

# THE VA WORKFORCE: ASSESSING WAYS TO BOLSTER RECRUITMENT AND RETENTION

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## HEARING BEFORE THE COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE ONE HUNDRED SEVENTEENTH CONGRESS SECOND SESSION

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MAY 3, 2022  
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MAY 3, 2022

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## **THE VA WORKFORCE: ASSESSING WAYS TO BOLSTER RECRUITMENT AND RETENTION**

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**TUESDAY, MAY 3, 2022**

U.S. SENATE,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The Committee met, pursuant to notice, at 3:34 p.m., via Webex and in Room SR-418, Russell Senate Office Building, Hon. Jon Tester, Chairman of the Committee, presiding.

Present: Senators Tester, Murray, Brown, Blumenthal, Hassan, Boozman, Tillis, and Blackburn.

### **OPENING STATEMENT OF CHAIRMAN TESTER**

Chairman TESTER. I am calling this meeting to order.

Good afternoon. Thank you for joining us today to discuss the VA workforce and ways to bolster recruitment and retention.

First, I want to thank VA employees for all that they have done and continue to do for veterans, especially during this pandemic. Everybody knows the employees are the backbone of the VA, and I know that you work every day very hard to ensure that veterans get high quality health care and benefits.

The VA was able to hire thousands of new staff last year thanks in part to the authorities and funding included in the CARES Act and the American Rescue Plan. VA needs to continue that momentum to address its growing turnover rate and retention challenges, including employee burnout during this pandemic.

We all know there is a high demand for health care workers, but we also know VA puts potential health care employees through a long and burdensome hiring process, and I hear from VA employees in Montana and around the country that VA has not been maximizing bonuses and retention incentives for current employees. I would also like to see VA expand scholarship and training programs, particularly in rural areas. We know that when students train at the VA they are more likely to work at the VA.

To that end, I am introducing the VA Workforce Improvement Support and Expansion Act this week. We will just call it WISE, which is pretty creative actually, and I am introducing that with Senator Boozman. This legislation would provide increased pay and benefits for VA workforce and expand opportunities in rural VA facilities. It will also support training for current and future clinicians and provide additional oversight of VA human resource operations and its usage of hiring authorities. I look forward to working with everybody on this Committee and everybody in the Senate to get this bill signed into law before the end of this Congress.

On the VBA side of things, we know there is a backlog of disability compensation claims, and we know we need to ensure VBA has the support and staff that it needs to process these claims as well as future claims related to toxic exposure.

Does anybody else have an opening statement they would like to give?

[No audible response.]

Chairman TESTER. Good. With that, we will start with you. Oh, by the way, I have got to introduce some folks here. I would like to welcome Gina Grosso, VA Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness. That is a long title. It is good to have you here.

She is accompanied by Dr. Carolyn Clancy, who has been before this Committee many times, Assistant Under Secretary for Health for Discovery, Education, and Affiliate Networks, and Jessica Bonjorni? Close enough. Chief of VHA Human Capital Management. I think, virtually, we have somebody that I saw just last weekend, Ralph Gigliotti, who is VISN 19 Director.

I want to thank you all for being here in person and virtually.

Ms. Grosso, you may begin with your opening statement, and please know that your entire written statement will be a part of the record.

**STATEMENT OF GINA GROSSO  
ACCOMPANIED BY CAROLYN CLANCY;  
JESSICA BONJORNI; AND RALPH T. GIGLIOTTI**

Ms. GROSSO. Good afternoon, Chairman Tester, Ranking Member Moran, and the members of the Committee. Thank you for the opportunity to discuss the state of the Department of Veterans Affairs' workforce.

I am joined today by Dr. Carolyn Clancy, Assistant Under Secretary for Health for Discovery, Education, and Affiliate Networks, Veterans Health Administration; Ms. Jessica Bonjorni, Chief, Human Capital Management, Veterans Health Administration; and Mr. Ralph Gigliotti, Director, Veterans Integrated Service Network 19.

As we look back on the COVID-19 challenges of the past two years and reflect on the 21,000 families in the United States that lost a veteran to COVID-19, in addition to the 273 VA employees that we lost to COVID-19, we believe it is important to acknowledge the accomplishments our employees achieved, working around the clock to battle this terrible virus. This required teamwork, agility, and planning on a unique scale. We could not be more proud of our VA employees for their hard work, passion, and dedication in responding to this difficult and heartbreaking global crisis.

I am thankful to be here today to share with you the steps we are taking to continue to attract and retain VA's most precious resource, our amazing employees. We know that an investment in our employees is an investment in the Nation's veterans. Secretary McDonough recently spoke about 10 steps VA is taking to invest in its incredible workforce, and I would like to take a moment to highlight those steps as well as present updates on actions VA is taking to attract and retain new talent by leveraging investments and improvements in VA's human capital infrastructure.

First, we appreciate the work Congress has done on legislation such as the Retention and Income Security Enhancement Act, more commonly known as the RAISE Act, to invest in employee wages. We look forward to continuing to work with Congress on legislation that enables VA to be competitive in the health care environment.

The VA has more than 400,000 employees and continues to grow each year. Health care is the largest part of VA's mission, representing nearly 90 percent of VA's workforce. As the largest integrated health care delivery system in the United States, VA's workforce challenges mirror those faced in the private health care industry.

Across the private health care sector, hospitals and ambulatory care centers have reported higher turnover, increased labor costs, and increased reliance on travel nurses. While VA's turnover rate has historically been extremely competitive, at or below 9.6 percent annually, the rate increased to 9.9 percent in fiscal year 2021. This is due in part to higher wages and bonuses offered by private health care systems coupled with COVID-19 pressures and burn-out. The Secretary's 10-point plan is intended to combat these challenges.

Despite these challenges, VA's unique mission attracts new employees each year. Nearly 30 percent of VA's workforce are veterans themselves, who identify closely with our mission.

VA continues to lead the way in using telehealth and mobile deployment clinics to reach veterans living in areas defined as health professional shortage areas. VA is a leader in virtual health care delivery and is well positioned to expand in this area.

In VHA, efforts are underway with the goal of standardizing processes to increase efficiency in HR processing. While national policies have long existed for HR functions, variability in local processes has led to inefficiencies. This variability also makes it difficult to automate processes with modern information technology systems. HR modernization shift to shared services was a key factor in VHA's ability to accomplish significant surge hiring during the pandemic.

VA acknowledges the concerns raised by customers and other stakeholders about delays in the hiring and onboarding process, and we are actively working to address it. In VHA, an onboarding optimization team recently met to standardize and reduce the steps in the pre-employment and onboarding process.

We continue to develop staffing models across VA and have just started the work to develop staffing models for all VA Medical Centers (VAMC). The staffing model will contain sufficient detail to inform VAMC requirements and will help each VHA network allocate resources that will produce the best outcomes.

It is an honor and privilege to be part of this noble mission to care for our veterans, our Nation's heroes, whose service and sacrifice is so inspiring.

I look forward to working with each of you on the state of the VA workforce with respect to recruiting, hiring, and staffing opportunities across VA as well as investing in our current employees so they can continue to provide the best care and service to our veterans and their families.

This concludes my testimony. We look forward to your questions.

[The prepared statement of Ms. Grosso appears on page 29 of the Appendix.]

Chairman TESTER. Thank you for your testimony, Ms. Grosso, and feel free to pass the question on to somebody in your team if you want.

Before we get started, I want to give you the opportunity to clear up some misunderstandings about the use of VA employees at the border. So the question is this: Have you or any VA representatives had conversations, or plan to have conversations, with the Department of Homeland Security to deploy VA personnel at the border to address issues resulting from the repeal of Title 42?

Ms. GROSSO. I thank you for that question, Senator. No, we have not been in any direct discussion with DHS on sending our employees to the border.

However, I would like to share that we are very proud of the work we have done helping other Federal agencies that are on the border, in particular, giving vaccinations, to include border—Customs and Border Protection and Immigration and Customs Enforcement. And we also help our Federal partners across the Nation. We have helped the D.C. Police. So that mission we are very proud of, and we hope to be able to serve our other Federal partners.

Chairman TESTER. Okay. Thank you. More of VA's funding is being directed into community care in part because the Department cannot hire enough of the right staff to execute in-house dollars. The second budget request calls for \$4.3 billion more in community care funding than last year's projection. So the question is: What is the VA actively doing to fix the staffing shortage in the administrative positions, primarily in HR and scheduling, to remove those as barriers to veterans accessing in-house care?

Ms. GROSSO. Sir, we are very fortunate for many of the authorities you have given us and some of the authorities that we are seeking. Certainly, being able to implement the minimum wage was tremendously helpful. We are very cognizant that we have a shortage of skills, and we are using the tools that you have given us to hire more HR talent. And I think Ms. Bonjorni could add more to this response.

Ms. BONJORNI. Sir, thank you. We actually are doing very well in hiring medical support assistants. That is an occupation where we continue to see growth, but it is an entry level occupation, so we anticipate continued turnover and a need to keep hiring there.

For Human Resources, we have many plans for the coming year, and you will see that in our budget request, where we are working to invest in training and development of HR staff and seeking the ability to staff up our HR personnel to the appropriate staffing ratio so we can recruit more of our clinicians.

Chairman TESTER. So I assume you have numbers in mind as what you need in HR in scheduling if you are fully staffed?

Ms. BONJORNI. For HR, yes, and we could get back to you on scheduling.

[For VA response to Chairman Tester, see Questions 1–4 on pages 37–40 of the Appendix.]

Chairman TESTER. Yes, I am just curious to know where you have been and where you are at now and what your projections are moving forward, if you could do that. You can get it to me. That would be great. I appreciate that.

Ms. Grosso, we have seen the latest data from VHA that puts vacancies at 57,000 in the last quarter; that is VHA. This is a much higher vacancy rate than in recent years even though VA recently stopped including vacancies more than six months old in its reporting. So what that statement just said is it is probably higher than 57,000.

In addition, VHA has seen a higher employee turnover rate than usual. Many staff on the ground, especially hiring managers, are frustrated the same level of support for hiring is not exercised on keeping existing staff.

So the question is: What is VA doing about the vacancies and the high turnover rate?

Ms. GROSSO. Sir, I would share with you first that a vacancy does not necessarily mean we do not have a person in a position that we need. Vacancies can often reflect requirements that we need now, and some of them we fill, and some of them we fill when we get funding.

Chairman TESTER. So what you are saying is that if you have a position and the person in that position has not got the required education or experience that that position is classified as vacant even though there is a person working in that position?

Ms. GROSSO. Oh, no, sir. I did not mean to imply that.

Chairman TESTER. Okay.

Ms. GROSSO. So the 59,000 vacancies do not all have funding against them. Some have funding, and we are actively recruiting for them, and some do not. But it is like a position library. We do not want to delete it because at some point we might want to use it in the future.

Chairman TESTER. Oh, Okay, Okay. Yes, Okay. So how many of the 50,000 are funded? 57,000 are funded?

Ms. GROSSO. The current data shows about 55 percent are funded and about 45 percent are not funded. And one of the things we are working very hard on, honestly, is to have a more accurate picture in the future of what a vacancy is, and we are working that very hard to have a better understanding of what vacancies we need to hire for and what vacancies we are not hiring for and actually mark them funded and unfunded.

Chairman TESTER. I am going to come back to this question because I am afraid if I keep asking questions we will be here five more minutes from now. I will turn it over to you, Senator Tillis.

#### SENATOR THOM TILLIS

Senator TILLIS. Thank you, Mr. Chairman. Thank you all for being here.

Ms. Grosso, thank you for your prior service in the Air Force. I think I overheard you say your husband went to the Air Force Academy and also served.

Ms. GROSSO. Yes, sir.

Senator TILLIS. So thanks to you and your family.

I was glad that Senator Tester asked the question about the potential deployment of VA personnel down to the border if we were to experience the removal of Title 42. So that is good news. I think that we would need to know if—and hopefully, that was just an unsubstantiated rumor. That would make me very happy.

But I think we do have to understand that why some people reacted to it as we are talking about vacancies. We are talking about headwinds on recruiting to complete the core mission. And I think it is very important for that word to get out because I know that many people who come to serve in the VA may be turning away from a more lucrative opportunity because their goal is to serve veterans, and so I am glad that Chairman Tester made that a priority from the outset.

Tell me a little bit about the vacancies that are legit. How many positions do we have open that without them being filled are diminishing the level of care that we can provide today, or the quantity of care we can provide today, not the level?

Ms. GROSSO. Let me pass to Ms. Bonjorni. I think she is better capable of answering that.

Ms. BONJORNI. Well, we do believe that we are providing the care we need to be providing right now. I can tell you that—

Senator TILLIS. But we can get to burnout here in a minute.

Ms. BONJORNI. Sure. Within VHA, we have about 31,000 candidates that are in our hiring pipeline right now. So we have made a selection, and we are working to onboard them.

So one of the things we are trying to do to really get them on quicker is moving toward onboarding surge events. We will be having those across the country between now and May 14th. We would welcome your help publicizing those, to get both hiring fairs and surge events, to get people in the door, to get positions filled.

