



## NATIONAL FEDERATION OF FEDERAL EMPLOYEES, IAMAW, AFL-CIO



### NFFE-IAM and the Department of Veterans Affairs – 118<sup>th</sup> Congress

**Position:** Department of Veterans Affairs (VA) employees endure deteriorating working conditions, worsening pay, and political activists attempting to privatize VA care through lies and retaliation. It is critically important that Congress acts quickly to preserve one of the world's best medical and healthcare systems, per 2023 third-party medical studies. Congress itself is responsible for much of the consternation within the VA. Laws were passed that destroyed legitimate transparency and broke processes that protected care providers and veterans from mismanagement, corruption, and inferior outsourced care. Congress must restore a system of checks and balances at the VA to protect veteran care.

**VA Employee Fairness Act** – Passed in the 117<sup>th</sup> House, this bill: 1) Restores peer reviews that give VA clinicians and patients a louder voice regarding care, 2) Allows negotiations regarding workplace practices that affect patient safety, working conditions, competitive pay for retention and recruitment, and 3) Improves transparency and accountability by preventing retaliation against VA doctors and nurses who report problems.

- It restores systematic protections against corruption and management malfeasance by removing 38 U.S.C. 7422 created by the failed VA Accountability Act of 2017 (as cited by an I.G. report).
- It holds managers and political appointees accountable for VA operations and veteran care.
- It helps to prevent retaliation, discrimination, and false disciplinary claims against VA professionals.
- It improves the overall transparency, effectiveness, and efficiency of VA care for veterans.

#### **Improve VA & VHA Patient Care and Workforce Efficiencies, Effectiveness, and Competitiveness.**

Recently, several poorly written laws have failed veterans by substituting solid health and medical policy for false political soundbites meant to increase outsourcing of veterans' care, even if that care is inferior. The politicians passing these laws see veterans as dollar signs instead of a promise to care for them.

- Pass the VA Correct Compensation Act (H.R. 6538) to allow Title 38 employees to grieve incorrect or inaccurate paychecks.
- Pass the Protecting VA Employees Act (H.R. 4906) to undo the damage caused by the failed Accountability Act of 2017; and restore “substantial evidence” as a standard for discipline.
- Remove Section 101 from pending VA legislation that removes funding from the VA to private providers who are held to a lower standard of care than VA facilities.
- Release the Red Team Report that cites the out of control and expensive spending on private providers and begin hiring for thousands of VA vacancies with qualified federal employees.
- Permanently dismantle the corrupt VA Office of Accountability and Whistleblower Protection, which is an internal review board for disciplinary actions headed by political appointees. As cited in VA OIG report #18-04968-249, this office improperly blocked third-party review of appeals via MSPB, and broke transparency of veteran care at every level, especially private care providers. It retaliated against VA staff for speaking up, and it ignored reports of bad care by private providers.
- Reform Doctor/Clinician Pay. Like most performance pay, the VA is fraught with farcical metrics, pay inconsistencies, and missing payouts. Instead, Congress should boost base pay complemented by meaningful market pay, specialty pay, and automatic annual COLAs.
- Fortify Mental Health Professionals. Veteran suicide and depression are at record highs. Stop VA Mental Health Professional burnout by untying “book-ability” to performance, allow full bargaining rights for psychiatrists, enhance career development and training, and reform compensation.
- Pass the VA CPE Modernization Act. This bill modernizes continuing education programs in the VA by expanding the types of clinicians who are eligible to receive reimbursement for continuing education and increase the amounts they can receive. Current continuing education allowances were set more than 30 years ago and no longer reflect the requirements of modern medicine.