

HCR 46 Proponent Testimony

Jessica Fee – Chapter President for American Federation of Government Employees

Chairman Ghanbari, Vice Chair Loychik, Ranking Member Miller. Thank you for allowing me to offer proponent testimony for House Concurrent Resolution 46. My name is Jessica Fee. I am the local 1631 AFGE president of our union and I represent the members and the bargaining unit of the Chillicothe VA and our six CBOCs. I have been involved in this since the news was put in the federal register back in early March.

What I'd like to speak to you mainly about is from my position as a union president and how this affects our staff and our members that work in the Chillicothe VA, but also as the daughter of a Vietnam combat veteran. I have 1,700 positions, currently I have approximately 1,400 of those filled. We are in a crisis of staffing as many hospitals are in the region. COVID has taken a really hard hit on our health care in Ohio and across the nation. What I predict through this, since we have been given no plan, there's no future outcome, there's nothing stating how many employees will stay in Chillicothe. By being able to look at the services that remain, which they're saying will be primary care, some specialties, I expect blood draws, a small pharmacy and maybe x-rays. We're not really sure. We watch our staff minimize. A primary care pack team consists of four employees. It's a team that makes up a medical support assistant, an LPN, and RN and a provider. When we shrink down to 6 to 8 teams in Chillicothe, we'll have a support social worker, we may have a support mental health provider who provides outpatient services, but we're looking at decreasing from 1,700 employees to merely hundreds.

It's a large hit to economy of Ross County and the surrounding areas. I live in Vinton County. Many of my coworkers live in Vinton, Jackson, Hocking and Scioto counties and already make the commute to Chillicothe for a decent wage at a job that provides insurance and retirement benefits. Multiple spouses work at our facility, and a large portion of our staff are veterans. Not just veterans, but disabled veterans. When they come back home from war, back to Ohio, there's mental health treatment there, there's a domiciliary, and there's compensated work therapy. Often times when they come home, they go through treatment, they're able to stay at the facility for six months, they're able to get a job there to get skill levels, and they often stay there as a full time employee.

The culture there is very accepting of veterans, especially disabled veterans. It is a place where they can thrive. A huge concern is will they be able to thrive without the VA there? Will they be able to find jobs? Will our community be receptive to disabled veterans? Will they employ them and accept the hurdles their disabilities create? Understanding that they'll have doctor's appointments. For our employee veterans, it's very convenient. They don't have to take an entire day off work to go to the Chillicothe VA. They may take an extended lunch or a little amount of leave to go see their provider, pick up their medicine, get their x-ray then it's right back to work. These things won't be possible anymore should the VA close.

It's really a domino effect. When I think about all the things that will happen, it's kind of disturbing. I feel like our local businesses, particularly in Ross County, will suffer. We have 1,700 people come in daily, buying gas, shopping, getting groceries before they go home. I

anticipate our real-estate taxes will be affected. I expect our schools will be affected as the amount of tax funds they receive will take a hit. As these families leave, which they will have to do as their jobs will be relocated or they will be unemployed. We unfortunately don't have many options for employment in Ross County or southeastern Ohio. We've watched industries factories leave over the past decade. COVID certainly did not help us. Furthermore, we're watching rural hospitals close by the hundreds. Over the past decade, we've lost 180 hospitals in Ohio. We've watched these small hospitals close or merge, since they can't survive on their own.

The truth is, we don't know exactly what will happen and how much they have suffered post-COVID. Right now, in the region we cover which is 17 counties, there are 6 hospitals for close to 28,000 veterans who are currently enrolled. The numbers we're not counting are the veterans who have not enrolled yet. Often times, veterans don't enroll until they're closer to retirement age. As time goes on, ailments start to surface as they may not have been before. Often when they retire, keeping company insurance is a cost, and even Medicaid is an extra cost for an already tight budget. If they don't absolutely have to spend that, they don't because they have VA care. If the Chillicothe VA is shut down, they will not have that option. My biggest concern, and I was asked minutes after we heard the news, what did I think would happen? What's the worst thing that could happen? I said, "Vietnam veterans will suffer, and they will die alone at home." I know that's a cold statement, but it's a very honest statement. Most of our veterans already have a hard time getting to their local hospital. They depend on our local veteran services, the DAV, to get them transportation back and forth. Asking to get them further to Dayton, Cincinnati or Cleveland is almost impossible. We imagine vans transporting 6 or 8 of them at a time. They'll all have to sit there all day until the last one has received their care.

As a daughter of a combat veteran, my father would never ask me to leave work to take him to a doctor's appointment. My mother doesn't drive. That would be a burden that they would have to place on me, and most of our veterans would not do that. And when I say that they will suffer at home. It's because they choose not to burden their veteran services representatives. They will think somebody else deserves the care more than them. They will not burden their family, because they come from a generation that is very proud, and they believe they can take care of themselves. My father tells me, "I will not beg for care. I served. I was promised care, and if they're not going to provide it, that's what it is, but I won't beg for it." I think there are a lot of concerns here beyond the economic impact. I think we also have to think about the human impact.

Health care will very much diminish in our area, and I'm specifically most concerned with the mental health. I think you've already heard that time and time again. We are already servicing only 40% of mental health care in our region. We don't have enough mental health care facilities. With the VA leaving, we don't know what that will look like. We know it will be less than 40% which is already a troublesome number. We expect the suicide rates will go up, not just because of a lack of access to mental health care, but also the fact that we're post-COVID. After the Spanish Flu, suicide numbers jumped post-pandemic. As people started re-entering the world and learning how to socialize again. How to make ends meet. How to find income when the economy was struggling. They expect history to repeat itself. This was actually a

training I attended at the union jointly with the VA. Two weeks after, the recommendation was put out. We were told to be alert and concerned for our veterans. We're getting into this phase where we're going to see an uptick. We're concerned about suicide prevention, but we're taking services that are vital to our veterans who need them the most.

I'll leave you with that, and I'd be happy to answer any questions the committee may have. Thank you.