Senator TILLIS. Good. I mean, just rough numbers, what kind of overtime are we experiencing right now that would be reduced with additional capacity?

Ms. BONJORNI. Overtime? I am going to have to take that for the record.

[VA response to Senator Tillis appears on page 57 of the Appendix.]

Senator TILLIS. Yes, I would like to know that because that is what I am speaking to in terms of—I mean, you are doing a great job. Most of you all know—I know Dr. Clancy knows—I try to be a cheerleader for everything you are doing, but I also think people are going above and beyond. We have got a lot of stressors at home with COVID, everything else. So I just want to really focus on some of the critical onboarding that we need to do and the help that we can provide.

I did want to ask, Secretary Grosso, I believe that you stood up a task force specifically focused on burnout, how you are addressing some of the challenges with the workforce. How is that going? Have there been any recommendations that have come out of the task force?

Ms. GROSSO. Actually, the task force was set up by VHA. I would say when you look across the VA we do collect data on burnout from our all-employee survey, and interestingly, it has not really

changed much since 2013, but we did find that 49 percent of our workforce has experienced at least one factor of burnout. So we are very grateful for the work VHA is doing in leading the way on that.

And, Jessica, please give them more.

Ms. BONJOURNI. Sure. I am one of the co-chairs of that task force in VHA, and we are just near the end of our time, wrapping up, gathering recommendations from front-line employees. And we are putting those forward for leadership's consideration, and we will have some recommendations coming out soon.

We may need some help from the Committee depending on what recommendations are finalized, but they will include things we can do ourselves like creating chief well-being officer positions in many facilities, moving toward more flexibility in work hours and scheduling, which is what employees have asked for, but in other cases they are looking for things like pay increases where we might need some other relief.

Senator TILLIS. Okay. And since the Chair did not ask a question of his VISN Director, I thought I would. Mr. Gigliotti, a quick question for you. One, what unique challenges—if you take a look at the geography of your VISN, you are pretty spread apart. So what sort of unique challenges are you having in the hiring process?

And also, to what extent do you want to continue to rely on telemedicine as we move forward? Many of the provisions we put into place in response to COVID.

And then, finally, how much of your workforce right now is still virtual versus back in facilities?

Mr. GIGLIOTTI. Thank you, Senator, for those questions. As far as challenged positions, given the reality of the frontierism of VISN 19, it is nursing positions, physician positions, social work positions are our top three vacancies. We are, obviously, working closely on that.

During the pandemic, we had some relief from some of the hiring requirements that allowed us to be really agile in bringing employees on. So that is one thing we would look for the Committee to do, and working closely with Ms. Grosso and Ms. Bonjourni, is some kind of relief in terms of the requirements to be able to bring staff on in certain manners because it worked really well during the pandemic.

As far as tele goes, telework, we have a very good telehealth program in the VISN, and we are really proud of that. We were able, during the pandemic, to—before the pandemic, we were very aggressive in telemedicine given our situation. During the pandemic, we really ramped it up.

We were able to get veterans seen, and these hubs have been really positive. And once a veteran gets exposure to telehealth, they tend to like it. It does not always replace face to face, and in some cases veterans prefer face to face, but they really prefer a combination of both. And so we have seen that increase, which we are really, really pleased with.

And then I think the last thing I want to say is some of the hiring authority that we have been able to use, Senators, on some of the legislation, in terms of training programs that have allowed us to be able to bring on staff, as the Chair, Senator Tester said. One of the programs is the Specialty Education Loan Repayment Pro-

gram for physicians and nurses, where we are able to pay back tuition loan repayment to recent graduates. We have been able to hire three, and we are working on a fourth physician or nurse in Sheridan, Wyoming, and we have some on the line for Montana. And as the Chair said, once they get exposure to VA, they tend to want to work for VA, and so a program like this of loan repayment has been very positive. Thank you.

Senator TILLIS. Mr. Chair, thank you. I just also wanted to tell you I think you have a great VISN director, and that is largely due to his time as the Durham VA Medical Center Director before he took the post in 2012. Thank you.

Chairman TESTER. You just used your second round, Tillis.  
Senator HASSAN.

#### **SENATOR MARGARET WOOD HASSAN**

Senator HASSAN. Thank you, Mr. Chair. I want to thank you and the Ranking Member for this hearing.

I want to thank all three of our panelists today, and four, our virtual panelist, for being here and for your service.

Ms. Grosso, I echo the concerns of my colleagues on the need to fill Veterans Health Administration vacancies. I was glad to see the Hire Veteran Health Heroes Act that Senator Braun and I introduced signed into law. It directs the VA to recruit and hire Department of Defense medical personnel who are transitioning out of military service for open positions at the VA by referring them to the appropriate hiring authority. Can you please speak to how the VA and DOD are working together to recruit and hire DOD medical personnel?

Ms. GROSSO. I will pass that off to Jessica, who understands this, but I would like to share since you were talking about hiring. Since the beginning of this FY, we have hired 59,000 employees.

Senator HASSAN. Wow.

Ms. GROSSO. So we are hiring a lot of people.

Senator HASSAN. Good. Thank you.

Ms. BONJOURNI. Yes, Senator, thank you for that authority. We have continued our partnership with DOD to try to convince more people who are separating to come join us. We have also been working with them on things like the SkillBridge program—

Senator HASSAN. Yes.

Ms. BONJOURNI [continuing]. To train people as they are transitioning out to come work with us. We have a lot of success with our intermediate care technician program, bringing them in as former medics and corpsmen—

Senator HASSAN. Right.

Ms. BONJOURNI [continuing]. To come in and work for us. So we are expanding that, continuing to expand it across the country. So, well underway on that program.

Senator HASSAN. Okay. That is good to hear also just because I hear from veterans all the time that nobody understand them like another veteran. So it is a really important thing for us to be able to work on.

Ms. Grosso, I want to talk to you a little bit about whistleblowers because the VA has routinely dismissed whistleblower claims, including whistleblowers at VA facilities that Granite State veterans



rely on for their care. Last March, the Office of Special Counsel again found a VA response to a whistleblower complaint to be unreasonable, this time regarding allegations at the White River Junction Medical Center. This case is just one example where the VA failed to treat allegations seriously and failed to safeguard whistleblowers.

Ensuring the appropriate management of whistleblower claims and addressing VA workplace culture is really critical to veterans and VA personnel. So how is the VA addressing the culture of silence and whistleblower retaliation at VHA facilities in its strategy to bolster its workforce?

Ms. GROSSO. Well, of course, we take these allegations very seriously, and we need to address them appropriately.

Dr. Clancy, I think you are in a better position to speak for the VHA on this.

Dr. CLANCY. So the one aspect that we emphasize all the time and, frankly, check through our all-employee survey is are we creating a psychologically safe culture where people know that if they raise their hands and report a problem, whether that is an actual harm event or something that is not working, what we sometimes call a near miss—

Senator HASSAN. Yes.

Dr. CLANCY [continuing]. That that will be welcomed. Some of our directors even celebrate that and will announce great catches of the previous, week, month or whatever.

But I would agree with Assistant Secretary Grosso. When someone reports that they have raised issues then and have not been taken seriously, that is egregious, and we need to deal with it.

Senator HASSAN. Well, I thank you for that. It is not just whether they are taken seriously. It is also whether they are retaliated against.

Dr. CLANCY. Exactly.

Senator HASSAN. And that takes leadership from the very top to really make clear that retaliation is never acceptable. So you know, I am grateful for the tone of these answers. I think you all have more work to do.

Dr. CLANCY. Yes.

Senator HASSAN. So let me also just turn to a different issue I have been hearing about from Granite State veterans because our veterans also depend on volunteers to access their VA services. Veterans receive free transportation to VA health care appointments from volunteer drivers, most who serve through Disabled American Veterans. Unfortunately, Granite State veterans who want to be volunteer drivers often wait up to six months for exams through VA's occupational health services before they are allowed to drive.

Can you please speak to how streamlining the process for volunteer drivers would help both veterans and the VA and what other efforts VA is making to remedy these issues that volunteers are facing?

Ms. GROSSO. Well, thank you for sharing that information with us. This is the first time I have heard this. So obviously, our volunteers are critical to our success, and we will pledge to you to get you an answer and also look at the process to see what is the cog in the wheel.

Senator HASSAN. Right. I mean, I have veterans who say, look, I could go to a community occupational health screener if I needed to, and we have got, you know, especially with increasing fuel prices, fewer and fewer people volunteering to be drivers. So it really, really is a barrier for a lot of people, and I would really appreciate working with all of you on that.

And I will follow up with a question to the record on the cyber workforce and what we can do to be helping with cyber workforce by training up veterans. Thanks.

Dr. CLANCY. And if I could add just very, very quickly.

Senator HASSAN. Yes.

Dr. CLANCY. And this should not be counted against you for your time, I hope. We actually have a rideshare program to help homeless veterans. This uses Uber, Lyft, and other kinds of services, and we have actually been able to save money doing this. And during the peak of the pandemic, when we were all on lockdown, one of our employees in Boston figured out that we could repurpose the contracts to send Uber and Lyft to food banks to bring food to veterans who were isolated at home and otherwise could not go out and get it. But this something, again, that we take very, very seriously.

Senator HASSAN. Well, and again, in a State like mine, where we rely on volunteers a lot and people are very eager to volunteer, having this kind of barrier is really an issue. Thanks.

Thank you, Mr. Chair.

Chairman TESTER. Senator Brown.

#### **SENATOR SHERROD BROWN**

Senator BROWN. Thank you, Mr. Chairman. I just want to remind Senator Hassan they volunteer in my State, too. It is not just New Hampshire they do that. So just . . .

Senator HASSAN. You are kidding.

Senator BROWN. You are kidding, yes. Nice try.

Mr. Chairman, thank you. Before I begin my questions, I would like to submit a letter from the United Nurses Association of California/Union of Health Care Professionals affiliated with AFSCME into the record.

I would like to quote from the letter just briefly: "An overwhelming majority of RNs and other crucial health care professionals are stressed out, burned out, anxious, exhausted, depressed, traumatized, unable to get a good night's sleep. Despite years of investment, education, and certification, these workers have found themselves forced to think about leaving the profession they love for their own preservation. The looming exodus of nurses has accelerated the pre-pandemic nurse shortage. Thirty-six percent of nurses have considered, or are considering, leaving the bedside." If I could enter that.

Chairman TESTER. The letter will be entered into the record, without objection.

Senator BROWN. Thank you, Mr. Chairman.

[The letter submitted by Senator Brown appears on page 63 of the Appendix.]

Senator BROWN. Ms. Grosso and Ms. Bonjorni, please keep us updated on what you are doing to provide these professionals—helping them work through this workplace trauma and burnout, if you would, and I know you are very aware of it. I know you are making efforts. I was at Chillicothe last week, been there three times in the last month, and just have those conversations regularly with all kinds of professional staff. So, thank you.

I have three, or at least two, pretty quick questions. Ms. Grosso, across the country, VHA needs to fill critical vacancies. Almost 20 medical centers, VA medical centers, as you know, have been recommended for closure to the Air Commission. In Chillicothe, veterans and VA employees are concerned that medical professionals will not apply for vacancies because they think the hospital will close. What do you say to them?

How does VA work to make sure that prospective employees understand these are just recommendations, this hospital will operate, at worst, it will operate for several more years before closure if we cannot prevent the closure, but it needs to continue to operate, that it is not a done deal? How do you deal with that?

Ms. GROSSO. Well, sir, you have hit on a point that we are very cognizant of, and we have been very clear to message to our workforce that you are critical now and you are going to be critical in the future and that there will be a place for you and that anything that happens is not going to happen soon. So there is many steps along the way, as I know—I am sure you understand, and we have tried to make sure that our employees understand that so that they know that there is a place for them.

Ms. Bonjorni, please expand.

Ms. BONJORNI. Sure. You hit the nail on the head. We also are looking to continue to retain every single employee we have. Our goal is for all of them to stick with us, and so we are exploring a variety of potential asks we may have, that we might need some flexibilities to help us keep people if they need to perhaps relocate to another facility if their facility is closing. So we will keep you informed.

Senator BROWN. That is mostly satisfactory, Ms. Grosso, and I do not want—you do not need to respond again. But my concern is Chillicothe, like hospitals in Senator Boozman's and Senator Tester's States in a very rural area, and they come to Chillicothe—you talk them into coming to Chillicothe for two years. They do not know what is going to be next, if it closes, they are a long way from an area—another VA without moving. It is too long a commute. The Louisville hospital does not provide the benefits. It is a good—the Adena system is good.

But, I mean, just keep that in mind that saying there will be a place for you later is not always satisfactory to every potential employee, but I get what you are saying.

Ms. Grosso, I want to expand a bit on the Chairman's question about turnover and employee shortage. When I was at the VA in Chillicothe, the leadership team raised the nursing shortage, as I think they do everywhere we talk. And they need to find and hire more nurses, but they focused on LPNs in a number of these discussions. As important as RNs are and as much of a shortage

there, there was an even greater shortage of LPNs, a national shortage, the tight labor market.

