

1 RECRUITMENT, RETENTION, AND BUILDING
2 A RESILIENT VETERANS HEALTH CARE WORKFORCE

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4 WEDNESDAY, JULY 1, 2020

5 United States Senate,
6 Committee on Veterans' Affairs,
7 Washington, D.C.

8 The Committee met, pursuant to notice, at 3:07 p.m., in
9 Room SD-106, Dirksen Senate Office Building, Hon. Jerry
10 Moran, Chairman of the Committee, presiding.

11 Present: Senators Moran, Boozman, Cassidy, Rounds,
12 Tillis, Sullivan, Blackburn, Tester, Brown, Blumenthal, and
13 Sinema.

14 OPENING STATEMENT OF CHAIRMAN MORAN

15 Chairman Moran. Good afternoon. Thanks, everyone, for
16 your patience waiting for my arrival. Perhaps you had no
17 choice, but I appreciate the attitude that--I just came from
18 the Indian Affairs Committee, where both Senator Tester and
19 I are members. And before I came here, I wanted to make
20 sure that I spoke.

21 The Indian Affairs is having a hearing on COVID-19
22 pandemic and its consequences in Indian and Tribal Country,
23 and I wanted to make certain that we made clear the role
24 that the Department of Veterans Affairs is playing in trying
25 to make certain that individual Tribal members and Tribe

1 communities are cared for.

2 Senator Tester and I have had weekly conversations by
3 phone with the Secretary and often with Dr. Stone, and
4 almost in every week's telephone conversation, we discuss
5 what the Department of Veterans Affairs is doing to help
6 assist in regard to the health care needs of Native
7 Americans.

8 So good afternoon, everyone. Thank you very much for
9 joining us. The Committee will come to order.

10 Here in this hearing, we are to discuss Veterans Health
11 Administration's workforce and resources the VA uses in
12 recruitment, in retention and resiliency--

13 [Audio distortion.]

14 Chairman Moran. I knew my words were important and
15 would be repeated many times.

16 First, I want to thank the 350,000 employees of VHA for
17 the hard work they do day after day to care for our
18 veterans. That occurs in easier times than this, but it
19 occurs always. And I have met a number of these
20 professionals since being a Member of Congress and have
21 always admired their dedication to the mission of helping
22 veterans. In many cases, they are helping other veterans.

23 We know that in many instances, these men and women who
24 work at the Department of Veterans Affairs are going above
25 and beyond to help provide our veterans with the services

1 and health care needs that they deserve.

2 This is especially true as our frontline VA health care
3 workers fight against COVID-19. I was inspired by the story
4 of Gary Kramer, an intensive care unit nurse at the Dole VA
5 Medical Center in Wichita. Gary has gone the extra mile in
6 caring for his patients suffering from COVID-19, offering up
7 his own phone so patients could connect with loved ones
8 unable to be by their side during their final days.

9 VA health care workers serve our veterans because they
10 believe in the mission, and that is exactly the kind of
11 person that we want to have serving those veterans. But as
12 we know, the VHA has a number of vacancies, including 27
13 occupations listed as critical shortages by the Office of
14 the Inspector General. These shortages of critical
15 positions strain the rest of the workforce and make it
16 tougher for them as they care for our veterans.

17 Reducing these vacancies must be a priority for the
18 Department so that dedicated providers like Gary have the
19 people and other resources around them to deliver the
20 consistent, high-quality care that our veterans deserve.

21 Recruiting providers is challenging for everyone in the
22 health care industry, but I worry that the VA is limited in
23 its ability to compete with the private sector due to salary
24 restrictions and bureaucratic hiring practices.

25 For health care providers, the VA does have authority

1 to set pay based on market conditions in specific areas.
2 One of the challenges, which we frequently see in rural
3 areas, is that the qualified applicants are not in that
4 market. The VA really needs to adjust the pay to attract
5 doctors and nurses from other areas of the country.

6 I hope to hear more from our witnesses today how VHA
7 can accomplish that and what our Committee can do to help.

8 Additionally, we often hear from hiring managers that
9 it takes too long to hire good people. VHA's current hiring
10 model for doctors and nurses allows for 34 days from closing
11 a job announcement to issue a tentative offer of employment.
12 It could take another 45 days from that initial offer to
13 conduct the credentialing and privileging, background check,
14 physical, and drug test before the new employee can actually
15 start working. If another area hospital provides an offer
16 sooner and has a quicker onboarding process, that doctor or
17 nurse may not be able to wait for the VA process.

18 I hope to hear more from our witnesses today on how
19 this hiring model compares with practices in the private
20 sector, including any additional requirements that the VHA
21 faces.

22 I also want to hear more about how VHA has been hiring
23 during the pandemic because I know, I understand--the
24 Secretary has indicated this many times--the VHA alone has
25 hired over 20,000 employees in the past 3 months. That

1 appears to be more than double the number hired in the first
2 3 months of this year.

3 In our Budget hearing last month, Secretary Wilkie
4 noted that many of these new employees were hired much more
5 quickly than traditional process allow for, and I am very
6 interested in what changes VHA has made during the pandemic
7 and which of those changes can be used to improve the hiring
8 process on a permanent basis.

9 Again, I thank our witnesses for joining us.

10 I now yield to the Ranking Member, Senator Tester, for
11 his opening remarks.

12 OPENING STATEMENT OF SENATOR TESTER

13 Senator Tester. Well, thank you, Mr. Chairman, and I
14 also want to thank the tech people in the room because the
15 first part of your--

16 Chairman Moran. Jon, just a suggestion. It seems odd
17 for me asking to be able to hear you, but if you would speak
18 into your microphone or turn up the volume.

19 Senator Tester. I will get closer. I was just saying
20 the same thing about you. I want to thank the tech people
21 because they fixed it in the last couple minutes of your
22 opening statement. I could hear it very, very well. The
23 first part not so good, and I assume that it was a glorious
24 statement as always. But I can hear you now, which is good.

25 Dr. Lieberman, I want to start by thanking you and your

1 team for being here today. I also want to thank the VA
2 frontline employees for all they have done to care for
3 veterans and nonveterans alike during this pandemic,
4 especially now as, once again, the VA case count is surging
5 and staff are being pushed to extremes.

6 The staff, from providers to housekeepers to schedules,
7 are truly the backbone of the VA, and they work hard every
8 day to make sure that veterans get the access to high-
9 quality health care that they have earned.

10 And I want to commend the VA for its success in quickly
11 and efficiently hiring thousands of new staff during COVID-
12 19. It used to take 90 days to get a new employee in the
13 door, and in the meantime, we lost some potential good
14 employees because somebody else swept them up. So for the
15 VA to bring on a new staff not in 72 days but in 72 hours, 3
16 days, that shows that the agency is actually capable when it
17 sets itself to the task, but it should not take a pandemic
18 for the VA to be able to fix some of its internal hiring
19 processes, when many of the challenges, I think, could have
20 been made years ago. And if they could not have, you can
21 tell me why.

22 Over the years, Congress has given the Department
23 numerous hiring authorities, and my concern is that the VA
24 is dragging its feet when it comes to implementing them.
25 Some of these authorities are several years old, and the VA

1 has yet to put them to use.

2 Beyond that, the VA needs to make itself the employer
3 of choice for health care professionals, and the first step
4 of that is ensuring staff, current staff is feeling
5 supportive. Think about it if you were out and going to go
6 get a new job, and they offered you a job. The first people
7 you would talk to either before the interview or after would
8 be the people who work in that facility, and if they are not
9 happy, we are not going to get the employees we need.

10 Quite frankly, we have got great employees within the
11 VA. We just need more of them, and we need to retain them.
12 The good ones we have got is because they are, like I said
13 before, the backbone of the VA.

14 One of the things about making the staff feel that they
15 are wanted and supported is to guarantee they have access to
16 PPE and testing that they need to be able to do their job
17 safely, and VA leadership must recognize the sacrifices that
18 staff are making by providing retention incentives and
19 hazard pay when appropriate. I would also like to see the
20 Department expand scholarship and training programs to help
21 with recruitment and retention, especially in high-need
22 areas like the rural parts of our country. We know that
23 when a student trains at the VA, they are more than likely
24 to return and go to work at the VA. So recruiting and
25 retaining staff also means treating the workforce with

1 respect, listening to their concerns, and acting on them.

2 So we need the management to understand that because,
3 quite frankly, when it comes to health care issues, those
4 folks that work for the VA, for the vast majority of them,
5 they are the best, and quite frankly, if we treat them as
6 they need to be treated, as this pandemic continues to look
7 like it is going to expand in many parts of this country, we
8 will be well set up to deal with it.

9 Quite frankly, I look forward to your testimony, and I
10 look forward to the questions that are going to come after
11 that because we have got a number of things to talk about
12 as this surge is upon this country.

13 Thank you, Mr. Chairman. I appreciate the opportunity.

14 Chairman Moran. Senator Tester, thank you very much.

15 Now let me turn to our witnesses. Let me introduce the
16 witnesses from the Department of Veterans Affairs. Dr.
17 Steven Lieberman is the acting principal deputy under
18 Secretary for Health at the Veterans Health Administration.
19 He is accompanied by Ms. Jessica Bonjorni, the chief of
20 Human Capital Management at VHA. We also have Ms. Victoria
21 Brahm, the director of Veterans Integrated Services Network
22 12, joining us today. Thank you all very much, as I said
23 earlier, for being with us. Thank you for the insight you
24 can provide.

25 Dr. Lieberman, you are recognized for your testimony.

1 STATEMENT OF STEVEN L. LIEBERMAN, MD, ACTING
2 PRINCIPAL DEPUTY UNDER SECRETARY FOR HEALTH,
3 VETERANS HEALTH ADMINISTRATION; ACCOMPANIED BY
4 JESSICA BONJORNI, CHIEF, HUMAN CAPITAL MANAGEMENT,
5 VHA, AND VICTORIA BRAHM, DIRECTOR, VETERANS
6 INTEGRATED SERVICE NETWORK 12, VHA

7 Dr. Lieberman. Good afternoon, Chairman Moran, Ranking
8 Member Tester, and members of the Committee. I appreciate
9 the opportunity to discuss the Veterans Health
10 Administration recruitment, retention, and hiring efforts
11 during the COVID-19 pandemic. During this unprecedented
12 challenge and transformational time in U.S. health care, VA
13 is proud of the unparalleled dedication and resilience of
14 our workforce.

15 From the front line to senior leadership, we are
16 unified in our mission to deliver excellence for the more
17 than 9 million veterans who entrust us with their care. We
18 are also honored to serve as the backstop to the Nation's
19 health care system, responding beside our Federal partners.

