

**STATEMENT OF  
STEVEN LIEBERMAN, M.D.  
ACTING PRINCIPAL DEPUTY UNDER SECRETARY FOR HEALTH  
VETERANS HEALTH ADMINISTRATION  
DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE  
SENATE COMMITTEE ON VETERANS' AFFAIRS**

**July 1, 2020**

Good afternoon, Chairman Moran, Ranking Member Tester and Members of the Committee. I appreciate the opportunity to discuss recruitment, retention, and building a resilient Veterans healthcare workforce. I am accompanied today by Jessica Bonjorni, Chief, Human Capital Management and Victoria Brahm, Director, Veterans Integrated Service Network (VISN) 12.

**Introduction**

During the COVID-19 pandemic, VHA has hired new staff, redistributed current staff across the system to areas of greatest need and maximized competencies of current staff practicing at the full extent of their licenses. Recruitment has been occurring for both short-term (up to 120 day) temporary appointments and permanent positions. In response to the projected need for surge staffing, VHA launched national hiring announcements, amplified through social media and recruitment marketing for Advanced Practice Registered Nurses, Registered Nurses (RN), Certified Registered Nurse Anesthetists, Licensed Practical Nurses, Physicians, Respiratory Therapists, Housekeepers, Supply Technicians, Health Technicians/Intermediate Care Technicians and numerous other occupations. Applicants interested in temporary appointments were encouraged to apply directly through the Department of Veterans Affairs (VA) Careers website.

Prior to the COVID-19 pandemic, VHA's Time to Hire was slightly better than the government average at 94 days, but still far longer than private sector health care systems with whom VHA competes for talent. This timeline would not support the rapid hiring we needed to boost our onboard strength to fight COVID-19; therefore, VA sought out all possible ways to drastically reduce the time to onboard.

VHA had tremendous support from the Office of Personnel Management (OPM) to help us reform our antiquated Federal hiring practices in pursuit of an expedited 3-day onboarding model. We were able to do this by restructuring pre-employment requirements, moving some of these to be completed after the initial onboarding occurs, allowing new hires to begin work very quickly. Additional authorities granted from OPM, such as expanded Direct Hire Authority, temporary non-competitive appointment authorities and dual compensation waivers to attract retired Federal employees, all contributed to our recruitment success.

Within VHA, we also modified policies and used existing flexibilities to further reduce the timeline. For example, we used an expedited credentialing process for clinical hires that reduced a 30-day process down to as little as 3 days by decreasing the contacts and verifications initially required. VHA also finalized changes to the appointment and pay setting process for Hybrid Title 38 employees, which eliminated the requirement to use a Professional Standards Board, further shaving off days from the hiring process. As a result of these combined changes, time to hire during the COVID-19 hiring surge has averaged 10-12 days, with hires in as little as 3 days occurring in some instances. We hope to continue building on these improvements through these challenging times and upon the return to normal operations.

## **Hiring Surge**

As a direct result of our extremely dedicated human resources staff maximizing these flexibilities, VHA hired more than 20,000 employees between March 29 and mid-June 2020, including over 3,800 RNs, more than 250 Nurse Practitioners, and over 1,000 Nursing Assistants. Approximately 85% of the new hires have been hired on permanent appointments, with the option to convert some of the remaining 15% to permanent positions.

The hiring surge resulted in a net onboard increase of 2.2% since the start of fiscal year (FY) 2020 (8,020 net gain), more than half of which occurred since the COVID-19 hiring surge began (4,900 net gain). Nurses have grown at even higher rate of 2.7% since the start of FY 2020 (2,820 net gain).

## **Shifting Resources**

In addition to our hiring surge, VHA leveraged our internal capacity as the nation's largest integrated health care system to optimize resources across the system. We established an integrated Staffing Command Cell to drive accelerated hiring and manage deployments of staff to affected areas across the nation, supported by the Disaster Emergency Management Personnel System (DEMPS) and Travel Nurse Corps. Our nursing workforce – the backbone of any health care system – rose to the challenge caring for our Nations' heroes. A total of 1,893 staff have been mobilized to meet the needs of our facilities and 4th Mission requests. Eight hundred seventy-seven, staff were deployed to meet Federal Emergency Management Agency Mission requests; 420 personnel were deployed as DEMPS response; 414 employees were mobilized to "cross level" staffing needs within their VISN; 69 employees were mobilized to support needs in another VISN; and 113 Travel Nurse Corps staff responded specifically for COVID-19 staffing support.

Additionally, facilities shifted clinical staff in administrative settings to direct care settings and provided skills training as staff moved to a different specialty area of practice. Our nursing leaders implemented surge and crisis level staffing models to support additional intensive care unit (ICU) and acute care beds. These nurses augmented team-based care provisions via telehealth including Tele-ICU and other Tele-Specialty care. VHA Call Centers implemented COVID-19 triage and crisis

management strategies to enhance patient access to care. In preparation for ongoing Coronavirus concerns, Nurse Executives at each facility will assess the demographics of their nursing workforce for future surge planning while also identifying reallocation of facility clinical resources.

It is important to note that hires made in support of the COVID-19 surge may fill both existing vacancies as well as newly created temporary positions specifically identified for the COVID-19 surge in the position inventory (HR Smart). All valid vacancies hires and losses will continue to be reported per Section 505 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (commonly referred to as the MISSION Act) to ensure a full accounting.

### **The Coronavirus Aid, Relief and Economic Security Act**

VA is extremely appreciative of the work Congress has done and continues to do in providing flexibilities to support the recruitment and retention of talent to care for our Nation's Veterans... The Coronavirus Aid, Relief and Economic Security (CARES) Act (section 20008) allows VA's Secretary to waive pay limitations for VA employees during the national emergency. Through policy, VA specifically authorized waivers of pay limitations on aggregate pay, annual premium pay, and in rare instances, basic pay. These pay flexibilities have been key to VHA's ability to recruit and retain clinical and support staff. VA will be glad to discuss with the Committee what pay flexibilities may be appropriate after this national emergency ends to ensure VA can uphold a high level of service to Veterans by attracting and retaining the most qualified medical personnel.

### **Conclusion**

Veterans' care is our mission. We are committed to providing high-quality health care to all our Veterans and having appropriate staffing levels in all our facilities even during these unprecedented times. VHA has radically altered its hiring practices to respond to the increased staffing requirements due to COVID-19. We look forward to working with this Committee to maintain VA's ability to hire quickly and eliminate barriers to attracting and retaining top talent. Your continued support is essential to providing this care for Veterans and their families. This concludes my testimony. My colleague and I are prepared to answer any questions you may have.