I know that VA is doing everything it can to review local pay scales to address any discrepancy. I asked the question about different pay scales. My staff has heard that an LPN working at the Chillicothe's VA—and I confirmed this, not that I do not always trust my staff on these questions, but—in these conversations, makes about \$6 an hour less than one working across town at a private, not-for-profit, but in a community hospital.

How often do VAMCs conduct—how often do you conduct local pay surveys? In a facility that has not done a survey, what action does your office take to ensure that VA employees are afforded the pay increases that might have been justified by the survey that you have not taken frequently enough? Could any of you—I think that is a Ms. Grosso question, but it may be the other two of you.

Ms. BONJOURNI. Sure. In the case of LPNs, we have the flexibility to adjust salaries based on salary surveys that we conduct within VHA, and we also buy national survey data annually. So we are always looking at the data. We would be happy to take a look at that facility in particular to see if there is a challenge there, but our shift to regional human resources structures is really helping us see the entire market so we can make those adjustments on a more swift basis.

We anticipate continued increases. We have seen an increase of about 50 percent in the total number of requests of adjustments to salary across the Nation. We will take a close look at Chillicothe.

Senator BROWN. Okay. Well, thank you. And one comment, Chair, if I could go another 30 seconds. We heard more about the 2018 HR modernization efforts started under the Trump administration. It moved HR to the VISN level, as you know. There seems to be pretty strong pushback or disagreement with that.

I will submit a question for the record but would like to—and again, we will work directly with you. I would like to understand that better. What is the right move there? Local people seem to think it should be determined at the local level. That seems to be more common sense to me, but I am not sure we know enough on that.

So, thanks, Mr. Chairman.

Chairman TESTER. Senator Boozman.

#### **SENATOR JOHN BOOZMAN**

Senator BOOZMAN. Thank you, Mr. Chairman, and thank you for holding this very important hearing.

We appreciate all of you. We enjoy working with you very, very closely and appreciate all you represent.

It is clear that we are experiencing significant challenges regarding staffing, and that is true. I think in every community I am in, you know, whether it is the biggest community or the smallest, you know, that is a real problem throughout society in general right now with the labor force, but I know it is particularly hard with, you know, people that you are looking for regarding health professionals and all that you are searching for.

I was very concerned—I know it is being discussed—about the possibility of deploying personnel to the border. We introduced leg-

isolation to prevent that from happening, so not going to go into detail about that. Like I say, I think it has been discussed. But I would be very much opposed to that, and I think in talking to my colleagues that there is a number that would also be in that camp.

So it is imperative that we hire and retain the best and brightest talent that this country has because our veterans and their families deserve the highest levels of care and support for the sacrifices they have made in protecting our country, and I know you are working very, very hard to do that in a difficult time.

Ms. GROSSO, if you had to rate on a scale from 1 to 10, how would you currently rate the severity of staffing shortages facing the VHA?

Ms. GROSSO. Sir, I really cannot speak to the shortages at VHA. I will let Ms. Bonjorni characterize that.

Senator BOOZMAN. Well, we will let her do that then.

Ms. BONJORNI. Well, having not given a rating previous to the pandemic, I am going to say I would rate it at a 7 right now.

Senator BOOZMAN. What would you say before the pandemic?

Ms. BONJORNI. Probably close to a 4 or a 5. We have areas where we isolated concerns, but now we are seeing concerns across the country.

Senator BOOZMAN. Very good. What are the areas where you have the highest shortages?

Ms. BONJORNI. Our biggest concerns right now are at the higher end of the pay scale and the lower end. So our entry level occupations are really where we are having some difficulty, in addition to nurses, as was previously mentioned, but we are seeing the most labor pressure for positions like housekeeping aides, health technicians, food service workers, where we are competing directly with private sector offering higher hourly wages.

Senator BOOZMAN. I know you are working really hard to prevent it from happening, but is it affecting your ability to deliver care?

Ms. BONJORNI. I do not think it is affecting our ability to deliver care at this point. We still have some flexibility to do some contracted staff if needed, but we are seeing continued, sustained, higher turnover and less success rates in each of our hiring attempts.

Senator BOOZMAN. So hiring is difficult, and retention is difficult also.

Ms. BONJORNI. Yes.

Senator BOOZMAN. Right?

Ms. BONJORNI. Yes.

Senator BOOZMAN. Why do employees stay at the VHA?

Ms. BONJORNI. I think they like the work environment. We continue to be rated as a very solid employer and score well in Best Places to Work. When we look at our exit survey data, about three-quarters of employees would still recommend VA as a place to work and they would plan to come back.

We do see, however, that only about a quarter of supervisors right now are asking their employees to stay, so that is what the employees report. So right now, we are working on an initiative called "Stay in VA," where we work with managers to have them not wait until someone is going to leave to ask them what would keep them there but to talk to them throughout their employment,

to encourage them to stay and build a job that they want to stay in for the long term.

Senator BOOZMAN. My next question was that it is estimated that roughly three million rural veterans are enrolled in the VHA. More than half of these veterans are over the age of 65. These members often have more complex medical conditions requiring specialty care. What initiatives and strategies are being discussed to improve recruitment or retention to ensure proper staffing in those areas? I know it is difficult in the private sector also.

Ms. BONJOURNI. I think we are looking especially at our—for specialty care providers, we have challenges on the higher end of the pay scale, where it is very difficult for us to compete with specialty providers. There is also a national shortage of occupations, people who are geriatricians, for example, which is an occupation that is very important for us to fill. So we need to continue to offer scholarships and encourage people to go into those fields through our training programs.

Senator BOOZMAN. The importance of the partnerships with our medical schools and those kinds of things, we are doing all we can to strengthen those, Dr. Clancy?

Dr. CLANCY. Yes, we are affiliated, I think, with 99 percent of the Nation's medical schools. So as new medical schools come online and all of the osteopathic schools as well, this has been a 75-plus-year partnership.

Senator BOOZMAN. Right.

Dr. CLANCY. So after Medicare, we have the biggest impact on the future health care workforce, and it is something that we relish and are very thrilled about.

Senator BOOZMAN. Good. Thank you. Thank you all very much. Appreciate it.

Chairman TESTER. Senator Murray.

#### **SENATOR PATTY MURRAY**

Senator MURRAY. Thank you, Mr. Chairman.

Assistant Secretary Grosso, in Washington State, our VA employees have spent the last couple of years navigating COVID-19 pandemic and the implementation of this new electronic health care record system that has really been plagued with numerous issues. And on top of their responsibilities at work, we all know that they have had to balance child care, school closures, taking care of family members who are ill, and finding ways to stay connected with their communities.

Tell us what lessons the VA has learned and is taking from the past few years to make meaningful improvements to the employee experience.

Ms. GROSSO. We certainly collect data on employee engagement and how we are doing and certainly addressing concerns that they have. I think the adoption of the new technology was a unique perturbation. We have learned significantly from that experience and have been able to have more successes as we have implemented it at a couple of other locations.

And, Dr. Clancy?

Dr. CLANCY. Yes. So I know that you are fully aware of the challenges experienced by our colleagues at Mann-Grandstaff in Spokane.

Senator MURRAY. Yep.

Dr. CLANCY. All reports are that Walla Walla went more smoothly, and to be quite honest, Cerner had a lot more people on the ground and under less stressful circumstances. During the Spokane deployment, some of the trainers as well as the employees got COVID because the things were sort of surging up as the deployment unfolded. But it is something that we are literally following daily, right up to the Deputy Secretary.

Senator MURRAY. Are there additional authorities or resources the Department needs to meet the needs of these workers?

Dr. CLANCY. Well, we certainly need—and I will pass this to Jessica in just a moment—I think, more flexibility with retention and recruitment incentives. We have not quite hit our ceiling, but we are coming very, very close. And given that the entire health care system is facing workforce shortages and, frankly, having higher turnover rates than we are and often deeper pockets to, you know, entice some of our employees to leave, that is an area of worry.

We are also expanding training opportunities so that we can grow more of our own, as you will see in our fiscal year '23 budget, doubling the—requesting that we can double the amount of health profession scholarships both to increase the volume particularly of doctors and nurses but also the diversity of that pipeline as well, with very special attention to our rural areas.

Senator MURRAY. Well, thank you. Let me turn to another question. Having enough providers, we know, is really critical for access to care, especially in rural parts of our country. I have heard some concerning things about VA's hiring practices, for example, positions disappearing from the HR system after not being filled and facilities not using the recruitment and retention incentives that are available to them, and that is just unacceptable.

Congress provided the VA with the authority and the resources to recruit and retain staff, but there seems to be a lack of consistency in human resources management and lengthy wait times to fill these positions, which means we lose out on building a strong workforce and our veterans lose out on the potential to get care from these talented providers across a range of really important services: mental health care, women's health care, programs supporting homelessness. So I wanted to ask you, what plans does the Department have to improve recruitment and retention?

Ms. GROSSO. Well, we are aware that there are authorities that we have been given that are not being systematically used across the system, and that is obviously a leadership issue that we are working.

Ms. BONJOURNI. Sure. I would also add that we are investing in human resources. So you mentioned that there is a lack of standardization. We recognize that as we move to a shared services structure. We are still in the middle of doing that transition because we have not yet fully standardized our operations. While we all use the same policies, we do not all use the same procedures. So right now, we are in the middle of that standardization process.

In addition, we are investing in training our HR professionals. So you will see, I think, quite a bit of improvement over the next couple of years in that as we are investing in the entry-level part of the HR workforce so that we can get everyone following the same procedures at the same time, and that will ultimately improve our recruitment and retention.

Senator MURRAY. Okay. Thank you very much and thank you, Mr. Chairman.

Chairman TESTER. Senator Blackburn.

#### SENATOR MARSHA BLACKBURN

Senator BLACKBURN. Thank you, Mr. Chairman, and thank you for being here. We appreciate your time.

We have had so many issues with the VA. I represent Tennessee, and I appreciate that we just had a visit to the Memphis VA to address some of the issues that are there. Secretary McDonough was down just a couple of weeks or so ago to look at some of these issues.

I know you all said earlier that you had not had conversations with DHS regarding the Title 42 issue. Do you intend to have conversations? Has anything been scheduled?

Ms. GROSSO. No, ma'am, not to my knowledge.

Senator BLACKBURN. So the statements that have been made have been made without your awareness, knowledge, or participation?

Ms. GROSSO. That is correct.

Senator BLACKBURN. Okay. I will tell you quite honestly to those of us who work on these issues, trying to meet the needs of our veteran, looking at the case backlog, it was astounding to hear that resources would be taken from the VA and moved to the southern border. I could not imagine that happening and telling a veteran, who was in line to have an appointment in a couple of weeks, after waiting four or five months, that they were going to have to wait longer. It is grossly unfair and is really misplaced.

It seems that VA does not have enough employees. I think that when I looked you have got 60,000 job vacancies and 2,800 funded vacancies and over 56,000 unfunded vacancies. So, Assistant Secretary Grosso, describe the differences that you have going on there between the funded and the unfunded, and then what do you do with the unused funds in those funded positions that are vacant? So, a little bit of clarity on that.

Ms. GROSSO. Thank you for the question. A vacancy does not necessarily represent that a position needs a human in it. So if you think about a big organization, we have all kinds of people needs, and there are some people—we have a system that puts position descriptions into our system of record, and because that takes time and effort that stays in there. And so that becomes a position library, and so there are positions in there that we do not have funding for but we do not want to take out because we may need to hire for it in the future.

Senator BLACKBURN. Okay. So you are not 60,000 people short.

Ms. GROSSO. Yes, ma'am, that is correct.

Senator BLACKBURN. And looking at your records, it would appear that you were 60,000 people short.



Ms. GROSSO. Yes, ma'am.

Senator BLACKBURN. But you are not. You are closer to 2,800 people short.

Ms. GROSSO. Yes, ma'am.

Senator BLACKBURN. Is that fair?

Ms. GROSSO. Yes, ma'am.

Senator BLACKBURN. Okay. I think a little bit of clarification on that would probably be helpful to the process.

Let me ask you this. We have heard a good bit about the lengthy hiring and onboarding process that is required by VA. So how long does an average VA employment hire spend? How many months are they going through this process until they are onboarded and fully active in that job?

Ms. GROSSO. So across the VA, that averages 95 days, but I will share that VHA is doing tremendous work in the onboarding process to see where we have inefficiencies.

And, Ms. Bonjorni, please expand.

Ms. BONJORNI. Sure. So as you mentioned, the time that we are reflecting there is the time from when a position is filled to be recruited until the employee comes on board. So that 95 day average can span all occupations, and there are some that are faster and some that are slower. The parts of that process that are taking the longest right now are the pre-employment steps, from once we have selected the candidate until they come on board, so all of the vetting processes. And so that is why we pulled together a team to look at what are the steps that we can take out of that process.