20 Having served Americans in 46 States and the District
21 of Columbia through our Fourth Mission, we have provided
22 expert consultation, testing, personal protective equipment
23 and ventilators to community entities. Over 2,000 VA
24 personnel raised their hand to deploy into areas of the
25 Nation severely affected by COVID-19.

1 Recruiting and retaining top professionals has been our
2 priority for the direction of the response. We hired more
3 than 23,000 staff, 85 percent of whom are permanent
4 employees, while decreasing the onboarding time from several
5 months to as little as 3 days. We stayed ahead of
6 increasing demand for care by quickly launching national
7 hiring campaigns through amplified use of social media,
8 targeting positions in highest demand. More than 4,700
9 nurses, 800 physicians, and 1,400 housekeepers joined our
10 ranks.

11 VA has long been a leader in interdisciplinary team-
12 based care. We enhanced the COVID-19 readiness of our
13 clinical teams by empowering clinical staff to work to the
14 top of their licenses, by augmenting role-based training,
15 and by rapidly and exponentially expanding telehealth across
16 the enterprise.

17 As in other VISNs, while COVID-19 cases were surging in
18 the community, an inpatient bed capacity was in high demand.
19 Ms. Brahm in VISN-12 led the cross-training of ambulatory
20 care nurses and the construction of extra negative-pressure
21 rooms. VISN-121 also activated a mobile medical unit for
22 contingency purposes. These efforts exemplify our
23 principles as a high-reliability and learning organization,
24 where newly identified models of care are rapidly and
25 effectively implemented across our health care system.

1 To recognize exceptional efforts of staff, VISN leaders
2 offered retention incentive awards and special contribution
3 awards. Our successful surgeon hiring was built in a
4 foundation of human resources modernization achieved before
5 the pandemic, whereby VHA consolidated more than 140
6 facility human resources offices into 18 VISN-level shared
7 services, eliminating bottlenecks.

8 With the pandemic onset, we employed our existing
9 flexibilities to reduce the hiring timeline and leveraged
10 our capacity across the enterprise to optimize resources.
11 We established an integrated staffing command cell to drive
12 accelerated hiring and manage deployments of staff to
13 affected areas of the country.

14 The Office of Personnel Management offered tremendous
15 support enabling us to expedite our onboarding model by
16 expanding our ability to hire noncompetitively and
17 encouraging retired Federal employees to return to service
18 using pay flexibilities.

19 While we are just passing the 90-day mark for many of
20 these processes, our hope is to continue building on these
21 improvements as we define the new normal. Congress'
22 continued support for the recruitment and retention of
23 talent to care for our Nation's veterans is vital.

24 VA being granted additional flexibility with the CARES
25 Act allowed us to waive pay limitations for employees during

1 the national emergency. The unique challenges and impacts
2 of this can weigh heavily on even the most altruistic and
3 dedicated of individuals.

4 We have been committed to support our employees' needs
5 to face these times with resilience, and leaders at all
6 levels of the organization have been working hard to support
7 their teams emotionally and spiritually. We are succeeding.

8 Absenteeism rates have stayed consistently lower than
9 average, and our retention rates remain stable. During
10 these unique times, we are committed to providing excellence
11 for those in our care. Our greatest asset is our talented
12 mission-driven workforce.

13 We look forward to working with this Committee to
14 maintain VA's ability to hire quickly and eliminate barriers
15 to attracting and retaining top talent.

16 This concludes my testimony. My colleagues and I are
17 prepared to answer any questions you may have. Thank you.

18 [The prepared statement of Dr. Lieberman follows:]

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1 Chairman Moran. Dr. Lieberman, thank you very much,
2 and thank you to you and your colleagues for being here, as
3 I said earlier, but especially for your care and concern
4 evidenced by your statement, by your testimony for those who
5 served our Nation. I appreciate your willingness to do so.

6 Let me start with a question for you, Dr. Lieberman.
7 So my understanding is that VHA's goal for 2020 in the
8 budget was to increase its workforce by 13,000 employees. I
9 understand that VHA has hired over 20,000 employees since
10 the end of March. Would you tell me how these two things
11 fit together? How much of that increase in hiring is due to
12 meeting the needs during a pandemic, and how much of that
13 hiring is just more routine? Additionally, how does the
14 13,000 than fit into the 20,000 that you have for the goal,
15 and how is the retention at least to date?

16 Dr. Lieberman. Thank you, Mr. Chairman, for that
17 question.

18 It is very important for us right now with COVID to
19 continue to build that workforce to care for our veterans
20 with their ongoing medical issues. Certainly, our veterans
21 have 31 percent more diagnoses, more complications from
22 those diagnoses, and we feel it is really important to
23 continue to stay focused on staffing up as we continue to
24 meet the surges from COVID.

25 We also continue to focus on replacing our priorities

1 in areas such as mental health and women's health and a
2 variety of to her topics.

3 I will turn to Ms. Bonjorni to provide more details
4 related to your question.

5 Chairman Moran. Ms. Bonjorni?

6 Ms. Bonjorni. Yes, sir. So that hiring activity that
7 you mentioned earlier is a great accomplishment, but we also
8 have to keep in mind that we still have people who leave on
9 a regular basis as normal turnover. So we did see a net
10 increase in onboards for the fiscal year of upwards of 8,000
11 staff, and about two-thirds of that net increase happened
12 since the end of March. So that expedited hiring and real
13 focus made a big difference in our increases, and we do
14 anticipate seeing continued increases for the rest of the
15 year.

16 Chairman Moran. I mentioned in my opening statement
17 about the expedited hiring, the process. How much of that
18 can continue on actions of the VA, or are there legislative
19 changes required to allow the VA to continue to hire on an
20 expedited process?

21 Dr. Lieberman. So we are committed to moving forward
22 to maintain as many of these improvements as we can. We
23 have been so pleased with how we showed that this
24 organization could literally turn a ship rapidly when we
25 needed to, to stay ahead of this COVID wave.

1 We are still just 3 months into this process, and so we
2 will be paying close attention to this, making sure there
3 are no unintended consequences to some of these improvements
4 we have made, and we certainly are prepared to come back if
5 we need any support from the Committee to share with you
6 what that is as we do this assessment moving forward. We
7 are just not ready to ask for that today.

8 Chairman Moran. Ms. Bonjorni, I want to understand how
9 the VA matches its patient needs.

10 Dr. Lieberman, I can address this question to you, and
11 you can pass it around, if you would like.

12 But the MISSION Act was, in part, designed because of a
13 strategic planning portion to try to get the VA to match its
14 hiring practices with what the strategic plan showed the
15 professionals needed by the patient, to match the patient's
16 needs for their care with who we are hiring. Is that yet
17 ongoing? The MISSION Act is relatively new. Is there
18 sufficient strategic planning to make certain we are hiring
19 based upon the needs of veterans?

20 Dr. Lieberman. So we are continuing to pay attention,
21 even with COVID going on, to every aspect of the MISSION Act
22 and keeping track of where things are moving.

23 Certainly, with COVID coming along, it does make us
24 want to take a step back and just make sure that nothing has
25 changed as a result of this, as a result of how we are

1 serving our veterans and what the priorities are as a part
2 of our Fourth Mission. So we are continuing to look at
3 that, but we definitely want to look even closer if there
4 needs to be any changes in our strategy moving forward.

5 Chairman Moran. I will turn to Senator Tester
6 following this follow-up.

7 Is there sufficient implementation of a strategic plan
8 that now would allow the VA to make decisions, hiring
9 decisions based upon a plan, or is that something we would
10 expect in the future? And if so, what kind of time frame?

11 Dr. Lieberman. So it would be sometime in the future,
12 and it would be hard to commit to a time frame today because
13 of the uncertainty of COVID and the influence that that will
14 have on our health care system and the national health care
15 system.

16 Chairman Moran. The follow-up to my follow-up is you
17 did express the importance of strategic plan and following
18 the MISSION Act, and I appreciate that. I share that view,
19 and I was pleased to hear you say it.

20 Senator Tester?

21 Senator Tester. Thank you, Mr. Chairman.

22 Dr. Lieberman, thank you for being here to talk about
23 VHA workforce issues.

24 Obviously, the number one thing that is on everybody's
25 mind right now is COVID-19, including the VA's, as we see

1 cases surge nationally.

2 In April, the VA had to move to up PPE austerity
3 measures due to global shortages and could not guarantee
4 that every VHA employee had a mask. Tell me right now who
5 gets a mask?

6 Dr. Lieberman. We currently have adequate--and,
7 certainly, this is something, as you know, is just of
8 critical importance to us as we move forward with the COVID,
9 and we maintain a focus on the number of PPE. We even have
10 every different type. We look across the country. We talk
11 about it every day.

12 Senator Tester. My question is, though, Dr. Lieberman,
13 who gets a mask and how often right now?

14 Dr. Lieberman. We are still following the CDC
15 guidelines. It has not changed. For anybody who is working
16 where there is a potential for aerosolization of COVID, they
17 would get the N95 mask. Other employees would be eligible
18 to get the surgical mask, depending on where they work.

19 Senator Tester. Do you anticipate with this surge that
20 the VA will have to bring back any of the austerity measures
21 that they had brought back earlier in April?

22 Dr. Lieberman. We have really had a laser focus on
23 this and continue to acquire PPE, and we believe that we
24 will have adequate PPE moving forward.

25 As of today, we have enough PPE to last us at least 30

1 days, and that number continues to grow.

2 Senator Tester. Okay. That was my next question. So
3 you are at 30 days right now. I am sure that you guys have
4 fun projections on the surge because in parts of this
5 country, it has gotten pretty crazy, quite frankly. You
6 feel confident that you are going to be able to grow that
7 PPE stockpile even while the surge is going on?

8 Dr. Lieberman. We are focused on many different
9 avenues for how to procure it, whether through the Federal
10 Government, on our own, manufacturing of PPE. We are
11 looking at opportunities with DoD, and so, yes, we believe
12 we will stay ahead of it.

13 The beauty of the VA, as you know, is if there is a
14 location of the country that is feeling pressure because of
15 increased COVID, we can rapidly adjust and move our PPE
16 around the country. That is one of the benefits of our
17 health care system.

18 Senator Tester. Okay. As the Chairman pointed out
19 earlier, he and I have conversations with the Secretary and
20 Dr. Stone with some regularity, and they have talked about
21 they are going to be reopening different regions, different
22 VA facilities, at different moments of time. Has the surge
23 impacted the reopening plants?

