



**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
NATIONAL VETERANS AFFAIRS COUNCIL #53
Affiliated with the AFL - CIO
Mid-Term Bargaining Committee**

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July 10, 2014

Dennis H. Smith, Director
VA Maryland Health Care System
10 North Greene Street
Baltimore, MD 21201

Subject: VISN 5 – VA Maryland HCS Policy Memorandums 512-118-PTL (017, 019-033)
(AFGE Local 331 and AFGE Local 1923)

Dear Mr. Smith:

In accordance with Article 47, Section 2 C, of the Master Agreement, the National VA Council #53 formally demanding to bargain on the VAMHCS Policies Memos 512-118-PTL 017, 019-033(See Attachment) cited above in VISN 5 within the Department. Ms. Alma L. Lee will be naming the Union's chief negotiator and negotiating team. Please provide the named bargaining team with any information and/or data concerning the cited subject. The negotiations of this matter should normally begin no later than twenty (20) workdays after the Management's chief negotiator in this matter receives our demand to bargain.

Please cease and desist any implementation until the bargaining obligation has been met. The named bargaining team may request a briefing over the cited subject above, before sending any proposals. If you have any questions please contact me at (217) 554-4866.

Sincerely,

Oscar L. Williams, Jr.
Chairperson, Mid-Term Bargaining Committee
2nd Executive Vice President
National VA Council #53

cc: Alma L. Lee, President National VA Council #53
Williams Wetmore, 14th District Representative NVAC
Attachment

AFGE: Good Government We Are Ready

ATTACHMENT OF DEMANDS TO BARGAIN

1. Policy Memorandum 512-118-PTL-017 Initial Management of the Patient with Chest Pain in the Emergency Department and Urgent Care Clinic
2. Policy Memorandum 512-118-PTL-019 Initial Management of the Patient with Gastrointestinal Bleeding (GI) in the Emergency Department and Urgent Care Clinic
3. Policy Memorandum 512-118-PTL 020 Initial Management of the Patient with Increase Dyspnea/Painful Inspiration or Expiration in the Emergency Department and Urgent Care Clinic
4. Policy Memorandum 512-118-PTL-021 Initial Management of the Patient with Bladder Distention and/or Urinary Retention in the Emergency Department and Urgent Care Clinic
5. Policy Memorandum 512-118-PTL 022 Initial Management of the Patient Epistaxis in the Emergency Department and Urgent Care Clinic
6. Policy Memorandum 512-118-PTL-023 Initial Management of the Patient with Request to Detoxification from Alcohol and/or Recreational Drugs in the Emergency Department
7. Policy Memorandum 512-118-PTL-024 Initial Management of the Patient with Altered Mental Status in the Emergency Department and Urgent Care Clinic
8. Policy Memorandum 512-118-PTL-025 Initial Management of the Patient with Productive Cough, Congestion, and/or Fever in the Emergency Department and Urgent Care Clinic
9. Policy Memorandum 512-118-PTL-026 Initial Management of the Patient with Obvious or Suspected Fracture of an Extremity in the Emergency Department and Urgent Care Clinic
10. Policy Memorandum 512-118-PTL-027 Initial Management of the Patient with Head Injury in the Emergency Department and Urgent Care Clinic
11. Policy Memorandum 512-118-PTL-028 Initial Management of the Patient with Syncope in the Emergency Department and Urgent Care Clinic
12. Policy Memorandum 512-118-PTL-029 Initial Management of the Patient Requiring Psychiatric Consult for Suicidal and/or Homicidal Ideations in the Emergency Department and Urgent Care Clinic
13. Policy Memorandum 512-118-PTL-030 Initial Management of the Patient with Stroke in the Emergency Department and Urgent Care Clinic
14. Policy Memorandum 512-118-PTL-031 Initial Management of the Patient with Hemoptysis in the Emergency Department and Urgent Care Clinic
15. Policy Memorandum 512-118-PTL-032 Initial Management of the Patient with Urinary Difficulty in the Emergency Department and Urgent Care Clinic
16. Policy Memorandum 512-118-PTL-033 Initial Management of the Patient with Unexplained Bruising and Bleeding in the Emergency Department and Urgent Care Clinic