Senator BLACKBURN. Okay. Let me ask you this, Ms. Grosso. When you look at that vetting process, how much of that can you utilize technology and move to an online platform as opposed to doing it manually? It sounds like you assemble teams and you are doing it more a manual process rather than doing it online. So how much time could you save if you achieved some efficiency there?

Ms. BONJORNI. Well, I think the steps that we are taking still require people to do them. They cannot all be done in an automated fashion, but there are definitely technology improvements that we are looking at. But the steps we are talking about background investigations—

Senator BLACKBURN. Why have you chosen not to use technology?

Ms. BONJORNI. We have. I think we need to invest more in more modern technology to get to more automated steps, but some of the steps, like drug testing, physicals, et cetera, still will require interaction with a person to get done.

Senator BLACKBURN. Well, absolutely, but there should be the ability to use technology just as saying we keep trying to move to electronic health records, which would speed up the process. And I know that some of these legacy systems and approaches in the VA have been a contributing factor to the delays, to the backlog, to the lack of service that has reached the veteran, which our goal, our shared goal, should be to get the resources to the veteran as quickly as we possibly can.

Thank you, Mr. Chairman.

Chairman TESTER. Thank you, Senator Blackburn.

I have got a couple more questions I want to ask since five minutes went way too fast the first time, so if you guys want—and part of this has to do with the question that Senator Brown asked about wages and wage surveys.

And, Ms. Bonjorni, you had said that you can make a wage adjustment, but it was more a plural term. Who makes the wage adjustment? If you determine wages are too low in Ohio, in a sector of Ohio—I do not know how you do it. Do you do it VISN wide? Do you do it State? Do you do it region? Do you do it community by community? How do you make, and who makes, those determinations?

Ms. BONJORNI. The full answer to that would take longer than five minutes, but I can tell you that it varies by occupation and our authority to make those adjustments vary by the type of appointment, the type of position, and who makes the decision also varies by the occupation.

Chairman TESTER. Okay. Let us say it is an RN. Say RN wages are—or LPN.

Ms. BONJORNI. Yes.

Chairman TESTER. A nurse. They are six bucks too low. Who makes the decision whether to raise them or not?

Ms. BONJORNI. It is different for an RN and an LPN, but the decision is made by the medical center director at the facility.

Chairman TESTER. Okay, Okay. That might be a place to simplify right there, to be honest with you.

If I heard Senator Blackburn's answer or the answer to one of her questions, Ms. Grosso, did you say that you are 2,800 people short, not 57,000 people short?

Ms. GROSSO. Sir, in fairness, it is very difficult to know how short we are. We are definitely not 50,000 short.

Chairman TESTER. But 2,800 with a staff the size of VA means you are fully staffed.

Ms. GROSSO. Right. So what we really need to do is work on what our requirements are, and we are putting a lot of effort into what actually is the requirement and how do we budget for that. When you look at the end of the fiscal year, the money that we budgeted for people, we have almost spent all of it. But we are working very hard to get to more of a requirements based system so we know what we need, and then we can give you a better, accurate number on what we are short.

Chairman TESTER. I think if you went around this table and talked to every Senator, regardless of party, where they are from, every one of them would say their staffing needs in their State. Okay? So there is some work to be done there. And I would just say that we are not here to be critical; we are here to help and do anything that needs to be done to be able to ensure accountability and make sure that we are getting the job done.

One of you, I think it was Dr. Clancy, said that it is 95 days across the VA to hire. Is that what you said? Somebody said that. Who said that?

Ms. GROSSO. Yes, sir, I did.

Chairman TESTER. You said that.

Ms. GROSSO. And if you look across the VA, that is the—

Chairman TESTER. Yes. Okay. So for Ralph Gigliotti, not to put you on the spot, Ralph, but to hire a nurse, how long does it take in VISN 19, on average?

Mr. GIGLIOTTI. So right now, we are at about 88 days across the VISN. The problem with that for us is the competition in the community is less than that, and so we are very dependent on that nurse wanting to come work for VA because of the mission. We have done everything we can, and we continue to do to make sure the pay is equitable and the work environment is equitable, but that speed of hire is an issue for us.

Chairman TESTER. So you gotta help me out here, Ralph. Eighty-eight days is three months. People gotta survive. They are coming out of college. A lot of them have debt. I know there is some debt forgiveness you guys can offer up as a possibility of bringing them on board. But, what can be done, what can you do or what can we do, to shorten that 88 days?

My daughter happens to be a nurse. And I know there is different kinds of nurses, but in the end, if you need an RN, you need an RN. Why should it take 88 days to hire an RN?

Mr. GIGLIOTTI. I think that is what Jessica was referring to with the vetting pre-employment requirements and some of the work that is being done.

Chairman TESTER. Are those requirements—and, Jessica, you can answer this or Ralph can. Are those requirements put on you by us, or is that requirements you put on yourself? Who is putting the requirements on because if the private sector can do it quicker there really is no reason we cannot, too?

Ms. BONJOURNI. The requirements come from various sources. So we have temporary authority to waive some of these things due to the COVID emergency.

Chairman TESTER. Yes.

Ms. BONJOURNI. Once that expires, we will not have those authorities anymore, so we would need to document in some cases in legislation that we can use a different process than what is currently required.

Chairman TESTER. So you are saying during the pandemic it is shorter now, even though it is 95 days, than it was pre-pandemic?

Ms. BONJOURNI. Only for COVID hires. So early in the pandemic all of our hires were COVID-related hires.

Chairman TESTER. Okay.

Ms. BONJOURNI. Now we can only use it for a small subsection of our hires.

Chairman TESTER. So I am going to kick it over here to Tillis in a second, but we really do need to sit down and figure out what is the benefit and what is the cost to have all these regulations around hiring. Look, I do not want an inept person in the VA. You guys do not want an inept person in the VA. You want to make sure, but these are health care folks that you guys have thousands of. You have already hired thousands of them. It ought not be that tough.

We really—I will tell you what I need from you. I need a list of things that we could do to make the hiring thing work. Okay?

Senator Tillis.

Senator TILLIS. Thank you. I have got two follow-up questions, one of them related to I know that you all got the waivers through OPM.

And, Mr. Gigliotti, what is the rough amount of time you believe that your competition for resources take to onboard somebody? They have decided they want to hire them. Then they get hired. Do you have a rough idea of what the private sector is doing right now?

Mr. GIGLIOTTI. Yes, thinking through my eight markets, I would say roughly half of our time.

Senator TILLIS. Okay, so about half the time. You know, these are—in my State, top tier hospitals, high standards for RNs, and my guess is the number is about the same. So I think we really do need to look at this. We need to find out to what extent we should codify some of the practices that we have seen.

I know the Inspector General noted some risk associated with the vetting process, and you all are working through that.

I feel strongly we should be able to compress the time, and my goodness, if we only compress it by 25 percent, we are still going to be 50 percent greater than the private sector competitors. But you can count me in to work with you if you can find specific things that we should take up as a matter of legislation.

Last question I have really relates to the future of the VA. I know Secretary McDonough, a month or so ago, was before the Committee. He echoed the President's support for the PACT Act, and so I have got to believe that you all are at least in the preliminary stages of understanding the impact that that is going to have on resourcing.

You are right now at about 222,000 claims backlog. That is up as a result of COVID, but COVID is going to be around for a while. So although it may be adjusted down, that is a part of the base. I think the estimates for the PACT Act is somewhere around 1.5 million claims.

So you may not need all those 57,000 jobs filled, but some of them are going to need to be. Whether or not those jobs, as they have been posted now, are aligned with the needs of the provisions of the PACT Act is another question.

So how are you now—making the assumption that the PACT Act would pass into law, what is your best estimate of how the Department deals with a quadrupling of the claims backlog?

And I want to also put into that—I am a technology systems implementation person. We heard Senator Murray talk about the electronic health record. So keep in mind, if the PACT Act gets passed, you are also going through some major transformational implementations that while you are onboarding the other VISNs are going to slow down productivity. So how do you game out and give us feedback on the implementation of the PACT Act, the reality that you can get it done without actually disrupting the current run rate of care that you are providing and providing care to those who would be eligible under the PACT Act?

Ms. GROSSO. Well, thank you for that question. We have done a lot of work on the Veterans Benefits Administration side because that is where the process starts with the claims.

Senator TILLIS. Yes.

Ms. GROSSO. We have hired about almost 2,000 people, just shy of that now, to start working that. Probably need more, as you said. We think it would be 1.5 million more, and if hypertension is added it will be 2.5 million. So obviously, we are hiring more people, we are maximizing overtime, and we are also starting to use artificial intelligence to speed up looking at these many claims.

Now it is very much a human-centered process, but we know technology can help us attack this. And I think we are still working the VHA side, to your point, so once the claims are approved, what human resources do we need to add to the VHA side.

Senator TILLIS. I just think as the discussions about the PACT Act, or anything that is substantially similar to the PACT Act goes through, I feel like we need your feedback on gaming out what the impact is going to be on the Department, what risk there will be to the current and anticipated flows before you add the increment. And you were talking about hypertension, going from 1.5 to 2.5. That means that your current struggles right now with a backlog of 222,000 is increased by 10 times. And we have already talked about hiring. We have talked about other challenges.

So I feel like there is a risk, not debating the merits of the PACT Act, but a real risk. The good news is we have got new legislation passed. The bad news is about 18 or 24 months from now you could be in a real crisis in terms of people, technology, infrastructure to actually support the will of Congress.

Ms. GROSSO. Yes, sir, we agree. We need to be gaming that, and we are. Ironically, we do not have trouble hiring claims examiners, but it does take about six to seven months to train them.

Senator TILLIS. And then sooner or later, you are—either through community care or through additional medical resources, oncologists go through the very long list of presumptions that are in the PACT Act. You have also got to anticipate how much of that is going to be done by creating an organic capacity, which is going to ebb and flow based on where you are in the country, and how you are going to be able to address that through community care.

Thank you.

Chairman TESTER. Before I get to Senator Blumenthal's first question, I would just say I think there is plenty of opportunity to speed things up. I like to talk about my kids because I am very proud of them. One of my daughters is a chief operating officer of a hospital, needed employees. HR director was not getting them on. She has got no HR director.

So I think it is expectations here. And we have got to follow the law. We have got to make sure the law is there. But then the expectation is because you guys have an inherent hiring advantage, I think, over any hospital system in the Nation and that you are dealing with veterans and people want to work and deal with veterans in the VA. So we gotta take advantage of that.

Senator Blumenthal.

#### **SENATOR RICHARD BLUMENTHAL**

Senator BLUMENTHAL. Thank you, Mr. Chairman. I know there has been some conversation about mental health care, and I know there has been conversation as well about nursing. In Connecticut, we face a real shortage of nurses. The nurses' shortage exceeds 10

percent, and it is characterized as severe, but of course, this issue prevails across the entire system. Is there something that we as a Committee, we as Congress, can do about it?

Ms. GROSSO. Well, we certainly thank you for the authorities that you have given us and would very much like to continue to work with you on helping us meet some of these challenges.

Ms. Bonjorni, please.

Ms. BONJORNI. Well, I would echo that. We continue to receive great support from the Committee to invest in things like scholarships and education debt reduction programs that help us hire and retain mental health professionals. Upwards of 40 percent of our participants in the debt reduction program are in mental health occupations, and most of our scholarship recipients under some of our new programs are in mental health. We would welcome the chance to continue to invest in those programs.

Senator BLUMENTHAL. Should we change the programs apart from putting more money into them?

Ms. BONJORNI. A couple of our programs I think we would benefit from the opportunity to allow people, for example, for education debt reduction, to essentially have another round at it. So prior to the MISSION Act, we had lower caps. And so some people have a lot of loans, and they might benefit from being able to go back to that again, additional investments in the Specialty Education Loan Repayment Program to let people participate in it further along in their training program so that we can allow more people to enter it.

But right now we are anticipating awarding upwards of 25 of those scholarships to psychiatrists this year. So we are making use of it, just would like to do more.

Dr. CLANCY. If I could just add, we have requested in the '23 budget the opportunity to double the number of health profession scholarships with a strong focus on mental health, diversity, and attention to rural.

If there is one—we have expanded nurse residencies. We will probably be coming to you with a potential request that we might be able to offer nurse residents accepting one of these specialties the opportunity to get a recruitment incentive at the start if they make a commitment. That, I am pretty sure, would require legislation.

Mental health, I think, is probably the biggest challenge. Not enough people are choosing that as a field. So I think we have got to add growing our own, you know, our own employees who might be interested in making a career change and making those opportunities. We have some opportunities available but making them widely known. But mental health we need as a nation to really step up to, and that is a huge challenge.

Senator BLUMENTHAL. Chairman Tester, I think, rightly made the point that a lot of professionals want to go to work in the VA system because they are dealing with veterans. So I am wondering is this shortage of mental health professionals one that prevails throughout society or is it more common in the VA system.