24 Dr. Lieberman. Yes, it has. Just as in the private
25 sector, we focus on what is called the "gating criteria,"

1 and basically, we are keeping a close eye. So, certainly,
2 if there is a surge, that leadership in that area will take
3 a close look at that of what they have increased and
4 certainly decide whether they should continue along the
5 pathway, hold, or move backwards.

6 Senator Tester. So what I would ask is this. If it
7 has changed your plans for reopening--the surge, I am
8 talking about--could you inform the Chairman and myself and
9 anybody else on this Committee that wants it what those
10 changes are?

11 The reason I ask that--and the Chairman will ask it
12 from a Kansas perspective--is Montana was going to be opened
13 up. We have seen cases increase greatly in Montana. We
14 have not seen hospitalizations increase greatly, which is
15 bad and good news, I guess, but if you could keep us
16 informed on how the surge is impacting your reopening plans,
17 we would very much appreciate that. Is that a possibility?

18 Dr. Lieberman. Absolutely. Just again to reiterate,
19 we will see a veteran if they have an urgent issue, if they
20 have a time-sensitive issue.

21 Senator Tester. I gotcha. But overall from a planning
22 standpoint, it would be great to know what is going on and
23 where you guys see the hotspots impacting the VA, only for
24 the reason that we are here to help. I mean, this Committee
25 is here to help you do your job. So more information is

1 better.

2 I have got a few seconds left, but I will kick it back
3 to you, Mr. Chairman.

4 Chairman Moran. Thank you, Senator Tester.

5 Senator Boozman?

6 Senator Boozman. Thank you, Mr. Chairman and Senator
7 Tester, again for having this hearing. I want to commend
8 you all and your staffs that have worked so, so very hard in
9 such a difficult time to make it such that you are able to
10 come up with some flexibility and really do a great job of
11 hiring people, as was desperately needed.

12 The VA, the bureaucracy--not only the VA. Just the
13 government in general makes those things very, very
14 difficult, as we all know, but working with OPM, what you
15 did was remarkable.

16 Ms. Bonjorni, the VHA was able to reduce the hiring
17 timeline for over 90 days down to, in some instances, 3
18 days. Again, I want to commend you in doing that.

19 During a recent interview on May 19th, you stated that
20 you were able to do this by delaying the verification of new
21 hires' education, medical license, medical references, drug
22 testing, and other verification requirements. Some
23 verification steps were given 3 months to be completed after
24 being hired.

25 While I understand the need for hiring people quickly,

1 as is done in the private sector, during the pandemic, we
2 also want to ensure patient safety. So can you reassure us
3 the steps that were taken are being taken to make sure that
4 those expedited hires are qualified?

5 Dr. Lieberman. Thank you, Senator.

6 So this is something we are paying close attention to.

7 First of all, let me assure you that we have not seen
8 any untoward events occurring in our health care system to
9 date. We also have not had to remove any clinical staff
10 that we have hired under this expedited process.

11 We are following the Joint Commission processes for
12 urgent privileging, and we do check three items right up
13 front. And we make sure they have an active license. We
14 check a reference, and one that I think is particularly
15 helpful is we go to what is called the National Practitioner
16 Databank. And there, we can see if an applicant has had a
17 payment with a malpractice suit, if they have a history of
18 criminal activity or civil action against them related to
19 health care, whether they have been denied an appointment to
20 a health care program, State or Federal, whether there has
21 been an action taken against their license by, again, State
22 or Federal. So this is something we are paying attention
23 to.

24 If we were to see any warning signs either during the
25 application process or even following, we would take a very

1 immediate look at what was going on with that individual and
2 pull them away from patient care while we do a further
3 investigation. This is really important to us, so we are
4 taking a close look at this.

5 Senator Boozman. Oh, good. Well, we appreciate that
6 reassurance very much.

7 Under the CARES Act, Congress granted the Secretary a
8 great pay flexibility. In your testimony, you highlight how
9 helpful this pay flexibility was to recruit and retain your
10 health care professionals. We understand VHA is utilizing
11 existing pay authorities to provide recruitment and
12 retention incentives for providers as well as examining
13 additional potential authorities. What flexibilities does
14 VA need, if any, that they currently do not have, that
15 currently do not exist? How can we be helpful?

16 Dr. Lieberman. Thank you.

17 Ms. Bonjorni?

18 Ms. Bonjorni. Sure. So the CARES Act has allowed us
19 to waive a variety of pay limitations. The one that is most
20 frequently been used thus far is the waiver of the biweekly
21 premium pay limit, and I will just remind everyone that we
22 are still in the middle of the year. And so most people are
23 not going to come close to hitting up against their
24 aggregate or annual pay limits, but we do expect that we are
25 going to use more of those waivers as the year goes on while

1 we are responding to not just the COVID pandemic but other
2 simultaneous emergencies such as weather events and fires.
3 So as we proceed down this, we expect that number of waivers
4 will increase.

5 There are some flexibilities around our ability to
6 offer incentives that are still somewhat restricted, and
7 that is something we are exploring now to make sure that we
8 have all the flexibilities we need for future emergencies.

9 Senator Boozman. Good. We appreciate that.

10 Again, follow up if we need to do something in that
11 regard.

12 Thank you, Mr. Chairman.

13 Chairman Moran. Thank you, Mr. Chairman.

14 Senator Brown is recognized.

15 Senator Brown. Great. Thank you, Mr. Chairman. Thank
16 you, Chairman Moran and Senator Tester. I appreciate that.

17 Yes, we know we are here to discuss the VA's workforce,
18 those on the front lines. The workers at VA facilities
19 caring for veterans are so important. We always thank them,
20 but we do not pay them like we thank them.

21 A grocery store worker in southwest Ohio said to me,
22 "You know, they call me essential, but I am really
23 expendable because they do not pay me a decent wage. And
24 they do not protect me on the workforce." And I just want
25 that never to be said about the Veterans Administration.

1 Last month when Secretary Wilkie testified, I will say
2 it again to you all that I urged VA to find a way to
3 negotiate in good faith for VA employee unions. Veterans
4 know they get better care if employees know their concerns
5 are addressed when union representation is at the table. So
6 I will urge you again to do that.

7 Building off earlier comments from the previous
8 questioners, Chairman Moran and Ranking Member Tester and
9 Senator Boozman, I want to talk for a second about vacancies
10 and hiring.

11 Dr. Lieberman and Ms. Bonjorni, VA has shortened time
12 to hire from about 90 days to 3 days, as we talked. During
13 the pandemic, that is obviously amazing and should be
14 commended.

15 As of the last vacancy report, VHA had about 47,000
16 vacancies. Walk me through, putting aside as much as you
17 can, the pandemic, what you are going to do to fill those
18 vacancies going forward, if you would walk through that.

19 Dr. Lieberman. First, I just want to point out that an
20 empty position does not mean a gap in care. We have ways to
21 provide care via contingency plans. We have resource hubs
22 around the country that provide care, can fill in if there
23 is a gap, either face-to-face or via telehealth. Many of
24 these positions are predictable, where somebody moves to a
25 different position within their own organization or moves to

1 a different facility, retirements, and so we are always
2 planning for these with contingencies. Certainly in rare
3 occasions, there are gaps in coverage, but those are
4 actually unusual.

5 We also have--these vacancies are for growth in
6 positions. So we have--for example, right now we are
7 planning to open a precision oncology program, and that
8 requires new positions. So that gets added to this number.

9 Ms. Bonjorni, do you want to add to that?

10 Ms. Bonjorni. Sure. I will add that in the hiring
11 that we have done so far in response to the pandemic, we
12 have seen a higher number of temporary employees hired. We
13 do anticipate that we will convert over a large number of
14 those into full-time hires.

15 But we are also seeing some trends across the broader
16 health care industry that will certainly impact the VA. As
17 you are aware, other health care systems are laying off
18 staff, are furloughing them, and so that may make us easier
19 to convince people that we are an employer of choice, where
20 we can offer greater job security. And they might turn to
21 look at VA as an employer.

22 So we do anticipate we will continue that hiring surge
23 as we go forward using all the flexibilities we have already
24 been granted.

25 You may be aware also that we are using incentives to

1 retain the staff that we have on board in many areas where
2 there is fierce competition. So we can target that at our
3 key occupations and in our high cost-of-living areas.

4 Ms. Brahm. If I could add, from the field perspective,
5 we have been aggressively hiring because we want to make
6 sure that no matter what the future holds for us, we are
7 going to be able to support our veterans and give them the
8 care that they deserve as well as support the Fourth Mission
9 in the community.

10 Having Chicago in my VISN, we have gone through an
11 initial pandemic. We had high rates of the COVID virus and
12 were able to proudly not only serve our veterans but help
13 the community at large.

14 We were able since March to increase our workforce by 9
15 percent, about 1,600 employees. Now we really not only want
16 to continue aggressively hiring but also retain those
17 employees. So we have implemented a program where we have
18 already shown over the course of a year, we were able to
19 decrease RN--we had a turnover rate of about 16 percent in
20 our RNs by instituting what we call "Stay in the VA" and
21 stay interviews at incremental times during the RN, the new
22 RN stay, 30, 60, 90 days. We have different levels of
23 management meeting with them. How can we do better? What
24 are we doing right? What makes you want to stay? Why are
25 you here to serve? And we found that in the course of a

1 year, we were able to reduce the turnover rate by 50
2 percent. So not only are we aggressively hiring, but we
3 want to retain and make sure that we do have the staff that
4 we need.

5 Senator Brown. I wanted to ask one more question, if I
6 could, to Ms. Brahm.

7 A lot of us, Senator Tester especially and I, are
8 interested in pandemic premium pay for workers, and that is
9 obviously people that work directly with patients. But it
10 is also custodians and security guards. It is grocery store
11 workers. It is bus drivers. They are not government
12 employees, not VA. We are trying in the package that
13 Senator McConnell has shown little interest in so far and
14 the President seems to be mostly unaware of to provide
15 premium pay paid by government up to \$10,000 through the
16 course of a year.

17 Talk, Ms. Brahm, if you would, about how many medical
18 center directors are providing any kind of incentive pay or
19 premium pay where they limit it to RNs and doctors. Do they
20 include screeners and janitorial staff and others? What are
21 you thinking, and what have you done so far, Ms. Brahm,
22 about that?

23 Ms. Brahm. Thank you so much for raising that
24 question, Senator. I would love to answer that.

25 We are very much focusing on housekeeping, medical

1 support assistance, all of the other employees that really
2 make our care happen. We realize this is not just nurses
3 and doctors, even though they are integral to what we do for
4 our patients. It is the whole team.

