the VA had actually seen an annual cost increase of 5.5%.
- Underestimated costs of care in noninstitutional settings such as hospices by up to \$144 million. The VA assumed costs would not increase in 2009, even though in recent years the cost of providing a day of noninstitutional care increased by 19%.
- Overstated the amount of noninstitutional care. The VA projected a 38% increase in patient workload in 2009, partly in response to previous GAO and inspector general reports that found widespread gaps in services and urged greater use of the facilities. But for unknown reasons, veterans served in recent years actually decreased slightly, and the VA offered no explanation as to how it planned to get higher enrollment. [Source: AP Hope Yen article 23 Jan 09 ++]

State of Indiana Military Benefits Fact Sheet

Summary: The State of Indiana offers special benefits for its military service members and veterans including State Income Tax Exemptions, Retired Military Pay and Property Tax Exemptions, Education and Tuition Assistance, Special Military Vehicle Tags, as well as Hunting and Fishing License and State Park privileges. Eligibility for some benefits may depend on residency, military component and veteran disability status.

<http://myarmybenefits.us.army.mil/EN/Benefits/FactSheets/Regional/IN>

Study sees discrepancies in VA care for men, women

By KIMBERLY HEFLING, Associated Press Writer Fri Jun 13, 7:15 PM ET

WASHINGTON - Health care for female military veterans lags behind the care offered to male vets at many VA facilities, an internal agency report says, even as women are serving on front lines at historic levels

There are clear needs for more physicians trained in women's care and more equipment to meet women's health needs, said Friday's review by the Department of Veterans Affairs.

It did add that strides are being made, such as creating onsite mammography services and establishing women's clinics at most VA medical centers. The department also is attempting to recruit more clinicians with training in women's care.

For now, female veterans aren't getting the same quality of outpatient care as men in about one-third of the VA's 139 facilities that offer it, the report said. That appeared to validate the complaints of advocates and some members of Congress who have said more emphasis needs to be placed on women's health.

Women make up about 5 percent of the VA's population, but that is expected to nearly double in the next two years.

Paul Rieckhoff, founder of the Iraq and Afghanistan Veterans of America, said women veterans have complained about the lack of women's restrooms and private changing areas in some VA centers. Others have complained about the scarcity of women-only group counseling options.

"There's a definite feeling of isolation," Rieckhoff said. "There's a definite feeling that they're a minority and that big Army and big VA are still trying to understand their issues."

Any discrepancies in care are unacceptable and the agency is aggressively addressing the issue, said Dr. William E. Duncan, associate deputy undersecretary at the Department of Veterans Affairs.

"We're striving to understand the reason for these health disparities and to eliminate differences in veterans health care based on personal characteristics," Duncan said.

Delphine Metcalf-Foster, 65, an Army veteran from the Persian Gulf War, still laughs when she recalls the first day she stepped into a VA waiting room in 1991 and the physician called out for "Mr. Metcalf."

"I knew he was talking about me, but I wouldn't move," said Metcalf-Foster, a member of the nonprofit Disabled American Veterans in Vallejo, Calif. "Of course, they weren't used to women there."

Despite that, Metcalf-Foster said, she thinks the VA has listened to the concerns of women like her, and has adapted as more women have sought care.

Silva Royer, 64, a Vietnam-era veteran who volunteers at the VA center in Biloxi, Miss., said she would like to see the VA reach out to more women veterans and encourage them to take advantage of the health care — particularly mental health help — to which they are entitled.

"I still think they still look at the VA as, that's where my grandpa went," Royer said.

Overall, women make up about 14 percent of the U.S. Armed Forces. Of the 1.7 million troops who have deployed in support of the wars in Iraq and Afghanistan, more than 190,000 — or about 11 percent — are women.

The VA's review noted that other studies have found better surgical outcomes and decreased mortality for women at VA hospitals compared to women who receive care under the Medicare Advantage Program or under private care. And, performance of breast and cervical cancer screening exceeds that of commercial and some government plans.

Data were not available to compare the inpatient quality of care between men and women.

Sen. Patty Murray, D-Wash., who is on the Senate Veterans Affairs Committee, said in a statement that the findings confirm what she has been hearing from women veterans for years.

She encouraged passage of legislation that would, among other things, force the agency to do comprehensive studies of women veterans' care and conduct a pilot program providing child care for veterans seeking mental health care.