Dr. CLANCY. No, I would—my best estimate is the VA is doing a lot better than most systems. For one thing, mental health tends to be sort of segregated and outsourced, if you will, in much of pri-

vate U.S. health care, but in general, we have a strong national shortage of just about every occupation in mental health.

Senator BLUMENTHAL. Why do you think that is?

Dr. CLANCY. Some of it on the physician side is probably pay, and the rest I am not 100 percent sure. I mean, because if you think about it, neuroscience, I believe, is one of the most exciting fields because it is so new and so forth, but I simply do not know. And some of it, I think, is that we still have a stigma around mental health.

Senator BLUMENTHAL. Yes, it is hard to do something about it if you do not know what the cause.

Dr. CLANCY. Yes.

Senator BLUMENTHAL. You can just kind of try things out. And I agree with you that there may be some enduring stigma, but I am hoping that we are overcoming it. In the VA system, where I think the military, which was once behind the curve on mental health, now because of a very enlightened leadership in all of the Services and in the VA, is trying to remove the stigma.

Dr. CLANCY. I think that is right, and I think the other big opportunity and advantage we have in recruiting is the telemental health, which will not necessarily go away depending on what CMS decides to do about reimbursement and so forth. We are not hemmed in that. And thanks to all of you and the Anywhere to Anywhere Act, which may not be the official name, but we are not, you know, hamstrung by the State scope of practice laws either.

Senator BLUMENTHAL. Great. Well, thank you very much, Mr. Chairman.

Chairman TESTER. Thank you, Senator Blumenthal.

I want to thank all three of you for the work you do, and the people that work with you, thank them, too. Appreciate you being here today. I look forward to continuing to work with the VA and the members of this Committee to ensure we provide the necessary resources and support to our VA employees.

We will keep the record open for a week.

Thank you for being here.

This hearing is adjourned.

[Whereupon, at 4:42 p.m., the Committee was adjourned.]





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## **A P P E N D I X**

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## **Prepared Statement**

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**STATEMENT OF MS. GINA M. GROSSO  
ASSISTANT SECRETARY OFFICE OF HUMAN RESOURCES AND  
ADMINISTRATION/OPERATIONS, SECURITY AND PREPAREDNESS  
DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE**

**"STATE OF THE VA WORKFORCE"**

**MAY 3, 2022**

Good afternoon, Chairman Tester, Ranking Member Moran and Members of the Committee. Thank you for the opportunity to discuss the State of the Department of Veterans Affairs' (VA) Workforce. I am joined today by Dr. Carolyn Clancy, Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks, Veterans Health Administration (VHA)); Ms. Jessica Bonjorni, Chief, Human Capital Management, VHA; and Mr. Ralph Gigliotti, Director, Veterans Integrated Service Network 19, VHA.

I am proud to be here today to discuss steps we are taking to attract and retain VA's number one asset, our great public servants. We know that an investment in our employees is an investment in Veterans. Secretary McDonough recently spoke about 10 steps VA is taking to invest in its incredible workforce, and I would like to take a moment to highlight those steps, as well as present updates on actions VA is taking to attract and retain new talent by leveraging investments and improvements in VA's human capital infrastructure.

First, we appreciate the work Congress has done on legislation such as the Retention and Income Security Enhancement Act, more commonly known as the RAISE Act, to invest in employee wages. We look forward to continuing to work with Congress on legislation that enables the VA to be competitive in the health care environment.

Second, we are maximizing bonuses and retention incentives to reward employees for excellent work and to be more competitive with private sector hospitals that can offer bonuses and retention payments that VA is not able to match.

Third, we are increasing opportunities for employees to advance at VA to help us grow future leaders. For example, the Aspiring Supervisors Program is a VA-wide leadership development program for team members with little to no supervisory experience who seek career growth and managerial skills and mentorship.

Fourth, we are expediting the hiring process by simplifying the application requirements to recruit occupations like nurses, better leveraging Veteran hiring authorities and redesigning our national onboarding process. Direct hire authority has reduced the time to hire for critical hiring needs at VA. Certificates of applicants are

developed after a review of minimum qualifications and hiring managers can immediately make selections for multiple vacancies off of the list.

Fifth, we are asking managers to use all available authorities to establish a work environment that is flexible, where employees have opportunities to work outside their traditional workspace, whenever and wherever possible. Our employees have proven that they are able get the work done for Veterans wherever they are, and as we transition out of two years of maximum telework status during the pandemic for certain positions, we welcome employees into a flexible "Future of Work" environment.

Sixth, we are permanently raising the childcare subsidy cap to include families who make up to \$149,000 per year, for qualifying employees, a significant increase from the prior income cap of \$89,000. In a competitive labor market, offering benefits that support parents and families can be a deciding factor for individuals to come to or stay at VA.

Seventh, we are investing in employee well-being through programs such as the VHA Reduce Employee Burnout and Optimize Organizational Thriving task force. This is a team of employees developing innovative recommendations for how to improve work conditions, promote work-life balance, increase scheduling flexibilities and reduce burnout.

We are also, investing in our scholarship programs so we can offer educational advancement opportunities to even more employees. In 2021, approximately 800 employees received almost \$5 million through the student loan repayment program. This benefit attracts and retains employees in some of our hardest to fill positions such as nursing, pharmacy, social work, and human resources.

Ninth, we are embedding Inclusion, Diversity, Equity and Access (IDEA) into everything we do, including hiring a VA Chief Diversity Officer and integrating IDEA principles into hiring, position management and talent management.

Finally, we continue to focus on keeping employee and visitor safety at the forefront, as we navigate the impact of the Coronavirus Disease 2019 (COVID-19) pandemic. VA continues to implement a vaccine requirement for healthcare personnel with approximately 90% of the workforce fully vaccinated. VA has implemented a testing program to ensure a safe work environment for our frontline employees and the Veterans we serve.

VA currently has approximately 400,000 employees and continues to grow each year in response to increased demand for its services. VHA accounts for approximately 89% of VA employees, and most of the additional staffing needed at VA in the past 5 years has been in clinical occupations, which account for approximately 64% of VA employees. As the largest integrated health care delivery system in America, VA's workforce challenges mirror those faced in the private health care industry.

The American Hospital Association recently sent a letter to the House Energy and Commerce Committee noting that health care workforce challenges "are a national emergency that demand immediate attention from all levels of government and workable solutions."<sup>1</sup> Across the private health care sector, hospitals and ambulatory care centers have reported higher turnover, increased labor costs and increased reliance on travel nurses. While VA's turnover rate has historically been at or below 9.6% annually, that rate increased to 9.9% in fiscal year (FY) 2021, due in part to higher wages and bonuses offered by private health care systems coupled with COVID-19 pressures and burnout. The 10-point plan discussed above is intended to combat these challenges.

Despite these challenges, VA's unique mission attracts new employees each year, and nearly 30% of VA's workforce are Veterans themselves. Other unique benefits attracting employees include working for a nationwide health care organization that provides job flexibility with the possibility of relocations to facilities in other parts of the country without leaving VA employment, and while maintaining a single professional license or credential. VA benefits also include scholarships for employees to gain education in a critical shortage occupation, loan repayment to help those who already completed their education, liability protection, quality health care and retirement benefit programs, work schedule flexibilities, telework options and the opportunity to participate in cutting-edge medical research. The total compensation package offered by VA is marketed through occupation-specific Total Rewards brochures and flyers to highlight both the monetary value of pay-related benefits that do not show up in the paycheck and the more intrinsic personal rewards of a career at VA.

To mitigate some of the hiring challenges in clinical occupations, VA continues to lead the way in using telehealth and mobile deployment clinics to reach Veterans living in areas defined as health professional shortage areas. However, VHA needs the ability to match the bonus strategies of its competitors. VA is a leader in virtual health care delivery and is well positioned to expand in this area. Additionally, VA continues to use direct hiring authorities; recruitment, relocation and retention flexibilities and incentives; hiring initiatives; virtual trainee recruitment events; improved employee engagement; human resources modernization; strategic workforce planning; targeted recruitment of military spouses and Service members transitioning from the Department of Defense; national recruiter programs for hard-to-fill occupations and specialties; and strategies for filling Medical Center Director positions throughout VA.

In VHA, Human Resources (HR) modernization efforts are underway with the goal of standardizing processes across this vast organization, to increase efficiency in HR processing. While national policies have long existed for HR functions, variability in local processes has led to inefficiencies, as well as challenges in automating some of those processes with modern information technology systems. Presently, teams for each HR functional area are gathering existing HR process maps, policies, and best practices from across VHA and integrating them into a newly designed enterprise HR process. As of April 2022, five of these standardized processes have rolled out with the

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<sup>1</sup> [AHA Letter Re: Challenges Facing America's Health Care Workforce as the U.S. Enters Third Year of COVID-19 Pandemic | AHA](#)

remaining eight projected to be completed by December 2022. Each process has timeliness and quality metrics along with overarching customer experience measures that will be used to evaluate their success and inform ongoing process improvements. For example, initial standardization efforts have yielded a 10-18% decrease in pay-impacting errors. HR modernization's shift to shared services was a key factor in VHA's ability to accomplish significant surge hiring during the pandemic. Consolidated HR shared services afforded VHA the ability to flex staff to support surge hiring, one of the great beneficial features of HR modernization. For example, Time to Hire decreased by 10 days in FY 2020 – FY 2021 compared to pre-pandemic levels.

VA acknowledges the concerns raised by customers and other stakeholders about delays in the hiring and onboarding process, and we are actively working to address them. In VHA, an Onboarding Optimization Team is currently working to standardize and reduce steps in the pre-employment and onboarding process. In fact, a Rapid Process Improvement Workshop, facilitated by lean process experts, was recently held. The results of this effort are under review and prioritization for development and implementation. We will continue to keep this Committee informed on our progress. VA is making progress with internal system changes to HR Smart, VA's HR Information Systems of Record platform, which is the Authoritative Data Source for employee personnel information and position management. We are implementing improvements to enhance position management processes and tighten data integrity in the reported positions, particularly vacant positions. These changes will support the efforts in maintaining position quality through continual position validation reviews. Validation processes and system improvements should have a positive impact on time to hire.

We continue to develop staffing models across VA, where needed, such as the recently validated staffing models for VA's Office of Information and Technology, which provide workload-based staffing requirements. There is also an ongoing effort to develop staffing models and requirements for all VA medical center (VAMC) functions, which will contain sufficient detail to identify the number of staff required at the facility level to meet operational demands. These staffing models will augment and expand the current staffing approaches for occupations as they will provide actual workload-based staffing requirements, thus helping each VHA network allocate resources in a manner that will produce the best outcomes for each VAMC's functional area. These staffing models, which focus on productivity standards and efficiency metrics, will draw upon existing productivity standards and outcomes to determine optimal VAMC staffing levels. Since these models are the first effort to produce VAMC-wide staffing models, before the results are finalized, each VAMC must review to address unknown factors impacting productivity.

## **Conclusion**

I am proud to be part of the noble mission to care for our Nation's heroes, whose service and sacrifice is so inspiring. I look forward to working with each of you on this Committee on health care hiring and staffing opportunities across VA, as well as



investing in our current employees so they can continue to provide the best care and service to deserving Veterans and their families. This concludes my testimony. My colleagues and I are prepared to respond to any questions you may have.



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## **Questions for the Record**

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**Department of Veterans Affairs (VA)  
Questions for the Record  
Committee on Veterans Affairs  
United States Senate  
*The VA Workforce: Assessing Ways to Bolster Recruitment and Retention***

**May 3, 2022**

**Questions from Senator Jon Tester**

**Questions for Ms. Gina Grosso, Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, Department of Veterans Affairs**

**Question 1: How many staff, per administration, would VA need to be “fully staffed”? Does VA have the funding it needs to meet that threshold?**

**VA Response:** The Department of Veterans Affairs (VA) fiscal year (FY) 2022 budget operating plans included funding for 417,592 full-time equivalent (FTE) employees. This funding will allow VA to continue to meet the growing demands of the Veteran population. However, as the Senate Committee on Veterans' Affairs has noted, VA needs to develop staffing models to more accurately answer how many staff the Department requires to continue meeting evolving needs. Upon completion of those staffing models, VA will be able to clearly define the gap between funded requirements and unfunded requirements. VA expects to complete staffing models for all VA medical centers by mid FY 2023 and for the rest of VA by the end of FY 2024. VA will communicate that information to Congress when available.

**Question 2: How many staff would each VISN need for Human Resources and scheduling departments to be fully staffed? How long will it take to achieve that goal?**

**VA Response:** While all Veterans Integrated Services Networks (VISNs) do not yet have validated staffing models, VA's Manpower Management Service (MMS) developed the VA Central Office (VACO) Human Resources (HR) Service Staffing Model in 2021, which will include expanding HR services across VA by the end of calendar year (CY) 2022. VA MMS is working closely with the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) to refine assumptions to adjust the model as necessary to accommodate administration-specific requirements. Initial staffing analyses suggest there are significant shortages at each of the HR offices.