5 So, in fact, we are not only using incentive retention
6 awards across the board for both--all levels of employees
7 but also special contribution awards across the board for
8 those employees as well. VISN-12, every single hospital in
9 VISN-12 is using that type of reimbursement at this time.

10 Dr. Lieberman. And that is our approach across the
11 country, Senator.

12 Senator Brown. Thank you. Thank you all.

13 Senator Moran, thank you for your indulgence there.

14 Chairman Moran. Senator Cassidy?

15 Senator Cassidy. Great. Hey, thank you all. Thank
16 you for your service to our veterans and to our country.

17 I want to continue on this. I am looking at a
18 spreadsheet. I wish I could show it to you, but one of my
19 staff did excellent work pulling this up. And it is from
20 some of the reporting requirements required for the MISSION
21 Act.

22 It does the average amount of turnover from Q3 '18 to
23 Q2 2020, and it looks like the average turnover is probably
24 about 33 percent. Walla Walla, Washington, is like 49
25 percent. I am not looking at it, but I remember seeing that

1 was near 50. Big Spring, Texas, is at 50 percent turnover.
2 New Orleans, Alexandria, Shreveport, my home State, those
3 have anywhere from 25 to 30 percent turnover.

4 And that is not really the picture I had gotten from
5 your testimony, but if you are having 25 to 50 percent
6 turnover in an institution, that is incredible. Can you
7 just kind of comment on those numbers from that MISSION Act
8 reporting?

9 Dr. Lieberman. Ms. Bonjorni?

10 Ms. Bonjorni. Sure. I would be happy to speak with
11 you about the numbers in particular, but not having that
12 massive spreadsheet in front of me, I cannot say to those
13 specific locations.

14 Across our system, however, our turnover rate has
15 stayed consistent for the past decade at around 9.5 percent.

16 Senator Cassidy. Now, that is not what this--this is,
17 by the way--this is VHA medical facilities, and this is
18 something you provided. I apologize. If I had forethought,
19 I would have had it posted for everybody to look at. But
20 there is like no place with lower than 20 percent.

21 Now, this is all personnel. This is not just
22 professionals, and I have another document which shows that
23 for professionals, it is reported all the way from the
24 physician down to the x-ray tech, not to diminish the x-ray
25 techs, but just to say the range of education required, that

1 that is lower.

2 On the other hand, it seems a little counterintuitive
3 because it seems like professionals have more options than
4 folks who might not have professional degrees.

5 So are you speaking, ma'am, just of the professionals,
6 or are you speaking across the board?

7 Ms. Bonjorni. I am speaking across the board. Our
8 average turnover is 9.5 percent. When we look at specific
9 occupational areas, we see slightly higher numbers in
10 certain areas. So housekeepers, for example, or medical
11 support assistants or other food service workers, entry-
12 level occupations, generally have higher turnover.

13 Our physicians and nurses, though, tend to trend--
14 physicians stay around that 9.5 or 10 percent, and nurses
15 lower, more closer to 8 percent turnover.

16 Senator Cassidy. Okay. Well, this is from your
17 quarterly report, the MISSION Act reporting requirements in
18 a table, the questions for the 2020 annual document. So
19 maybe that should be a question for the record because it
20 really seems to be a disconnect between that which is
21 reported and that is what you are telling us. Okay.

22 Dr. Lieberman. Senator, we would be happy to get back
23 to you about that.

24 Senator Cassidy. Yeah. Okay, that is fine.

25 Now, the other thing, the last time when we had a

1 conversation, the statement was made that the time from the
2 job offer to the onboarding has been greatly compressed.

3 But a couple years ago--so I am going to explain this
4 and see if you can give me--if this is still the case. A
5 friend who is a physician told me, "You know, I knew my
6 nurse practitioner was leaving in 6 months, but I was not
7 allowed to advertise for the position until she had left.
8 So then when I advertised, it took me a process of hiring.
9 We had to advertise. We knew she was leaving. She left.
10 Then we had to advertise for a certain period of time, and
11 then we had to onboard." So I think he said it was a year
12 and a half between the time which he knew she was leaving
13 until she was actually replaced.

14 So I guess my question is there are three segments to
15 that. You know she is leaving. Then you advertise the
16 position, and then you onboard once you make an offer.

17 I think I heard you specifically speak of the
18 onboarding process. What about those previous two segments?
19 You know they are leaving, and then the position is open.
20 And you are now advertising for that.

21 Ms. Bonjorni. Yes, sir. So the data that we have been
22 reporting, when previously it was referenced that our
23 average time to hire was upwards of 90 days, that is a
24 measurement from the time that you validate the need to make
25 a hire. So that should have been from when you were

1 notified a person was leaving until they actually come on
2 board. So that encompasses all the steps of the hiring
3 process.

4 The individual case you referenced, that sounds like
5 they were not pulling that process, and we have certainly
6 made clear as we have improved our time to hire that that is
7 not a process we are following across the system.

8 Senator Cassidy. So one more time, because I am almost
9 out--I am out--on forbearance. If I know that--I am a
10 physician, so I am going to speak as if I am the physician--
11 that my nurse practitioner is leaving in 6 months, I can
12 begin to advertise to fill that position before she has
13 actually left?

14 Ms. Bonjorni. Yes.

15 Senator Cassidy. Okay. Well, thank you very much.
16 I yield.

17 Chairman Moran. Doctor, thank you.

18 Senator Blumenthal?

19 Senator Tester. Mr. Chairman?

20 Chairman Moran. Senator Tester?

21 Senator Tester. With Senator Cassidy's consent, of
22 course, could we get that spreadsheet, and then could we get
23 the Department's response to that spreadsheet? I think this
24 is really an important point, and I would love to see it.
25 And I would love to see the Department's response to find

1 out what is going on.

2 Senator Cassidy. My staff member who did the great
3 work on this is is watching. I am going to ask him to send
4 it to SVAC staff right now, and maybe it can be shown to
5 folks now. And please send to Senator Tester's staff as
6 well, speaking to my folks who are listening.

7 Chairman Moran. We will accept that offer, and our
8 staff looks forward to getting the report that you were
9 describing.

10 Senator Tester, that is a very good idea. Thank you.

11 Senator Tester. Thank you.

12 Senator Cassidy. Thanks, Mr. Chairman.

13 Chairman Moran. Senator Blumenthal?

14 Senator Blumenthal. I am deeply concerned along with
15 my colleagues about the spread of COVID-19 among veterans.
16 I understand that the number of active cases has doubled in
17 the last month, and that 1,574 patients have died along with
18 39 VA employees. Over 50 percent of VA acute care and ICU
19 beds are occupied at present. I think those numbers are
20 right. They are alarming, and what they indicate as well is
21 the need for proper protection, PPE, which is financed in
22 the CARES Act.

23 I am hearing from employees of the VA all over the
24 country, my colleagues and I are, about the need for more
25 PPE. I know these complaints are not new to you.

1 I am also hearing about the number of hours worked by
2 VA employees, and I join Senator Tester and Senator Brown in
3 expressing the view that these employees, all of them,
4 deserve hazard pay.

5 The CARES Act waived the pay caps to allow frontline VA
6 workers to work overtime, as you know, but I think more has
7 to be done. I am in favor of the hazard pay provisions
8 under the CARES Act for VA frontline workers. The kinds of
9 hazardous duty pay that it contemplates are well deserved.
10 VA employees are putting themselves at risk every day to
11 fight this virus.

12 So my question is, Dr. Lieberman, do you have data on
13 which VA employees have exceeded the pay limitations
14 provided under the CARES Act, and how many have?

15 Dr. Lieberman. Ms. Bonjorni?

16 Ms. Bonjorni. Certainly. Looking at just the data for
17 the first month that we were able to use the authority, we
18 had upwards of 150 employees who exceeded the biweekly caps,
19 and we are still waiting for the most recent month's data.
20 So, again, that is a biweekly cap because we are early in
21 the year. We anticipate more people will start to hit the
22 cap as the year goes on.

23 Senator Blumenthal. 150?

24 Ms. Bonjorni. Yes, sir.

25 Senator Blumenthal. And you said for the first month?

1 Ms. Bonjorni. Yes.

2 Senator Blumenthal. What dates does that--

3 Ms. Bonjorni. That is from mid April to mid May.

4 Senator Blumenthal. Mid-April to mid-May. So
5 presumably, you have more data from mid-May to mid-June?

6 Ms. Bonjorni. Yes, that I do not have yet.

7 Senator Blumenthal. When will it be available?

8 Ms. Bonjorni. It should be within the next week or so.

9 Senator Blumenthal. 150 sounds low, does it not?

10 Ms. Bonjorni. Yes.

11 Senator Blumenthal. Okay. Well, I would appreciate
12 you providing that data as soon as it is available.

13 The second area I would like to ask about, the Office
14 of Accountability and Whistleblower Protection. You know
15 that the VA Office of Inspector General released a report at
16 the end of last year that found systematic problems within
17 the Office of Accountability and Whistleblower Protection.
18 These issue concern the failure to hold senior-level
19 executives accountable, the failure to conduct unbiased
20 investigations, lack of transparency, failing to protect
21 whistleblowers from retaliation.

22 A number of us wrote to Secretary Wilkie, and in
23 response, he said, quote, a quality control team would
24 review all whistleblower retaliation cases that were closed
25 without action during OAWP's first 2 years.

1 Now, there are about 175 whistleblower retaliation
2 cases that need to be reviewed. Can you provide an update
3 as to the review of those cases?

4 Dr. Lieberman. I do not have an update today, but I
5 certainly can ask the agency to get that for you.

6 Senator Blumenthal. Can you tell us how the VA decides
7 whether or not to implement a recommendation action by OAWP?

8 Dr. Lieberman. I can just speak on behalf of VHA.
9 Certainly, we review closely what they recommend, consider
10 it. It goes up to senior levels and take it under serious
11 consideration and then make a determination if we believe
12 what they recommend is consistent with what the facts show
13 from our standpoint.

14 Senator Blumenthal. My understanding is that the VA
15 has closed only 3 of the 22 recommendations from the OIG
16 report. I do not know whether you have an update on those
17 recommendations.

18 Dr. Lieberman. I do not today.

19 Senator Blumenthal. Could you provide that update
20 along with the 175-case status?

21 Dr. Lieberman. Certainly.

22 Senator Blumenthal. To the extent you can. Thank you.

23 Thanks, Mr. Chairman.

24 Chairman Moran. You are welcome, Senator Blumenthal.

25 Senator Rounds?

1 Senator Rounds. Thank you, Mr. Chairman.

2 First, let me begin by saying thank you for the work
3 that you are doing. Thanks for working through some real
4 difficult challenges during this pandemic time.