Among the other findings of new report:

_Older and younger veterans appear to be receiving the same quality of care;

_About 86 percent of homeless veterans seen by VA received primary care, mental health care and/or substance abuse services;

_About 98 percent of appointments were completed within 30 days in primary care clinics and about 97 percent were completed during that period at specialty clinics;

_Overall quality of care appears to be good when reviewed using commonly accepted health care benchmarks;

_Minority veterans surveyed were generally less satisfied with inpatient and outpatient care than white veterans, but it wasn't clear if the quality of care offered was different. A more comprehensive study of care for minority veterans is expected to be complete this summer.

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VA nurses to protest working conditions

By Julie Sherwood, staff writer

Daily Messenger

Posted Sep 12, 2008 @ 03:28 PM

Canandaigua, N.Y. —

The union representing registered nurses at the VA Medical Center is planning to picket outside the Fort Hill Avenue facility later this month.

They will protest what they say are unfair working conditions for the approximately 100 RNs who work there.

At issue is mandatory overtime, methods of scheduling evening and overnight shifts, and the way nurses receive bonuses. In addition, some nurses with seniority are being denied career advancement while the VA fills positions with people from outside the VA, RNs contend.

"They have denied every grievance," said Colleen Combs, president of the American Federation of Government Employees No. 3306, the union representing the nurses.

Management at the VA has "refused to sit down with us" since the union began filing grievances nearly a year ago, added Combs, a registered nurse at the VA for 29 years.

Combs said RNs are being required to work longer shifts in a 24-hour period than the 12-hour maximum set by federal law. The nurses also say they are scheduled to work overnight shifts and at other times that weren't requested or initially stipulated.

"Management is manipulating contracts," said Combs, who added that some nurses are being offered a bonus — 10 percent of their salary — for working in certain areas of the VA.

"There are more creative ways of recruiting and retaining nurses," said Cheryl Vogel, an RN at the VA for 15 years. She said she is also frustrated because she has applied for numerous promotions but has been denied, only to discover the jobs were filled by people not already employed by the VA.

Allen Chopik, a union steward and RN at the VA for 28 years, contends the problems stem from management mishandling a shortage of nurses. He said the picket scheduled for Thursday, Sept. 25 is aimed at calling attention to "RNs dissatisfaction with working conditions."

Chopik said the city has approved the picket from 11 a.m. to 1:30 p.m. on city property outside the VA gates.

When questioned Thursday about the nurses' concerns, Patricia Lind — the VA's associate director for patient-nursing services — said the VA is dealing with a nationwide nursing shortage and defended scheduling and other areas of contention. Lind did not address all the specific concerns, but said in general the VA makes its decisions based on "patient-care needs."

There are times “we need a nurse to work longer than 12 hours,” said Lind, an RN for 30 years who worked in the private sector — including as nurse-manager at Rochester General Hospital — before coming to the VA eight years ago.

The law allows for a shift longer than 12 hours, she said, if patient care may be compromised — for example, if a patient’s condition has changed or a nurse is late to work or doesn’t show up for a shift. “We try to keep RN overtime to a minimum,” she added.

The average number of overtime hours for RNs during each two-week pay period is one or two hours, she said. The VA is planning new ways of scheduling RN shifts to better accommodate employees needs, she added, “but sometimes changing shifts may require additional staff. We have to balance all these factors.”

“We have to be creative,” said Lind. “Sometimes it works, sometimes it doesn’t.”

Lind said while the VA has felt the effects of the national nursing shortage, it is now doing well in spite of it. Due to Congress allocating more money for VA staffing, the local VA has been able to add at least 12 new RN positions in the last year, she said.

On Monday, the VA is getting four more RNs and another three are due to begin work within two weeks. Ideally, said Lind, the VA would be able to add one to three more RNs after that.

Lind said a nurse recruitment open house held at the VA last spring drew a crowd, and nurses already working at the VA are taking advantage of scholarships and programs that allow them to continue working while furthering their education to advance their career. Two employees recently moved up to RN in the program, while six RNs earned bachelor’s degrees and two RNs are in doctorate programs. Salaries for RNs at the VA are based on federal guidelines and comparable to the private sector, she said, ranging from \$42,400 to \$76,000 depending on experience and education.

Canandaigua VA spokesman Dan Ryan said the VA has an average daily number of between 160 and 190 patients in residence. That number has stayed about the same for the past five years while the number of out-patients has grown.

The number of out-patients served at the VA alone was not available, but Ryan said the number of veterans served at the Canandaigua VA, along with its affiliate VA out-patient clinic in Rochester, is up this year by 5 percent.

From Oct. 1, 2007 through July 31 of this year, the two facilities served 17,744 veterans, up from 16,894 served during the same period the year before.

Contact Julie Sherwood at (585) 394-0770, Ext. 263, or jsherwood@messengerpostmedia.com.