Even when VA implements the validated staffing models, full staffing is a moving target that fluctuates with changes in demand for care, such as expansion of services and eligibility and changing Veteran population health care needs. Continuous turnover and

growth, a normal and healthy part of any large organization, are also factors in the definition of "fully staffed." However, current vacancy rates for HR staff (16%) and medical support assistant (MSA) scheduling staff (21%) are higher than the typical vacancy rates of 10-12% associated with normal turnover and growth and reflect a strong hiring demand signal for the organization. VHA estimates it will need to hire approximately 1,300 HR staff and 7,800 MSAs each year to replace losses and achieve desired levels of growth. Notably, unlike other occupations in VHA, turnover for HR staff has declined in the last 2 years and continues to be on a downward trajectory, and hiring is strong. VHA has achieved a net increase in HR staff of 11.2% as of August 31, in addition, VHA is conducting a review of HR functions based on more specific workload analysis to produce functional staffing model recommendations for all specialty areas within HR and is also working to standardize services. In addition, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), Title IX – Improvement of Workforce of Department of Veterans Affairs will require a significant expansion in staffing levels. MSAs are experiencing higher turnover and much lower hiring rates than usual and are therefore falling short of the 7.1% projected growth for the year, which is currently at less than 1%.

As indicated previously, there is no point in time when VHA will truly achieve a full staffing level due to continuous turnover, experienced by all employers, and growth requirements that change as demand for care, expansion of services and the health care needs of Veterans change. However, as the job market continues to remain tight, VA anticipates ongoing challenges with recruitment and retention, especially in health care roles. VA will continue to employ all available authorities and incentives to ensure hiring practices effectively meet Veterans' needs.

**Question 3: Time to hire, from posting to onsite, is much faster in the private sector than it is at VA: What are the main differences between VHA's hiring process and the private sector's hiring process, especially for clinical positions?**

**VA Response:** Based on survey data from 100 hospitals conducted in May 2022, time to hire for nurses from job posting to onboarding is not substantially faster in the private sector than it is in VHA for nurses, where private sector reported an average of 105 days and VHA's average for FY 2022 is currently 103 days. VA's requirements to hire new employees mirror the private sector in that the major steps are largely the same (e.g., credentialing, background checks and drug testing). There are a few steps in the hiring process required for all Government employees that are additional when compared to private sector practices and may add time to the process. These include adjudication of Veterans Preference, confirmation of registration with the Selective Service and a more in-depth background investigation. Before VA can hire a non-citizen for a clinical position, we must also take additional steps to demonstrate that we could not find a U.S. citizen in the labor market. In addition, any time that we need the use of special pay authorities— such as a recruitment; relocation or retention incentive; above the minimum entrance rate; or paying for moving expenses—we are required to obtain additional approvals and technical reviews to comply with the Office of Personnel

Management (OPM), General Services Administration, and other Federal agency regulations. While this is, each of these steps adds time to the hiring process.

While Hybrid 38 and Title 38 are considered “excepted service” and we may appoint candidates noncompetitively, VA’s collective bargaining agreements with labor partners require that we announce employment opportunities for 14 business days to internal employees for first consideration before expanding to external and public markets. To improve overall candidate responsiveness and engagement, VA uses the Open Continuous Announcement (OCA) to monitor, qualify and quickly refer top candidates to selecting officials for immediate consideration. VA also is leveraging the Physician/Provider Recruiter role within HR and recently released a standardized position description and recruitment tools for the position. This recruiter will work closely with clinical and HR staff allowing VHA to meet the needs of applicants and ensure they have a streamlined interviewing/onboarding process. This approach is in line with private sector hiring practices.

VHA recently released an Onboarding Surge Event toolkit which is designed to promote VHA as the health care employer of choice and to accelerate the onboarding experience for those currently in the hiring pipeline. Within the last month, 45 VA medical centers (VAMCs) across every VISN held a surge event or a hiring fair. These events yielded more than 2,500 potential new recruitments, and newly selected staff completed many onboarding requirements at the 1-day event. We expect that we will continue to use these types of events to streamline the hiring and onboarding process while optimizing the customer experience for new or interested applicants.

**Question 4: Can you elaborate on or clarify the following statements you made during the hearing?**

- “Vacancies can often reflect requirements that we now and some of them we fill and some of them we fill when we get funding.”
- “The current data shows that about 55% [of vacancies] are funded and 45% are not funded.”
- “Since the beginning of this FY we have hired 59,000 employees.”
- “A vacancy doesn’t necessarily represent that we need a human in it.”
- [“You’re closer to 2,800 people short. Is that fair?”] “Yes, ma’am.”
- “In fairness, it’s very difficult to know how short [staffed] we are.”

**VA Response:** As noted in VA’s quarterly reports on full staffing capacity, which are required by the VA Maintaining Internal Systems and Strengthening Integrated Outside Network Act (MISSION Act), vacancies do not necessarily represent staffing gaps or shortages. Neither do they represent the true unfunded need of the organization or the number of positions that VA could fill at any given time, as there are many variables to staffing capacity. Rather, vacancies reflect the turnover that is constantly occurring in the organization, and that is experienced by all employers, as well as funded levels of growth in FTEs.

VA continues to put controls in place to enhance position management processes with better data integrity and gain fidelity in the reported positions, particularly vacant positions. Notably, VA is making significant progress with internal system changes to HR Smart that were designed to put controls in place to enhance position management processes and move towards better data integrity in the reported positions, particularly vacant positions. This work will improve the quality of manpower and funding data.

**Question 5: Please provide the results of the last six employee burnout surveys, percentage of employees surveyed, and the questions asked.**

**VA Response:**

**Burnout Questions:**

The VA All Employee Survey (AES) is a feedback tool from employees to management about employees' satisfaction and perceptions of the VA workplace. The AES can help assess what VA is doing well as an organization, and where it can improve. The AES is confidential, anonymous, and voluntary. In 2022, the AES was administered to VA employees (not contractors) from June 6-28. The final scrubbed response rate was 71.12% (297,864/418,836). We have three items in the AES that measure burnout among employees (see the items below). We group responses by those that report 0, 1, 2 or 3 of those symptoms.

Emotional exhaustion: "I feel burned out from my work."

Depersonalization: "I worry that this job is hardening me emotionally."

Reduced achievement: "I have accomplished many worthwhile things in this job."

|                     |                                                                                                                  |
|---------------------|------------------------------------------------------------------------------------------------------------------|
| <b>0 Symptoms %</b> | Percent experiencing 0 of: high exhaustion, high depersonalization, reduced personal achievement at least weekly |
| <b>1 Symptom %</b>  | Percent experiencing 1 of: high exhaustion, high depersonalization, reduced personal achievement at least weekly |
| <b>2 Symptoms %</b> | Percent experiencing 2 of: high exhaustion, high depersonalization, reduced personal achievement at least weekly |
| <b>3 Symptoms %</b> | Percent experiencing 3 of: high exhaustion, high depersonalization, reduced personal achievement at least weekly |



| Burnout 2013-2021 <b>All VA</b> |                 |                 |                 |                 |        |                                                                       |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|--------|-----------------------------------------------------------------------|
| Year                            | 0<br>Symptoms % | 1<br>Symptoms % | 2<br>Symptoms % | 3<br>Symptoms % | N      | Response Rate<br>(All VA employees<br>were invited to<br>participate) |
| 2013                            | 51%             | 23%             | 16%             | 5% (High)       | 179271 | 56%                                                                   |
| 2014                            | 48%             | 23%             | 18%             | 6% (High)       | 189322 | 56%                                                                   |
| 2015                            | 48%             | 23%             | 18%             | 5% (High)       | 209078 | 60%                                                                   |
| 2016                            | 50%             | 22%             | 19%             | 5% (High)       | 207831 | 58%                                                                   |
| 2017                            | 49%             | 22%             | 19%             | 5% (High)       | 219937 | 60%                                                                   |
| 2018                            | 52%             | 23%             | 16%             | 5% (High)       | 235884 | 62%                                                                   |
| 2019                            | 52%             | 23%             | 17%             | 5% (High)       | 256807 | 66%                                                                   |
| 2020                            | 54%             | 23%             | 16%             | 5% (High)       | 288369 | 71%                                                                   |
| 2021                            | 51%             | 23%             | 19%             | 5% (High)       | 287224 | 69%                                                                   |
| 2022                            | 49%             | 23%             | 21%             | 6% (High)       | 297864 | 71%                                                                   |

| Burnout 2013-2021 <b>All VHA</b> |                 |                 |                 |                 |        |                                                                        |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|--------|------------------------------------------------------------------------|
| Year                             | 0<br>Symptoms % | 1<br>Symptoms % | 2<br>Symptoms % | 3<br>Symptoms % | N      | Response Rate<br>(All VHA employees<br>were invited to<br>participate) |
| 2013                             | 52%             | 22%             | 16%             | 5% (High)       | 160124 | 56%                                                                    |
| 2014                             | 49%             | 23%             | 17%             | 5% (High)       | 167674 | 56%                                                                    |
| 2015                             | 49%             | 23%             | 18%             | 5% (High)       | 184357 | 59%                                                                    |
| 2016                             | 50%             | 22%             | 19%             | 5% (High)       | 183104 | 57%                                                                    |
| 2017                             | 50%             | 22%             | 19%             | 5% (High)       | 196848 | 60%                                                                    |
| 2018                             | 53%             | 23%             | 16%             | 5% (High)       | 210057 | 62%                                                                    |
| 2019                             | 52%             | 23%             | 16%             | 5% (High)       | 224891 | 64%                                                                    |
| 2020                             | 54%             | 23%             | 16%             | 5% (High)       | 253394 | 70%                                                                    |
| 2021                             | 52%             | 23%             | 19%             | 5% (High)       | 251925 | 68%                                                                    |
| 2022                             | 49%             | 23%             | 21%             | 6% (High)       | 262120 | 70%                                                                    |

**Question 6: What are the specific training and development plans for Human Resources staff between now and the end of FY 2023?**

**VA Response:** In accordance with its oversight responsibility in 5 U.S.C. § 1104, OPM requires agencies to ensure that individuals (HR professionals) responsible for conducting delegated examining activities, including those conducting the annual audits,

have completed certification requirements and are currently certified to perform these activities (OPM Delegated Examining Operations Handbook, Chapter 1 - Section D).

VA's Office of the Chief Human Capital Officer monitors the training and certification of VA HR staff responsible for conducting these delegated examining activities and conducts audits of VA Delegated Examining Units to ensure compliance with relevant HR laws and regulations. As of May 6, 2022, VA's HR offices include a total of 94 Delegated Examining Human Resources Practitioners with active certification from OPM.

In FY 2023, VHA Human Resources and Development (HRD) will launch an enhanced, robust development program (similar in concept to the current Technical Career Field (TCF) Program) for new HR specialists whereby VHA's Workforce Management and Consulting (WMC) will train, arrange preceptors within the VISNs and fund resources for an intensive 1-year program. After successful completion of the TCF program, we place trainees throughout VHA in HR.

WMC has collaborated with other Human Capital Management (HCM) areas to revise and streamline the Leadership Development Program for Chief HR Officers and Senior Strategic Business Partners. There also will be a revised subset for front line HR supervisors. WMC has increased resources for the New Talent Development Program (NTDP) in addition to the enhanced HR training for new specialists to support the pace of new HR staff coming on board that is in line with VHA Directive 5014, VHA Required Human Resources Training, dated July 29, 2020. VHA Directive 5014 established the requirement for all HR Specialists new to VHA or new to the GS-201 occupational series for grades 13 and below to attend NTDP within 18 months of assignment into VHA. NTDP provides the foundational competencies to function as HR professionals in VHA and participants are placed in one of two tracks. The two tracks are Classification, Staffing and Compensation and Employee Relations, Labor Relations and Performance Management.

WMC continues to work with VISN HRD specialists to encourage use of standardized content and participation in our community of practice to enhance further training and development of HR staff within the VISNs.

**Question 7: How many staff have been retained as part of the Stay in VA (SIVA) initiative? How do you measure the success of the program?**

**VA Response:** Stay in VA (SIVA) is a relatively new initiative that, while not mandatory, is being adopted organically across the organization, with a flexible model for implementation. As such, data are not yet available on the success of the program aside from early pilot data that showed a substantial reduction in turnover among nurses at the Tomah VAMC. In addition, it is important to note that turnover currently is increasing across the entire U.S. labor market in response to COVID-19 and post-COVID changes in the U.S. economy; historically low unemployment rates; availability and affordability of childcare; and other factors that impact employment expectations.

SIVA focuses on employee retention, engagement and experience and promotes a trusting environment for employees to express their ideas and experiences to supervisors, managers and leadership. Likewise, supervisors and managers are afforded the opportunity to learn more about employees, get a sense of how the employee is handling their position and identify specific actions that can strengthen an employee's engagement and encourage them to stay with VA. SIVA is a platform that requires a transformational culture change in how supervisors and employees communicate, and, due to COVID-19 pandemic, the SIVA initiative went into organic diffusion with a flexible model.