5 I would like to focus on a couple of specific issues
6 with regard to South Dakota, and I would like to use them as
7 an example of some concerns I would have elsewhere within
8 the United States as well.

9 At the Fort Meade VA in Sturgis, which is in the
10 western part of South Dakota near the Black Hills, there is
11 a Title 38 recruiter who works in an office down the hall
12 from the Black Hills health care system director.

13 Now, we are a small State. We have small facilities.
14 It is not very far from one office to the next.

15 He used to report to that director, and they worked
16 together to identify local needs and staff critical
17 positions successfully.

18 But last October, the recruiter got rolled up under the
19 VISN. So even though he knows South Dakota, knows our
20 veterans, and has brought quality providers to some of the
21 most rural parts of our State, I am told that now his hand
22 are tied by red VISN tape. He cannot even walk down the
23 hall anymore to discuss recruitment with the health care
24 system director. Instead, he has to go through the VISN.

25 Am I missing something here? How does adding a layer

1 of bureaucracy help anyone in the VA working on recruitment
2 and retention to close the gap in filling critical vacancies
3 or to meet a time to hire metric?

4 If you would like to refer to either one of your team
5 members, that would be fine.

6 Ms. Bonjorni. Sure. I could speak to the overall
7 setup of our VISN HR modernization.

8 The concern that you raised, thank you for raising it,
9 and it is not one that should actually occur. There is
10 nothing that would prevent a recruiter from speaking
11 directly to the medical center director that they work with.
12 It is certainly possible that the situation you are
13 referencing involves someone who has been assigned to
14 support the broader VISN overall, and there might be someone
15 else assigned to do local work for South Dakota. But we
16 would continue to encourage that strong relationship with
17 the recruiter and the medical center director leader. It
18 just might be different people.

19 Senator Rounds. We are not a real big facility. If
20 you have got a facility as small as that, I doubt there are
21 multiple recruiters in one facility. If you are sitting in
22 the facility and now you are going to go through VISN 23
23 which is basically out of Minneapolis, that would be, what,
24 7-, 750 miles away? So you are now working your way through
25 another facility. I do not know exactly how large the

1 Minneapolis facility is, but I can guarantee it is a whole
2 lot bigger than what we have got in Sturgis.

3 And then to be able to somehow work through that to get
4 back down to do what you were doing successfully before, it
5 seems to me that you have added a layer of bureaucracy,
6 which is not necessarily defensible, particularly when if
7 the suggestion is that you are using a recruiter that is not
8 at that location now, that somehow they are supposed to do a
9 better job than someone who is already there and has
10 successful done it, it seems to me that there is something
11 missing in it.

12 And the reason why I am bringing it up is not just
13 because it is one location, but because if the
14 reorganization of this is to provide an efficiency, it seems
15 to me that there may be some lacking oversight with regard
16 to whether or not that efficiency would actually be working.
17 And if it is not working in a small facility like that, I
18 wonder what is actually going on, on the job, at other
19 locations throughout the country.

20 And I would simply ask, can you follow up and find out
21 whether or not the statements as I have shared with you are
22 accurate, and second of all, if they are accurate, why we
23 would not get back down to allowing a normal, more
24 reasonable approach in a local region to exist?

25 Ms. Bonjorni. Yes, sir. I can absolutely commit to

1 looking into that specific situation you reference, and then
2 when we look at the way the model is set up, there are some
3 staff who are doing shared services work for the whole
4 network. And then there are staff who are strategic
5 business partners who are dedicated to that facility. So
6 that did not actually change in the model. It sounds like
7 we need to look into your specific case to figure out where
8 the disconnect may have occurred.

9 Senator Rounds. And I thank you for that because it
10 seems since FY '15, this Congress has literally authorized
11 funding for about 35 percent more in terms of FTE to meet
12 demand from 295,000 up to and authorized 357,500 fully
13 funded for FY '21. And if we are going to do that, we need
14 the most efficient and reasonable approach to actually
15 getting these folks in place. If we have got a system that
16 has been designed, but it may not be working as hoped for, I
17 just hope there would be a reasonable expectation that
18 modifications could be made to actually get the results we
19 are after.

20 Ms. Bonjorni. Yes, sir. We share the same goals of
21 making sure we have the most efficient and effective HR
22 processes we can.

23 Senator Rounds. Okay. And when would you be able to
24 get back to us with this?

25 Ms. Bonjorni. Within the next couple of weeks, I

1 anticipate, once we speak with the network.

2 Senator Rounds. Five, six weeks should be more than
3 adequate?

4 Ms. Bonjorni. Yes, sir.

5 Senator Rounds. Okay. Thank you very much.

6 Thank you, Mr. Chairman.

7 Chairman Moran. Senator Rounds, thank you.

8 Senator Sinema?

9 [No response.]

10 Chairman Moran. Senator Sinema, if you are there or
11 join us, we will come back.

12 Senator Tillis?

13 Senator Tillis. Thank you, Mr. Chairman. Thank you
14 all for being here.

15 I want to go back and just do a quick mental math
16 exercise. How many total employees do we have in VA health?

17 Dr. Lieberman. About 352,000.

18 Senator Tillis. Okay. 350,000. And the average
19 attrition rate, you said is 9 among documents? So it is 9
20 right on the average? Among nurses, it is 8? So I am
21 looking forward to getting the spreadsheet, but I do not see
22 how the math works. It would mean for non-doctors and non-
23 health officials, you had an attrition rate of--if you
24 extrapolated beyond these facilities of 40 or 50 percent.
25 My guess is if you had that, it would be something you would

1 be well aware of. So I will be interested in seeing how we
2 normalize those numbers for the benefit of the Committee.

3 I did have a question for Ms. Brahm. You cover Great
4 Lakes, right? That is VISN-12?

5 Ms. Brahm. Correct.

6 Senator Tillis. Okay. So that is a portion of
7 Michigan, northwest portion of Indiana, Illinois, Wisconsin.
8 You have got a good mix of rural and urban areas.

9 Tell me a little bit about how well you all have done
10 with the COVID response specifically for any of the veterans
11 that you are serving and, comparatively, if you know this,
12 against your peer group in the private sector.

13 Ms. Brahm. Yes. And thank you for the opportunity.

14 It has been really beneficial for us to have both
15 regions because, as we were struggling with Chicago area,
16 the Illinois area going through a massive surge, we were
17 able to leverage from the Wisconsin side, the northern tier,
18 to help us. So we were able to flex very quickly staff,
19 PPEs, supplies, ventilators.

20 And when we did even come up to a point where we needed
21 additional help, where not only was the private sector
22 occupying ICU beds at a rate of 87 percent, we were able to
23 get the region, so the entire Midcon region to help support
24 us very quickly on the ground. That was amazing.

25 We also were able to very closely collaborate with our

1 private-sector partners. We created triage systems, whereby
2 when Mission Four was activated, even though we were under a
3 surge ourselves, we were able to support the private sector
4 in moving civilians into our hospitals and taking care of
5 them.

6 The great thing about having both the remote and the
7 urban hospitals are that you can activate in one hospital
8 that is not suffering. For instance, Iron Mountain,
9 Michigan, was able to help support us in the Chicago area.
10 Madison, Wisconsin, at one point was able to support us in
11 the--

12 Senator Tillis. So you were able to do a lot of load
13 leveling because there were clearly hotspots in other areas
14 that were not.

15 At any point during the peak or do you fore see any--so
16 looking back, at any point during the peak, were you out of
17 beds, out of ventilators?

18 Ms. Brahm. No.

19 Senator Tillis. Out of PPEs?

20 Ms. Brahm. We were able to create surge plans, and
21 some of that was due to the ability of our engineers, our
22 biomed people to create negative-pressure rooms.

23 Senator Tillis. Were you ever out of PPEs?

24 Ms. Brahm. No, we did not. We were able to cross-
25 leverage and predicted. That was ongoing. Of course, we

1 set up incident command, and we have had up to five meetings
2 a day, consistent communications.

3 Senator Tillis. Were there any instances where you
4 were actually providing care to private sector logistically
5 or through PPEs?

6 Ms. Brahm. We did help. We were in daily
7 communication with our State veterans homes and the contract
8 nursing homes that take care of our veterans. We did
9 supply--

10 Senator Tillis. How well have the State veterans homes
11 done? We have done a lot of work with North Carolina, with
12 the State-run veterans homes, co-resident with some of our
13 VA facilities. How well did they do compared to the
14 facilities that you have with seniors?

15 Senator Tillis. We had one that did phenomenally well,
16 with no cases to date, and then others that needed not only
17 PPE support, but some consultation in terms of how to set up
18 COVID, non-COVID, and emergency response, especially of
19 nursing personnel. So we were able to go into those homes
20 and help them to help themselves. It was very much
21 appreciated.

22 Senator Tillis. Do you have any peer-level review of
23 how well you all did within VISN-12 and how well that rough
24 geography did within the private-sector health care response
25 for seniors, congregate facilities, other ones?

1 Ms. Brahm. I do not think I understand the question.

2 Senator Tillis. So you have got congregate care
3 facilities outside the VA system.

4 Ms. Brahm. Yes.

5 Senator Tillis. They had a crisis. It looks like they
6 were a little bit later or behind the VA in implementing
7 protocols. So I was kind of curious as to how well you all
8 did as a health care facility for the VISN-6 as compared to
9 the elderly and congregate care facilities in the private
10 sector.

11 Ms. Brahm. I think comparatively, subjectively,
12 knowing we did open a Mission Four to take community care,
13 nursing home patients from the private sector. So we
14 disclosure take those type of patients. We did, and we
15 implemented our protocol very early. And we are very
16 protective of our nursing home patients. So I think we did
17 extremely well, comparatively.

18 Senator Tillis. Mr. Chair, just in closing, I have
19 done a little looking into this in VISN-6. I work very
20 closely with my VISN director, the VA facility directors,
21 and everything I see there, obviously we could always
22 improve. But everything I see there is most likely a best
23 practice for how to handle congregate care facilities in the
24 private sector.

25 So I hope after we get through this, we share some of

1 those best practices because I believe what we are going to
2 find, by and large--there could be some exceptions in
3 certain areas, but by and large, you as a national health
4 care system probably performed more admirably than any other
5 major health care system in the yesterday. And I thank you
6 all for the work you did.

7 Thank you, Mr. Chairman.

8 Chairman Moran. Thank you, Senator Tillis.

9 Now Senator Sinema?

10 Senator Sinema. Thank you, Chairman Moran, and thank
11 you, Ranking Member Tester, for holding this hearing today.

12 I also want to thank our witnesses for being here
13 today.

14 In Arizona, the VA health system covers a lot of rural
15 areas, and this represents an additional challenge to
16 recruiting and retaining VA employees, and now with COVID-19
17 cases rising dramatically across our State, we are
18 struggling to ensure we have enough staff to support the
19 need. And, of course, that is critical.

