



CONGRESSIONAL TESTIMONY

STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

LEGISLATIVE HEARING

OCTOBER 13, 2021

Chairwoman Brownley, Ranking Member Bergman, and Members of the Subcommittee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the invitation to submit a statement for the record on today's legislative hearing. AFGE represents more than 700,000 federal and District of Columbia government employees, 260,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees. This includes tens of thousands of VA clinicians, many of whom are veterans themselves, treating veterans throughout the nation. As the Subcommittee considers several pieces of legislation today, AFGE takes this opportunity to state its position on two of these bills and makes recommendations to the Subcommittee on how the VA can take action with regard to recruitment and retention of employees and enable the VA to better serve veterans.

Draft Legislation, the "VA Nurse and Physician Assistant Raise Act"

Representative Underwood's (D-IL) bill, the "VA Nurse and Physician Assistant Raise Act," is designed to raise compensation caps for VA Advanced Practice Nurses (APN), Physician Assistants (PA), and Registered Nurses (RN) ("covered positions").

AFGE understands the intent of this legislation is to allow those serving in covered positions to earn compensation beyond what is currently allowed by statute. Currently, certain employees in each of these covered positions at the Grade Four or Grade Five levels, all of whom are in management, may reach a point where their salary is capped, and they can no longer receive raises by step increases or through cost-of-living adjustments. This is particularly true in high cost of living areas, where salaries are augmented to compensate for the extra expenses or competition in certain localities. It is reasonable to assume that removing these caps

would help the VA with the recruitment and retention of covered employees in Grades Four and Five in those high cost of living areas by increasing direct compensation, and in turn the retirement calculation, for employees who currently, or will one day, hit the existing cap. AFGE ideologically supports federal employees earning competitive compensation, and the notion that employees should not be punished financially for living in high cost of living areas.

Unfortunately, what this bill does to increase compensation of management employees at Grades Four and Five, it fails to do for the rank-and-file APNs, PAs, and RNs in Grades One, Two, and Three, thousands of whom are AFGE members, and are working on the front lines and taking care of our nation's veterans. This need for increased compensation at all levels is backed up by the VA's own data. In a report titled "2020 Report: Exit Surveys at Department of Veterans Affairs (P.L 115-46)," the VA reported that among respondents who answered the exit survey, 8.4% of Veterans Health Administration (VHA) employees cited "pay/benefits" as the reason they were leaving.¹ When this pool of respondents was broken down further, a staggering 15.5% of PAs who departed the VA said that "pay/benefits" was the reason for their departure, with a more in line 7.2% of RNs claiming the same reason.² These surveys reflect reasons stated by departing APNs, PAs, and RNs across all grade levels. With thousands of vacancies among these front-line positions with their own more urgent recruitment and retention problems, AFGE strongly believes that the VA should focus its legislative and administrative attention on proposals that benefit employees engaged in direct patient care and not only those in middle management.

Without focusing on recruiting and retaining clinicians engaged in direct patient care, including APNs, PAs, and RNs, the VA is diminishing its own capacity and forcing more

¹ 2020 Report: Exit Surveys at Department of Veterans Affairs (P.L 115-46), Table 1 at 6.

² *Id.*, Table 2 at 6.

veterans into privatized care. The VA knows that veterans receive the best outcomes when they are treated within VA facilities by clinicians who are experts in veterans medicine, know how to interact with veterans in a medical setting, and are focused on providing comprehensive quality care instead of meeting a quota. Improving and prioritizing the recruitment and retention of Grade One, Two, and Three APN, PA, and RN employees is critical to retaining and eventually expanding this capacity.

To improve this legislation, AFGE recommends that the subcommittee make an addition to the bill to help rank-and-file VA employees, as well as those in management, related to their compensation. Specifically, AFGE recommends that the committee amend the “VA Nurse and Physician Assistant Raise Act” to include language that will compel the VA to provide employees and their labor representatives information under 38 U.S.C. 7451(e)(4), including “vacancy and turnover rates of covered positions,” determinations by a facility director if there is “a significant pay-related staffing problem at that facility for any covered position,” as well as “wage surveys,” and “any case in which the director conducts such a wage survey during the period covered by the report, information describing the survey and any actions taken or not taken based on the survey, and the reasons for taking (or not taking) such actions.” Under 38 U.S.C. 7451(e)(6), the VA is required to provide this information upon request to covered employees or their employee representatives, but regularly fails to comply with such requests. Providing this information will help employees as they embark upon or decide to continue their careers at the VA and enforce the requirement that the VA be transparent in how it comes to decisions regarding compensation. AFGE urges the committee to amend 38 U.S.C. 7451(e) to require the VA to comply within 10 business days of a request for information when it considers the bill at markup.

Pending further action, AFGE is presently neutral on this legislation, and urges the subcommittee and the VA to do all within each entity's power to increase compensation and improve recruitment and retention for bargaining unit employees serving on the front lines and providing direct patient care at the VA.

Draft Legislation to amend title 38, United States Code, to expand eligibility for hospital care, medical services, and nursing home care from the Department of Veterans Affairs to include veterans of World War II

AFGE is proud to support the draft legislation sponsored by Representative Harder (D-CA) that will provide VA hospital care, medical services, and nursing home care to veterans of the Second World War. The Greatest Generation more than earned this benefit with the sacrifices they made to defeat global fascism; and now we have an opportunity to provide for those who remain in what may be their time of greatest need. This is the type of creative expansion of VA eligibility that AFGE hopes to see more of in the future. Congress and the Administration should be looking for new ways to bring veterans into the VA and expand services offered by the VA at VA facilities, instead of pushing countless patients into privatized care by unaccountable providers. We stand ready to work with Congress to pass this legislation and work on new, innovative ways to expand VA eligibility.

AFGE thanks the members of the Subcommittee for its consideration of VA workers' views on these important pieces of legislation.