WMC provides individual consultation with VHA central office program offices, VISNs and VAMCs to adopt and develop the flexible model to fit their specific needs to address employee experience and engagement. Each SIVA champion develops the tracking mechanisms needed to enhance their adoption of the SIVA model; thus, no national level data are recorded at this time. However, we know that more than 50% of VHA facilities are in the process of implementing this initiative for specific services or the entire facility. We have established a Community of Practice (CoP) for SIVA champions with calls designed to provide useful, actionable information for supervisors, managers and leaders on how to leverage Stay Touchpoints to address work life balance and burnout; workforce succession planning; and increasing employee engagement among other topics. The CoP calls provide networking opportunity for supervisors, managers and leaders to share best practices; help each other overcome obstacles and challenges; and highlight success stories. Participation has increased to more than 100 participants per call.

**Questions from Senator Jerry Moran**

**Questions for Ms. Gina Grosso, Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, Department of Veterans Affairs and Ms. Jessica Bonjorni, Chief, VHA Human Capital Management, Department of Veterans Affairs**

***VA has been working to establish staffing models for all of its occupations. Such models are critical so veteran patient and beneficiary projections can be accurately translated into staffing needs and leaders at the local and national level have a rigorous justification for planning their hiring.***

**Question 8: How many total staffing models will VA have, how far along are you in developing those, and when will all staffing models be in place for leaders to use?**

**VA Response:** VA is working to establish staffing models for all of occupations by the end of FY 2024. VA MMS is working closely with VHA, VBA and NCA to use a combination of approaches to establish these initial requirements, including leveraging current staffing models, standards or benchmarks; contracting for manpower analysis; and using internal VA resources to conduct staffing models or develop models. We will determine a significant percentage of VA's baseline manpower requirements in FY 2023 with the completion of the first iteration of staffing models for all direct care positions at VAMCs, which will encompass approximately 70% of VA's positions.

***You noted VHA has centralized many of its HR functions, and that has helped VA hire during the pandemic. We have heard from managers that the centralized HR model makes it more difficult for them to get answers on HR questions or navigate filling open positions relative to the previous model of having a dedicated HR specialist at their facility.***

**Question 9: Can you describe some of the change management for end users, such as nurse managers or service line chiefs that went into making the switch to the new centralized HR model?**

**VA Response:** VHA HCM developed a communications plan that included "roadshows" for VISNs highlighting why the change was needed, what was changing, benefits of the change and expected timelines for implementation, as well as providing an opportunity for sharing of feedback and recommendations. HCM also shared presentation materials with VISN Chief HR Officers to promote among their staff and customers.

To inform VISN offices, their staff and customers of ongoing changes, HCM continues to assist with communication tools. HCM is in constant communication with VISN HR leadership and provides support when needed or requested.

**Question 10: What feedback are you getting from your HR customers and how have you incorporated that feedback into this new HR delivery model?**

**VA Response:** We have implemented multiple, formal feedback mechanisms to hear from HR customers. We review all feedback to identify what improvements we need to make to the HR delivery model. We analyze areas of opportunity to understand systemic issues or root causes and then share them with appropriate shared service teams for implementation of approved solutions.

**Customer Engagement:**

- *Voice of the Customer Presentations.* VHA HR leadership hosts a monthly meeting to discuss various topics focused on improving operations. A standing item on the agenda is Voice of the Customer, where VISN or VAMC staff present to HR leadership on what is working well and/or challenges with HR modernization.
- *Customer Service Survey.* VHA HCM conducts a bi-annual survey targeted at three different audiences: executives, supervisors and employees. The survey is designed to capture experience with HR service delivery and overall satisfaction.
- *Feedback Form.* We have developed guides and job aids to inform customers how to navigate and request HR services. A feedback form is linked in the document repository for customers (external and internal) to share comments/suggestions for improvement.
- *HR Modernization Mailbox.* We have established a shared mailbox for customers to send feedback directly to the team leading HR Modernization efforts (this is available also for internal customers).
- *Communities of Practice.* All VHA HR shared services have stood up Communities of Practice to share best practices, lessons learned/challenges.

***I have seen reports of claims and occasionally hear from VA employees that their teams are short staffed and unable to deliver the quality care our veterans deserve. However, investigations by the Office of the Medical Inspector often fail to substantiate if a care team or specialty service is short staffed, despite the concerns that staff raise.***

**Question 11: How does VHA workforce management or VA Human Resources track whether or not a facility or a care team has enough staff, and what actions are you able to take when vacancies impact patient care?**

**VA Response:** The local facility makes the determination of staffing needs and approval of specific positions. These decisions consider projection of need, any applicable staffing models, fiscal determination and other internal factors. The local facility typically completes this determination through a Resource Committee process at each VAMC. Once the local facility approves a position to fill, HR ensures the HR Smart system is updated to reflect the current approval and provides a standard approach to providing HR services in support of local management decisions on staffing levels. HR staff work with VISN and facility leadership to prioritize vacancies to mitigate impacts to

patient care. When the local facility determines that vacancies will impact patient care, HR works with management to identify and meet the needs through use of available budgeted positions, fee basis appointments, contracted staff, flexible scheduling and/or part time appointments to meet the critical need.

***Investing in VA's workforce also means quality, not just quantity. VA has developed training for its leaders and to prepare health providers to take over as supervisors.***

**Question 12: For leadership positions involving independent clinical practitioners, does VHA have restrictions on how many tort claims or malpractice claims a provider can have on their record and still be eligible for promotion to supervisor?**

**VA Response:** Medical malpractice gets screened during the pre-employment background check if criminal charges for malpractice were filed. In addition, if we discover malpractice during the background investigation, we adjudicate this discovery. We perform non-criminal malpractice reviews during the credentialing phase (if a position required credentialing), which a credentialing staff completes. When personnel security staff run into credentialing questions that overlap with suitability, they reach out to medical staff affairs staff to coordinate reviews and resolve any questions or concerns.

**Question 13: Does VHA workforce management review tort and malpractice claims of candidates for leadership positions? Does VHA provide specific guidance to Medical Center Directors and Chiefs of Staff on how to evaluate patient care issues when filling leadership positions?**

**VA Response:** VA's response to Question 4a notes the guidance for health care providers and malpractice claims. VHA Handbook 1100.19, Credentialing and Privileging, and VHA Directive 1100.20, Credentialing of Health Care Providers contain the policies and procedures related to professional competence, professional misconduct or substandard care. We review health care providers' credentials routinely, and additional action is taken when certain malpractice thresholds are met, including (1) three or more medical malpractice payments in payment history, (2) a single medical malpractice payment of \$550,000 or more or (3) two medical malpractice payments totaling \$1,000,000 or more (VHA Directive 1100.20, Section 5. Responsibilities, Paragraph).

#### Questions from Senator Kyrsten Sinema

#### Questions for Ms. Gina Grosso, Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, Department of Veterans Affairs

**Question 14: Credentialing has been identified as a major barrier to timely hiring. During the pandemic response, what changes were made to the credentialing process to expedite hiring while also ensuring newly hired personnel were appropriately credentialed?**

**VA Response:** We did not make changes to the Temporary and Expedited Credentialing process as a result of the COVID-19 pandemic. The Temporary Credentialing process is available to meet urgent patient care needs. A temporary appointment is a one-time appointment, not to exceed 60 calendar days. The Temporary Credentialing process was available as part of the VHA credentialing policy prior to the COVID-19 pandemic and was available for use during the COVID-19 pandemic.

Onboarding is a complex process involving several components; credentialing is the only component that occurs concurrent to other required onboarding requirements. Onboarding and credentialing are terms often incorrectly used synonymously, especially when referring to hiring delays. Credentialing is required in accordance with The Joint Commission standards. Credentialing is a comprehensive process in which training, education, work history, clinical references and licensure are primary source verified. During the credentialing process, we query the National Practitioner Data Bank (NPDB) to identify any licensure actions; medical malpractice payments; adverse clinical privileges actions; health care-related criminal convictions and civil judgments; and exclusions from participation in Federal or State health care programs. All licensed health care practitioners also are enrolled in the NPDB's continuous query program so that the facility is instantly notified if any entity (VA or non-VA) makes a report to either organization so that we can take immediate action as necessary.

The current average national time to complete the credentialing of a new practitioner is 25 days or less (specific examples are 25 days for physicians and 19 days for registered nurses). The average credentialing time has decreased by almost one-half from 48.2 days in 2015. If there is an urgent patient care need and the practitioner will begin provision of patient care within VHA in less than 30 days from their tentative offer, then we may use the Temporary Credentialing process. The Temporary Credentialing process includes querying the NPDB to identify actions as described above as well as validation of licensure. Full credentialing is still required following Temporary Credentialing to meet the urgent patient care need. The Temporary Credentialing process was available as part of VHA credentialing policy and was available for use during the COVID-19 pandemic.

**Question 15: I have been told that within the Arizona VA system mental health providers and nurses are in dire need. How does the VA plan to use bonuses, retention incentives, and scholarship programs to both attract health care providers and keep them?**

**VA Response:** VA continues to use recruitment, retention and relocation (3R) incentives to attract and retain staff. VAMC leadership makes the determination of which positions are their most critical need for incentives and allocate the funds for recruitment or retention. In FY 2021, VHA spent \$473.5 million in 3Rs and is projected to increase that spending this year. So far in FY 2022, as of May 7, 2022, VHA has spent \$430.3 million including almost \$3.3 million at the three sites in Arizona.

VA has used its loan repayment tools and scholarships particularly to target mental health practitioners: psychiatrists, clinical psychologists and nurses. The Education Debt Reduction Program (EDRP) remains an essential tool for VHA to recruit and retain the agency's hard-to-recruit patient care providers in a nationally scarce and competitive market. Through EDRP, we have recruited 22,000 individuals to provide direct patient care to Veterans. In FY 2021, we approved 2,091 EDRP awards, of which 26 were new participants serving in Arizona facilities, bringing the total number of active EDRP participants for Arizona to 164. EDRP will make more than 3,000 new awards in FY 2022, 48 of which have been for employees in Arizona.

Historically, 40% of annual EDRP awards are for mental health providers including psychology, psychiatry, social worker, mental health nurses and licensed professional counselors. In FY 2021, VA launched the EDRP Retention Support Initiative which provided over 1,600 retention awards to psychologists and nurses providing care at community living centers and long-term care facilities.

VA has several other programs aimed at recruitment and retention. For example, the Specialty Education Loan Repayment Program (SELRP) specifically targets physicians during their medical residency. This new program is making great strides with several different marketing campaigns in FY 2022 resulting in more than 124 registrants as of July 2022. Once registered, applicants go through background checks and loan verification processes before being accepted into the program. Of the 15 who are now enrolled, 1 is in Arizona.

VA also has expanded scholarship opportunities to recruit and retain its health care workforce. The Employee Incentive Scholarship Program (EISP) authorizes VA to award scholarships to employees pursuing degrees or training in health care disciplines for which recruitment and retention of qualified personnel is difficult. EISP awards cover tuition and related expenses—such as registration, fees and books—in return for a 1- to 3-year service obligation. As of September 30, 2021, VA approved 633 new EISP awards totaling \$11,897,558 in new scholarship funding. Of those new awards, 586 (93%) supported academic programs leading to the recruitment or retention of registered nurse employees. Currently, 84 employees are receiving scholarship awards at Arizona facilities.



The VA Learning Opportunities Residency (VALOR) program gives outstanding nursing and medical technology students an opportunity to develop their skills at a VA-approved health care facility. Learning opportunities include didactic and classroom experiences and competency-based clinical practice with a qualified preceptor. Students recruited for the program may receive up to 800 hours of funding while in the VALOR program.

During FY 2021, VALOR spent \$3.5 million for 230 students with a retention rate of 74%. During FY 2022, VALOR spent \$3.5 million for 240 students. The Phoenix VA Health Care System selected six VA Learning Opportunities Residency (VALOR) students for their nursing trainee program.

The Health Professional Scholarship Program (HPSP) allows VA to award scholarships to applicants pursuing degrees or training in health care disciplines for which recruitment and retention of qualified personnel are difficult and commensurate with VA shortage clinical occupations. HPSP provides tuition, fees and a monthly stipend to students who are selected competitively in return for a service obligation in a hard to recruit and retain position. Since the inception of HPSP in 2016, VA has awarded 1,026 total scholarships to HPSP participants, including to 282 medical students. Currently, 20% of HPSP scholarships are targeted for mental health providers, including the first cohort of clinical psychologists for FY 2022.

In FY 2022, VA awarded 263 new scholarships to students pursuing degrees as physicians, nurses, physician assistants, medical technologists and diagnostic radiological technician in the HPSP and continued administering 340 additional scholarship participants selected in previous years for total funding in FY 2022 of \$24.2 million. HPSP managed ten students from three universities in Arizona during 2022.

These scholarship recipients are creating a valuable pipeline for the critical hard to recruit and retain disciplines that will be vital in caring for our Veterans. Each year, approximately 100 participants matriculate from their studies resulting in bedside providers, with a minimum of 2 years of VHA service obligation. VA will continue to fully leverage scholarship and loan repayment programs to recruit, retain and develop pipelines for mental health talent.