20 So my question for Ms. Bonjorni is last week, I served
21 a Ranking Member for a Homeland Security and Government
22 Affairs Subcommittee hearing on the National Commission on
23 Military, National, and Public Services' final report. This
24 report identified agency culture as strongly contributing to
25 hiring challenges.

1 In recent years, stakeholders and Congress have worried
2 that many of those hiring barriers have prevented the VA
3 from fully addressing its vacancy challenges, yet in the
4 midst of a pandemic, the VA has hired nearly 20,000 new
5 employees very quickly.

6 So what has this surge taught you about the culture of
7 the VA around hiring? And how will you continue to build on
8 this recent momentum?

9 Ms. Bonjorni. Thank you for the question, Senator.

10 Certainly, we have learned a great deal from our surge
11 hiring efforts. I have not read the specific report that
12 you reference, but certainly, when you look at any process,
13 there are people who may be resistant to changing it. And
14 sometimes the complexity of our hiring process makes it feel
15 to the average user of the process that it cannot be
16 changed.

17 I think what the pandemic showed us on our lofty goal
18 that we push towards to get to a 3-day onboarding timeline
19 was it made us very creative to think through what were the
20 things that we could change and what help did we need.

21 It is unusual to have the level of support that we have
22 had just among each other and from other Federal agencies.
23 So we are really grateful to see the amount of collaboration
24 that we had from OPM and other partners to help us really
25 think through how we could break down those barriers, and

1 now we are starting to evaluate each one of those changes
2 that we made and figure out how many days it shaved off of
3 the process and how we can retain many of those changes.

4 I will note that we will not probably be able to retain
5 all of them without additional support, either through
6 legislative change or regulatory change.

7 Senator Sinema. Thank you.

8 My next question is for Dr. Lieberman. The Commission
9 report also noted specific challenges at the VA in filling
10 open positions for health care professionals. The report
11 recommended streamlining the hiring process by implementing
12 a single personnel system, Title 38, for all health care
13 providers and support staff at the VA, but stakeholders have
14 expressed concern regarding moving away from the competitive
15 service hiring system of Title 5. So what are the
16 challenges and benefits of this recommendation for the VA?

17 Dr. Lieberman. Senator, thank you for that question.

18 I would defer to Ms. Bonjorni, who really is the
19 greatest expert here on this topic.

20 Ms. Bonjorni. Sure. Thank you.

21 When you look at perhaps prior testimony that we have
22 given, we have expressed some of the challenges we have with
23 having upwards of 120 different appointment authorities for
24 new hires. It makes it very complex for HR professionals
25 and for managers to understand how the hiring process works

1 due to those complexities.

2 Having a streamlined process where there were fewer
3 laws to learn, I think would be helpful for our staff, and
4 having more flexibility all the time in our pay-setting
5 policies would also be extremely helpful for us to continue
6 to meet the needs of our hiring managers.

7 As we can see right now, the market is changing
8 significantly. We do not know what the pay flexibilities
9 might look like a year from now, given what the private
10 sector is doing. We just need to be agile.

11 So if we had a system that was consistently agile, that
12 would be something we would certainly be happy to discuss
13 with you.

14 Senator Sinema. Thanks.

15 My last question for you, how does the VA ensure local
16 facilities have the flexibility they need to meet specific
17 hiring challenges they face, like adjusting incentives and
18 pay rates based on the high cost of living in certain areas?

19 So, for example, the Prescott area in Arizona has a
20 high cost of living, but it does not qualify for the
21 locality pay that Phoenix does. So this has led to problems
22 hiring and retaining positions such as housekeepers.

23 Ms. Bonjorni. Yes. We share that concern, and I think
24 the way that pay setting works for both Title 5 GS employees
25 and for wage grade employees, the pay-setting considerations

1 are not the same across those different groups. An area
2 like Prescott, in particular, faces a challenge just based
3 on the number of people there and the number of people who
4 work for the Federal Government and how those calculations
5 occur.

6 What is within our control in the VA is to look at the
7 use of incentives, so recruitment, relocation, and retention
8 incentives, which we can use at any facility, regardless of
9 geography, and so that is what we focus on.

10 In the future, if there are changes to how pay setting
11 works for those different occupations, we definitely would
12 be interested in talking about that.

13 Senator Sinema. Thank you.

14 Thank you, Mr. Chairman. I yield back.

15 Chairman Moran. Thank you, Senator.

16 All right. I think that may conclude those we think
17 are with us remotely or certainly I can tell those who are
18 not with us present, in person.

19 Let me see. Senator Tester, I have a series of
20 questions I want to ask. Let me give you the opportunity to
21 go first for a second round.

22 Senator Tester. I appreciate that, although Senator
23 Blackburn is on my screen. I do not know if she is out
24 there or not.

25 Chairman Moran. She is not, and I think if she was, we

1 would hear from her.

2 Senator Tester. Okay. That is true.

3 Chairman Moran. Thank you.

4 Senator Tester. So, Dr. Lieberman, there have been
5 plenty of examples in the private sector. There have been
6 plenty of examples of VA. In times of health care crises,
7 medical, mental, and physical well-being is important. How
8 is the VHA addressing the issue of mental and physical well-
9 being, and what resources are out there to our staff?

10 Dr. Lieberman. Senator, I just want to make sure I
11 understood. You are asking of our staff?

12 Senator Tester. Yep, of your staff.

13 Dr. Lieberman. Thank you.

14 Senator Tester. Mental and physical well-being of your
15 staff. Are there resources available to them? How are you
16 addressing to make sure that you are--

17 Dr. Lieberman. So thank you for that question. This
18 is a really important issue at a time like this, and we have
19 been focused on this really since the beginning of starting
20 to see the numbers of COVID increase in certain parts of the
21 country.

22 By definition, VA staff are resilient. They come to VA
23 to work because of the special mission we have, and yet we
24 have to pay at tension to this.

25 One of the things is focusing on certainly our

1 leadership. We expect them to--and we know that they are--
2 follow the principles of servant leadership where they
3 really are there for the success of the employees, and a big
4 part of that is the well-being of the employee. That is
5 what we are hearing of what is going on in the field about
6 being out there, getting out there, talking to employees,
7 hearing what their experiences are.

8 We also early on focused on some of our national
9 experts in mental health, in whole health, and the National
10 Center for Organizational Development to give us ideas on
11 how we could focus to make sure that our frontline staff as
12 well as our leadership, which were truly also working 24/7,
13 to making sure that every aspect of care was taken care of,
14 had what they needed to be successful.

15 So we did provide a number of resources for them and
16 tools and also had people available to talk to them, whether
17 it was a chaplain or employee assistance program or the
18 National Center for Organizational Development certainly
19 would meet with leadership who really just wanted to have a
20 confidential conversation with someone about the stress that
21 they were experiencing and what they were going through as a
22 leader.

23 I would ask if either of my--

24 Senator Tester. I was going to redirect it to Victoria
25 Brahm, anyway--

1 Dr. Lieberman. Sorry. Okay.

2 Senator Tester. --because I wanted to hear what her
3 perspective is as being a director of VISN-12. What are you
4 seeing as far as burnout, and do you think you have adequate
5 resources to deal with the issue?

6 Ms. Brahm. Thank you for that question. That is a
7 very extremely important priority for us.

8 I am a big proponent of whole health, especially for--
9 it is for our veterans and our employees. We have done
10 multiple--we have implemented multiple strategies in that
11 area. We have virtual stress relief. We have tai chi. We
12 have yoga. We have created areas in the hospitals where our
13 staff can go to rejuvenate, relax.

14 We have created areas where staff can come to vent,
15 speak, either in listening sessions that are larger and
16 psychologically safe or in private practice like Dr.
17 Lieberman has suggested with our mental health
18 professionals.

19 We are moving forward also with increased
20 communication. It is very important because a lot of
21 anxiety is caused when you do not communicate. So we do
22 virtual discussions very frequently with the staff not only
23 across the VISN, but the directors do it in the hospital.
24 And we share mantras and share stories about what is going
25 on in the COVID epidemic, because what staff do not know

1 tends to be sometimes worse than it really is, so really
2 sharing what is going on, what are we doing as leaders, how
3 are we helping you, and what do you think we need to be
4 doing.

5 So actually with the implementation of whole health,
6 with the activation of all of our mental health
7 professionals, in looking for stress relief, and then in
8 creating environments for psychological, safety, and
9 listening sessions and constant communication, I think we
10 have been able to manage.

11 I would just tell you that this staff is awesome. They
12 have the resilience. I am shocked. We have very little
13 coli strain, an epidemic that is very scary.

14 We have had--people come back that were retired. I
15 have a nurse that came back after retiring after 40 years of
16 service. She was an infection control person and came back
17 over the age of 60. I can say that because I am too, but
18 over the age of 60 that came right back into an epidemic and
19 helped do intensive infection control surveillance.

20 I have a retired respiratory therapist who came back to
21 activate a medical hospital on one of my hospital campuses.
22 In case we ran out of room for ICU beds, we would be ready
23 to activate a mobile hospital.

24 They are just awesome. Every day, I am amazed at the
25 resilience.

1 And I have also worked with the military to do
2 resilience training for our staff. So we have done quite a
3 bit of military cultururation and resilience training, which
4 has seemed to have been very effective for the staff as
5 well.

6 Senator Tester. Thank you.

7 Mr. Chairman, I have one more question, if you will
8 give me that flexibility.

9 Chairman Moran. Please proceed.

10 Senator Tester. Okay. This is for Victoria Brahm
11 again as director of VISN-12. Are you collecting from your
12 frontline staff--are you collecting information on
13 sufficient PPE and testing, both for the vets and for staff
14 themselves? Are you collecting that information?

15 Ms. Brahm. Absolutely. Twice a day. In an ongoing
16 manner, we are looking at testing capacity. We want to make
17 sure and guarantee that every employee that wants to be
18 tested can be tested, and we have been able to achieve that.
19 We want to make sure that if there are any PPE issues, we
20 address them quickly, and as I started before, we were able
21 to leverage across the VISN. If we are not, we look at the
22 regional level, and if we are not, we have had great support
23 for the Central Office level.

24 At this point, since we have been able to lower the
25 curve in my VISN, we are now trying very much to help other

1 VISNs as well in the need for PPE, employees--I mean PPE,
2 staffing, and equipment.

3 We are also working at the Milwaukee VA to start
4 production. We have been working on laser cut fields,
5 controlled air purifying respirators, and swabs, and we are
6 in production now, not only to guarantee enough for our VISN
7 but to share across the Nation.

8 Senator Tester. I will yield back now, Mr. Chairman.
9 Thank you.

10 Chairman Moran. Thank you, Senator Tester.

11 I have a few questions, and then maybe we can conclude.

12 First of all, let me ask about funding. The hiring
13 that has occurred in the last several months during the
14 COVID pandemic was funded by Congress, by the American
15 taxpayers with increases through the various phases, but
16 particularly the CARES Act. When that money is gone--is
17 that money being--what money is still available for hiring
18 from the CARES Act? As we look at the next phase of
19 spending on the pandemic, are there going to be needs for
20 dollars for hiring to address COVID?

21 Dr. Lieberman. Thank you for that question.

22 We thank Congress for the generosity to the Veterans
23 Health Administration at VA from the CARES Act, and between
24 that and our regular funding and our request for 2021, we
25 expect to have enough funding.

1 Certainly, COVID is unpredictable in some ways, and so
2 we may come back and ask to have the monies moved from one
3 account to another. But at this point, we expect to be
4 fine.

5 Chairman Moran. So let me put that in, I think, the
6 same words that you just said but make sure that I
7 understand it. The money that was appropriated both in the
8 regular appropriations process and in the various phases,
9 the four phases of legislation that we have passed to date
10 that provided money to the Department of Veterans Affairs
11 for payment, of costs associated with COVID-19 and the
12 pandemic, those dollars are sufficient? And unless things
13 change, you would not expect a request for additional
14 dollars?

15 Dr. Lieberman. That is correct, Senator.

16 Chairman Moran. Thank you.

17 Let me raise the topic of discrimination, particularly
18 racial. What can you do to assure me that both in the
19 hiring practices and in the daily work of the VA workforce
20 that there is not discrimination based upon race or other
21 factors?

22 Dr. Lieberman. Thank you for that question, Mr.

23 Chairman. This is something that is a very important topic
24 to Dr. Stone and myself as well as the Secretary.

25 Certainly, we have been hearing about concerns voiced at the

1 VA in your home State.

2 We are taking a variety of different approaches to
3 this. Number one, for the facility in your State, we are
4 planning to really listen a lot and find out about
5 experiences that staff are having, and we certainly are
6 doing this at other places across the country.

7 We also have developed a survey that will go out to
8 staff, starting again at a facility in Kansas, to hear from
9 staff, first line, what do they think is going on and what
10 do we need to do to change.

11 Sometimes we in leadership just think we have all the
12 answers that we know from reading textbooks, and I think at
13 a time like this, we really need to make sure we take the
14 time to listen to frontline staff what they have to say.
15 So that is what we are going through right now.

16 Additionally, even before the events of recent months,
17 we felt that this was such an important topic in the
18 Veterans Health Administration that we wanted to make sure
19 that our workforce, both frontline, midlevel, and top-level
20 staff truly reflected as much as possible the population of
21 veterans that we cared for.

22 So we, Dr. Stone and I, had set up a group, advisory
23 group involving a lot of people from the field, more people
24 from the field than headquarters, and looking what are best
25 practices out there with diversity and inclusion.

1 We spoke to health care systems such as the Cleveland
2 Clinic and the University of Pennsylvania, non-health care
3 systems such as Google, and based upon feedback from all
4 these different organizations, this group advised Dr. Stone
5 and I, gave us almost 50 recommendations on what we need to
6 do to move forward.

7 So we have agreed to make this a priority and set up a
8 new improved diversity inclusion office that will report
9 directly to myself and Dr. Stone, and we are in the process
10 of beginning the search for the individual that will head up
11 that office.

12 This is really just the beginning of a journey we are
13 on to make sure that we get this right moving forward.

14 Chairman Moran. Thank you for your answer, and I
15 appreciate the intentions of additional efforts in regard to
16 this.

17 Ms. Brahm, something that I should know from your
18 perspective as a medical center director on this topic?

19 Ms. Brahm. Yes. Well, we also take this very
20 seriously in the field, and as you know, there has been a
21 lot of civil unrest. I feel like one of the major things
22 that we are doing is working with our leaders and to develop
23 resources on how to have these conversations, not only how
24 to listen to what is actually the feelings that are out in
25 the frontline workers, but how do you respond when it is a

1 difficult conversation. So we have been working very much
2 with our leadership on those kinds of things as well, as
3 well as putting out mechanisms for our staff at the local
4 level to be able to address their leadership when they feel
5 there is this kind of behavior.

6 I have personally at the VISN level been receiving
7 information from the staff at the hospital level. So we
8 take it all very seriously, and anytime we do receive some
9 kinds of concerns, we follow up on that. But mostly at this
10 point, it is education. It is communication. It is the
11 toolbox and how do you handle these kinds of situations.

12 And in addition, we have set up committees at the VISN
13 level to monitor and look at this and to look if we do not
14 have appropriate representation in our diverse workforce and
15 what can we do about that. So we also are in a learning
16 phase to do better.

17 Chairman Moran. Thank you for your answer.

18 Perhaps Ms. Brahm, but it could be you, Dr. Lieberman.
19 My experience has been that generally when we talk about
20 employment at the VA, we think of those who are caring for
21 patients. But I want to highlight the importance of the
22 leadership, Ms. Brahm, your position, but others within the
23 various VISNs.

24 The medical center director is hugely important in the
25 way that a hospital cares for our veterans, and we have had-

1 -what is it that needs to take place to make certain that
2 there is long-term stability in that position, in the
3 position who is the medical center director in our medical
4 hospitals across the country?

5 I do not know which direction to look. Dr. Lieberman
6 is looking at you, Ms. Brahm.

7 Ms. Brahm. Okay. Here I am. Thank you for that
8 question.

9 Having been a medical center director and now a new
10 network director and been with the VA as a nurse for 39
11 years, I can tell you that our succession planning for these
12 positions is critical, and we do a wonderful job of that.

13 But I think it is developing enough confidence of the
14 leaders that we do have within the VA system to step up and
15 take the role. I think they hear negative publicity
16 sometimes. I think the job, it is very stressful. It is a
17 senior leadership position. It has a lot of accountability.

18 But I think talking to people, as I mentor multiple
19 people in the field that are leaders, part of what I do is
20 try and develop their confidence to step up and take the
21 role.

22 Chairman Moran. I thank you for that answer.

23 Dr. Lieberman, I would tell you that at one of our
24 hospitals, the medical center director, it is now filled by
25 an interim, and it seemed like for a decade, we had the same

1 medical center director. And then it has been a series of
2 changes ever since then.

3 I just want to express to you the importance of having
4 stability in that position, certainly stability with
5 somebody who is good at their job, somebody that performs
6 well, but they are seemingly--and I do not know how
7 prevalent that is across the country, but my experience in
8 Kansas, at least in one of our hospitals, is the directors
9 seem to come and go. And that certainly diminishes my
10 ability to develop the relationship that I think is helpful
11 to me and hopefully to the center director but also, more
12 importantly, to the patients and to the staff that work in
13 that hospital. Am I missing something?

14 Dr. Lieberman. We agree on everything there, Senator.
15 This is so important, and certainly, it is important to hire
16 right, to make sure we get the right person. A part of that
17 is making sure you have the right network director who is
18 also keeping an eye on this.

19 Sometimes we have to give incentives if we do not get
20 the right applicant in a particular location, but we are
21 aiming for somebody not to be there for a short time but to
22 be there a significant amount of time, to develop the
23 relationships with the veterans there, with the veterans
24 service organizations, with the staff and their leadership.
25 And that stability is critical to the success of any

1 organization. So I agree with you.

2 Chairman Moran. Thank you.

3 Let me raise the issue of the MISSION Act and maybe
4 then a couple categories of people who do and could work
5 more at the VA.

6 So the Choice Act, not the MISSION Act, but the Choice
7 Act was originally passed for a number of reasons. There
8 was a crisis going on within the VA it was intended to
9 address, but one of the reasons that we supported and passed
10 the Choice Act was to fulfill the ability for veterans to
11 more quickly access care as a result of a shortage of health
12 care professionals within the VA.

13 So at least from a congressional point of view and
14 certainly from my perspective, a reason the Choice Act made
15 some sense was the VA does not have the capability because
16 of lack of professionals, employees, to meet all the needs
17 of veterans, meet the demand, and therefore, let us bring in
18 the community providers and give them the opportunity to
19 meet those needs.

20 There were other reasons associated with the Choice
21 Act, and in my world, the distance of travel for a veteran
22 in rural Kansas is significant. So Choice became a
23 significant opportunity to reduce that travel time.

24 Now we have the MISSION Act. How do you see the role
25 of the VA and its hiring practices in determining--it goes

1 back perhaps to the strategic plan that I was asking about
2 earlier. How do we make certain that we are pursuing
3 community care in the appropriate level at a time in which
4 we are hiring more people in the VA? How do we know where
5 the demand for those services is going to be, back related
6 to that strategic plan that the VA is still developing?

7 Dr. Lieberman. Certainly--and thank you for that
8 question. Certainly, a big part of that are the market
9 assessments, which unfortunately because of COVID, we have
10 had to stop the face-to-face part of it. A lot of useful
11 information, a lot of data was being reviewed. A lot of
12 analyses were ongoing, and so that certainly was an
13 important process. We hope to continue that as long as
14 COVID--

15 Chairman Moran. Well, I understand that the
16 implementation of the MISSION Act may not fall directly to
17 you. The point I want to make is as we utilize community
18 care to the level for which it is determined to be in the
19 best interest of veterans, it has a consequence on what
20 professionals and how many are needed inside the VA,
21 internal employees, and how many contracts, how many
22 opportunities we utilize community care. There is a
23 relationship between the two. Does that make sense to you?
24 Am I missing something or something I should know about
25 that?

1 Dr. Lieberman. No, it makes sense.

2 Chairman Moran. Okay. I want to mention a couple of
3 professions specifically. One of them, of course, is mental
4 health. It would be a mistake on my part if I did not raise
5 the continued need for an increase in number of mental
6 health providers in this country and the private sector,
7 within the VA. They are in short supply.

8 One of the things that we have--let me start with a
9 different example first. So even before the Choice Act, I
10 was advocating back in my days of chairing the House
11 Subcommittee on Health Care what we have in Kansas is
12 community mental health centers, and they are groups of
13 counties that generally at the local level, with some State
14 support, provide mental health services across the State.
15 But they are probably the only provider in most of rural
16 Kansas. Many veterans in Kansas live in the rural parts of
17 our State, and access to health care, particularly mental
18 health care, particularly at a time in which suicide is so
19 prevalent, timeliness matters greatly.

20 I just would again use this opportunity to express my
21 belief in the value of what we call community health
22 centers, which now should be contracted with. In the days
23 in which I started this conversation, there was not the
24 formal--there was not the MISSION Act, and there was not the
25 Choice Act. But please make certain that those community

1 mental health centers--I know this may be the third-party
2 administrator issue as well. But please do not forget, at
3 least in a State like ours, the folks in the community who
4 provide mental health services can be of great value to the
5 veterans who live in those communities.

6 Then I would highlight once again, as we have done
7 before, about the importance of some of the professions,
8 licensed professional mental health counselors and marriage
9 and family therapists. There are opportunities for the VA
10 to further hire outside the psychologist, the social worker,
11 the psychiatrist, and there are other professions that the
12 VA is not able to hire.

13 We have encouraged that to occur, particularly at a
14 time in which there is such a shortage. There are those
15 professions who are ready, willing, and capable licensed to
16 provide mental health services that could be of value to our
17 veterans. I am encouraging the VA to continue to pursue the
18 hiring of those individuals, those professions.

19 Dr. Lieberman. If I may respond, we see the value in
20 this as a member of our mental health team. Actually, our
21 Office of Academic Affiliation is offering, I believe, 55
22 stipends for the upcoming year for individuals, for both of
23 those job series, to undergo training. We actually have
24 been growing in both of those jobs, 20 percent for the
25 licensed professional mental health counselors and 10

1 percent for the marital and family therapist over this
2 fiscal year compared to last fiscal year so far this year.
3 So we do see the value in that.

4 Chairman Moran. Thank you for that answer, and thanks
5 for that action.

6 Musculoskeletal disabilities, which generally, I think,
7 mean back pain, is a significant complaint, symptom of
8 veterans, and I would ask how do you see chiropractic care
9 fitting in the VHA's staffing model for rehabilitation and
10 other medical services. I would indicate to you that it has
11 always seemed to me that the VA is slow in implementing
12 programs to include chiropractic care within the VA.

13 Dr. Lieberman. There certainly is a value of
14 chiropractic care as a part of a whole variety of therapies
15 for including whole health, for musculoskeletal pain, and
16 certainly chiropractic care is among the options to help in
17 that area.

18 Chairman Moran. Nothing that you know from a
19 structural, from an attitude point of view that is
20 diminishing the opportunity for chiropractic care to be
21 utilized within the VA or within community care?

22 Dr. Lieberman. Certainly, it is on the list of items
23 to consider. There are many different options. You have to
24 speak to the veteran to see what it is that they are
25 interested in participating in.

1 Ms. Brahm, did you have something to add?

2 Ms. Brahm. Yes. If I could add, from the VISN
3 perspective, we are encouraging the hiring of chiropractic,
4 acupuncture, and massage therapy as alternative methods
5 versus opioids.

6 Chairman Moran. Is there a problem in hiring more of
7 those individuals? Are they not available?

8 Ms. Brahm. No. Actually, we are doing very well with
9 that. Right. When you look at the kinds of services that
10 veterans are looking for when we do refer to the community,
11 at least in my VISN, acupuncture was very high,
12 chiropractic. So we are investing in that.

13 Chairman Moran. Thank you, Ms. Brahm.

14 I have a number of other questions, but for the sake of
15 my colleagues, I will submit a couple in writing.

16 I think that Senator Cassidy has rejoined us. Senator
17 Cassidy, do you have questions or comments?

18 Senator Cassidy. Yeah, a couple things. One, I have
19 sent the spreadsheet, but the spreadsheet is actually a
20 compilation of other spreadsheets. So I will give you time
21 to look at it and make my staff available to discuss it.

22 But we were speaking about mental health, and I know
23 mental health provision has been difficult. I also know
24 that from speaking to patients and physicians that there is
25 a relatively high no-show rate in many places, just if

1 people are having to drive an hour and a half to an
2 appointment, and somebody begins with mental illness, it may
3 be difficult to pull off.

4 We spoke last time about tele-mental health, and I
5 know--I think I know there are some private providers
6 providing tele-mental health, which seems appropriate seeing
7 that there is a shortage of mental health providers within
8 the VA. Can you give me a status of tele-mental health and
9 maybe how we are going to continue to provide these services
10 and whether or not this is going to be an enduring change
11 after COVID, the tele-mental health aspect?

12 Dr. Lieberman. So I will start, and then Ms. Brahm
13 will add, I am sure.

14 Even before COVID, all the evidence out there was that
15 the consumer, including the veteran, would--and this is not
16 100 percent, but certainly the veteran's preference would be
17 "I do not want to drive into the hospital. I would like to
18 do it from my home or from my place of work." So the
19 prediction was always--and that was what we were working
20 towards, to give the veteran the choice. Certainly, if they
21 want to come in, they can come in, but if not, we would
22 provide the services at the location of their choosing. And
23 that is what our program is, VA Video Connect. That is
24 exactly what it is about.

25 So one of the things that has occurred during COVID is

1 that we have just rapidly accelerated and grown our VA Video
2 Connect.

3 At the same time, we have been encouraging through our
4 community partners, through our third-party administrators,
5 that they grow the same telehealth, so that for the veteran
6 who is already getting therapy in the community, they should
7 not have to--even if it is driving 5 or 10 minutes, if they
8 can be in the safety of their home and the comfort of their
9 home, why should that not happen? So, to us, that is really
10 important for the future.

11 Ms. Brahm. I can tell you from the VISN perspective,
12 we have been doing telehealth, mental telehealth for quite a
13 while. We are finding that we have a great satisfaction
14 rate, around 86 or 87 percent satisfaction rate. Our
15 providers like it. We are doing it not in a local Walmart.
16 We are doing it in a VSO office. We have increased since
17 COVID about 200 percent actually and finding that it works
18 very well. Providers are happy with it, and it seems that
19 at an 86 percent satisfaction, many of our veterans like it
20 as well.

21 Senator Cassidy. So can you give me metrics as in if
22 we ask people to come in, this is our no-show rate; if we
23 have tele-mental health, this is our no-show rate? Are the
24 average times--

25 Chairman Moran. Dr. Cassidy, could you get closer to

1 the mic?

2 Senator Cassidy. I am sorry.

3 DO you have metrics that you can give, for example,
4 this is the no-show rate within office versus this is the
5 no-show rate via telehealth or this is the average time to
6 next appointment in office, average time via telehealth,
7 those sorts of metrics, which are intuitive as to how you
8 would assess compliance with the program?

9 Dr. Lieberman. So, as you pointed out, we know the no-
10 show rate is high for face-to-face mental health
11 appointments. I have not seen data yet during the COVID
12 months. So, certainly, we are going to be taking a look at
13 that.

14 One would predict that, as I believe you are surmising,
15 the no-show rate would go up, and one of the things that we
16 have been talking about, even before--

17 Senator Cassidy. Would go up or go down?

18 Dr. Lieberman. Would go down, would be better.

19 So one of the things that we want to work towards--and
20 we even were talking about this before COVID--would be that
21 if a veteran calls to cancel their mental health appointment
22 or does not appear for their mental health appointment, that
23 someone on the staff would call the veteran and offer them
24 on the spot, "We see you are not here today or you could not
25 make your appointment. Would you like to have a video

1 appointment? We can help walk you through that appointment
2 for the first time, give it a try." So that is something
3 that more and more, we will be working towards.

4 But, again, I think during the COVID era, we kind of
5 have gotten there anyway for a lot of our appointments.

6 Senator Cassidy. Would you allow somebody to do it
7 over Facetime or Skype, or do they have to have something
8 which is more fancy than that?

9 Dr. Lieberman. We have a system that is just literally
10 a link is sent to the veteran, and the veteran clicks the
11 link. As long as they have a smartphone or a programmable
12 computer, that works.

13 There are some security issues with some of the
14 different--information security issues, and so they do not
15 all work for that.

16 But, actually, sir, during COVID, we are utilizing
17 whatever modality is available while we work in the long
18 term the security issues that you raised.

19 Senator Cassidy. Thank you.

20 Thank you, Mr. Chairman. I yield back.

21 Chairman Moran. Thank you, Senator Cassidy.

22 Senator Tester, anything to conclude with?

23 Senator Tester. No, Mr. Chairman. You have done a
24 masterful job of having this hearing, and I look forward to
25 hearing the responses back from the panelists. So thank

1 you.

2 Chairman Moran. That is a nice conclusion. Thank you.

3 I always have the practice of allowing our witnesses to
4 tell us anything they wish they had said or wish they had
5 not have said, they can correct, or something you wished we
6 had asked that we did not. Anything you would like for us
7 to know, Doctor?

8 Dr. Lieberman. Just that we are, all of us, so proud
9 of our 350,000 employees. They are true American heroes for
10 what they do every day, particularly during this COVID
11 crisis, and we are just so proud of them and thank them, and
12 also for our veterans, this is certainly a scary time for
13 many. We in VA, we are here for you. You do not have to
14 come in. You can just call, and we will take care of you.
15 So thank you for giving us this opportunity to make some
16 comments.

17 Chairman Moran. Thank you for sincerely expressing
18 both of those sentiments.

19 Ms. Brahm or Ms. Bonjorni?

20 Ms. Brahm. Boy, I could not have said it any better.
21 Thank you, Dr. Lieberman.

22 It is all about the staff, and I just cannot tell you
23 about how passionate and dedicated, as I said before, these
24 staff are to the veterans. And I am so thankful, after
25 being with the VA for as long as I have, about that mission

1 that we are all driven by. So I just really do want to
2 extend my thanks to the staff. Thank you to the veterans,
3 and we are here for you. Thank you.

4 Dr. Lieberman. Thank you.

5 Chairman Moran. We will begin to wrap up our hearing,
6 then. I thank our witnesses for what they had to tell us
7 and for joining us today. I think this is an important
8 discussion that this Committee will continue to pursue
9 answers. How well we treat our veterans is determined in
10 part by how well we treat our staff and those who care for
11 our veterans, and we want to make certain that the VA has
12 the tools necessary to hire the appropriate number of people
13 with the right kind of opportunities for them to care for
14 those who served our Nation.

15 Our hearing record will remain open, so that any member
16 of the Committee can submit a question in the next 5 days,
17 and then we would ask that you submit your answers for the
18 record as quickly thereafter as you can.

19 With that, our hearing is adjourned.

20 [Whereupon, at 4:50 p.m., the Committee was adjourned.]

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