**Question 16: In 2021, approximately 800 employees received money through the student loan repayment program. Do you believe there are ways to expand that program to better serve our medical community?**

**VA Response:** The Student Loan Repayment Program (SLRP) may be authorized for certain employees appointed under Title 5 and "Hybrid" positions under title 38. The program has eligibility exclusions and specifically excludes pure Title 38 positions. SLRP previously provided up to \$10,000 a year and a maximum of \$60,000 towards direct payment of an employee's student loans. The recently-enacted PACT Act has updated applicability to the VA by expanding the SLRP program to \$40,000 in any calendar year and a maximum of \$100,000 per employee. This increase substantially expands the program and should begin to directly impact recruitment and retention efforts for eligible occupations.

**Question 17: Step seven of your plan to invest in employees focuses on employee well-being through programs such as the VHA Reduce Employee Burnout and Optimize Organizational Thriving task force. Can you elaborate on some of the plans they are developing to improve work conditions and reduce burnout?**

**VA Response:** The effects of Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) are being felt now as we leverage an array of tools already at our disposal to address system constraints, alleviate pressures on employees, boost retention and support employee well-being. For example, we are expanding the Chief Wellbeing Officer pilot initiative for professional fulfillment to additional sites at VISN and VAMC levels. In addition, VHA leadership has directed supervisors to meet with employees individually to expand the use of little-used scheduling flexibilities that would likely benefit a substantial percentage of employees and reduce the potential for burnout. We also offer an Employee Resource Guide to employees that provides guidance on a variety of practices that can be implemented immediately within work units. For the longer-term, we will prioritize and implement approved actions from REBOOT in phases depending on their scope and resource requirements. We will manage some enterprise-level initiatives nationally and implement others locally. VHA holds national and local organizations accountable for addressing system constraints and improving support for employee well-being.

**Question 18: As of April 23rd, the VA has a backlog of 223,632 disability compensation claims. With the addition of new presumptive conditions and the anticipated passage of the PACT Act, what measures are being adopted at the VA to take into account the increase in claims? What steps can we take to support you and ease the wait time for veterans?**

**VA Response:** VBA is hiring and training approximately 2,000 employees to assist and support disability benefits claims processing to combat backlog growth and restore processing timeliness to pre-COVID-19 pandemic levels. VBA concurrently expanded claims processing capacity through use of overtime funds, totaling \$100 million, granted through American Rescue Plan funds. The recently passed FY 2022 budget also adds 429 additional personnel to support compensation and pension claims processing, which includes Agent Orange-related claims. As of October 3, 2022, the backlog was 147,999 claims, 44% below the high of 264,236 claims on October 24, 2021.

In addition to hiring and training, VBA recently implemented claims processing automation technology to automate administrative tasks and workflows, while providing decision support capabilities for claims processors. The Automated Decision Support (ADS) technology automates key portions of the claims process providing faster, more consistent decisions for VA claimants. Currently, ADS encompasses 40 diagnostic codes, of which 38 are specific to the newly enacted PACT Act. This represents 96.7% of the projected FY 23 PACT Act claim volume, with the remaining 3.3% being delivered prior to January 1, 2023.

**Questions from Senator Tommy Tuberville**

**Questions for Ms. Gina Grosso, Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, Department of Veterans Affairs**

*The VHA previously approved a substantial number of requests for reasonable accommodation made by employees for medical and religious reasons. However, not long after approving requests, the VHA soon reversed their position on guidance issued as recently as February 2022, choosing to reclassify hundreds of “low-risk” positions held by unvaccinated employees as “high-risk” positions. This translates to job insecurity for a substantial number of VHA health care personnel and essential support staff.*

**Question 19: Since the VHA’s COVID-19 vaccine mandate went into effect and the terms “high-risk position” and “low-risk position” were used to determine whether reasonable accommodations were feasible, how many (and what percentage of) VHA positions have been reclassified as “low-risk”?**

**VA Response:** VHA does not have the capability to provide the requested data. The review of reasonable accommodation requests related to VHA health care personnel (HCP) in high-risk positions is changing, so that now we may accommodate HCP in high-risk positions in their position of record, using masking, distancing as feasible, and any other necessary safety mitigation measures. We will update VA Form 10230a, Undue Hardship Review, to reflect these additional potential accommodations. Please note that accommodation decisions are subject to change as circumstances change, and reasonable accommodations in these high-risk positions will be subject to periodic review.

To clarify, VHA did not reclassify positions. The high-risk position list is a description of types of positions or types of patient interactions that pose a higher patient-care risk due to the COVID-19 pandemic. We developed a list of high-risk positions as a guide to use during the individual evaluation of accommodation requests. There is no corresponding list of low-risk positions.

**Question 20: How many (and what percentage of) VHA positions have been reclassified as “high-risk”? Please include the official titles and accurate job descriptions of all employees who have had their position reclassified.**

**VA Response:** VHA does not have the capability to provide the requested data. The review of reasonable accommodation requests related to VHA HCP in high-risk positions is changing, so that now we may accommodate HCP in high-risk positions in their position of record, using masking, distancing as feasible, and any other necessary safety mitigation measures. We will update VA Form 10230a to reflect these additional potential accommodations. Please note that accommodation decisions are subject to

change as circumstances change, and reasonable accommodations in these high-risk positions will be subject to periodic review.

To clarify, VHA did not reclassify positions. The high-risk position list is a description of types of positions or types of patient interactions that pose a higher patient care risk due to the COVID-19 pandemic. We developed a list of high-risk as a guide to use during the individual evaluation of accommodation requests. There is no corresponding list of low-risk positions.

**Question 21: What percentage of VHA staff would fall under the umbrella of the following high-risk positions: Community Living Center staff, Intensive Care Unit staff, Spinal Cord Injury Departments staff, Emergency Rooms staff, Chemotherapy unit staff (inpatient and outpatient), Dialysis staff (inpatient and outpatient), Staff who perform aerosol generating procedures, Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients), Staff with regular and recurring face to face contact with individuals coming from congregate settings and bedded residential settings (e.g. blind rehab, residential mental health, homeless shelters), Acute inpatient medical/surgical unit staff, Acute inpatient mental health staff, and Post-transplant unit staff (inpatient and outpatient)?**

**VA Response:** VHA does not have the capability to provide the requested data. The review of reasonable accommodation requests related to VHA HCP in high-risk positions is changing, so that now we may accommodate HCP in high-risk positions in their position of record, using masking, distancing as feasible, periodic screening testing and any other necessary safety mitigation measures. We will update VA Form 10230a to reflect these additional potential accommodations. Please note that accommodation decisions are subject to change as circumstances change, and reasonable accommodations in these high-risk positions will be subject to periodic review.

To clarify, VHA did not reclassify positions. The high-risk position list was a description of types of positions or types of patient interactions that pose a higher patient care risk due to the COVID-19 pandemic. VHA determined that for certain positions, the standard accommodation of masking, maintaining physical distance, testing and following other required safety protocols is either not possible or does not sufficiently mitigate the safety risks due to patient care needs. We developed a list of high-risk positions as a guide to use during the individual evaluation of accommodation requests. There is no corresponding list of low-risk positions.

**Question 22: Is it true that some unvaccinated VHA employees in other administrative regions of the VA are allowed to continue to work in high-risk positions if they test weekly and wear an N-95 mask?**

- **If so, why is this not the case in VISN 7 and why are veterans in Alabama at higher risk than veterans in Florida of contracting severe cases of COVID-19?**

- **If this is not true, then why is the VHA failing to ensure uniformity nationwide with the application of this denial of reasonable accommodation?**

**VA Response:** All VHA HCP must comply with VHA Directive 1193.01, Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel, dated January 27, 2022, and be fully vaccinated against COVID-19 or have an approved accommodation for medical, religious or pregnancy-related reasons. When employees request accommodation to the vaccination requirement, supervisors will evaluate the request to determine if they can approve it or if approving the request would create an undue hardship for the agency. The review of reasonable accommodation requests related to VHA's health care personnel (HCP) in high-risk positions is changing, so that HCPs in high-risk positions now may be accommodated in their position of record, utilizing masking, distancing as feasible, and any other necessary safety mitigation measures. VA Form 10230a will be updated to reflect these additional potential accommodations. Please note that accommodation decisions are subject to change as circumstances change, and reasonable accommodations in these high-risk positions will be subject to periodic review.

**Questions from Senator Richard Blumenthal**

**Questions for Ms. Jessica Bonjorni, Chief, VHA Human Capital Management,  
Department of Veterans Affairs**

**Question 23: What are the benefits of expanding Continuing Professional Education reimbursement as it relates to recruitment and retention?**

**VA Response:** VA provides a comprehensive package of benefits and incentives that contribute to the total rewards of a long-term career, including professional growth and development. VHA is the Nation's leading provider of continuing medical education (CME) credits and hours. Full-time physicians, dentists and podiatrists receive \$1,000 or more annually and authorized absence to attend CME courses (some conditions do apply). The expansion of Continuing Professional Education (CPE) reimbursement to other health care occupations would allow VHA to further invest in the professional development, career goals and aspirations of all VA employees to improve employee satisfaction and engagement, increase retention and develop future VA leaders.

The pipeline of health care employees is increasingly stressed as the projected demand for health care workers in the U.S. labor force is expected to exceed the supply. VA is vigorously competing with non-governmental health care systems that have far more agility to rapidly hire, adjust pay and use incentives to recruit trained and qualified health care providers who are in high-demand and very low supply. To keep pace with an increasing and evolving demand for care, increased competition for health care providers and an aging Veteran population, and to ensure VA can maintain a healthy and vibrant workforce, VA is committed to investing in our employees by supporting employee's career goals and development.

**Question 24: In terms of the medical professional occupations it impacts, how expansive do you believe the Continuing Professional Education reimbursement program should be?**

**VA Response:** CPE expenses have steadily increased, requiring adjustments to reimbursement for VA HCP. VHA recommends expansions as recruitment and retention tools for a broad range of clinical positions covering not only physicians and dentists, but also updating the language to ensure podiatrists are included as well as covering a broad range of clinicians. This recommendation would enable VHA providers to receive relevant, updated professional development necessary to ensure VHA care to Veterans remains top notch. Investing in our workforce is not only a Secretary-level priority, but also a key factor in employee engagement, retention and development, and is a recruitment tool. We have recognized for quite some time that we cannot always compete with market pay for physicians and other providers relative to private industry offerings and must lean into other tangible and intangible benefits of working for VA, including investing in professional development. In addition to outspending the Government in pay, private health care systems also outspend us in professional development and reimbursement. To that end, VHA would like to discuss possible

expansion of both reimbursement amounts to a higher threshold and broader coverage for other clinicians, as well as elimination of the broad certification eligibility as a requirement for reimbursement.

**Question 25: Are there other ways to enhance Continuing Professional Education at VA?**

**VA Response:** VHA currently provides and offers CPE through multiple avenues including accredited training and partnerships with universities through affiliation agreements. VHA's Employee Education System is currently the largest provider of joint accreditation for inter-professional education. The feedback from across VA on these programs is overwhelmingly positive.

Possible enhancements could include expanding offerings of accreditations to increase the total numbers of accreditations above the 21 currently offered; reimbursing certification exam fees; centralizing reports and records for CPEs at the Federal level (central data pool); higher reimbursement rates akin to private sector; and clearer approval processes for reimbursement.

In addition, other occupations have expressed interest in reimbursement of CPE or other educational opportunities outside of providers. The ability to offer CPE more widely to administrative staff or others would be welcome.

**Questions for Ms. Gina Grosso, Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, Department of Veterans Affairs**

**Question 26: Are you aware of the USA Hire program?**

**VA Response:** Yes. USA Hire is a Federal staffing tool/platform, managed by the Office of Personnel Management (OPM) and made available to Federal agencies, that provides a variety of HR functions, including the use of validated candidate assessment methods that are better predictors of job performance than assessments that allow applicants to self-report on their level of expertise. USA Hire assessments are incorporated into the Federal job announcement process most commonly tied to USAJOBS, the Federal government's centralized hiring site.

**Question 27: Is the Department of Veterans Affairs using USA Hire to fill non-clinician positions?**

**VA Response:** No. However, VA is coordinating with OPM to pilot the USA Hire Standard Assessment tool for title 5 competitive service, mission critical occupational series at no cost to the Department as we do not have obligated funds to use this tool, which is generally made available to agencies at a cost (fee-funded HR capabilities/functions). The pilot is providing the ability for each VA Administration to pilot standard assessments for a total of 12 job opportunities for use across the Department, leveraging scalability and allowing for further evaluation for impact on quality of hires.

**Question 28: Are there ways to use the program to fill more positions?**

**VA Response:** The standard assessment tool library for USA Hire is one tool that can assist VA in filling its positions. For VA to use the USA Hire assessment tool as a stand-alone assessment process for minimum qualifications, VA would need adequate funding to be able to obtain a suite of recurring services from OPM to include the development and use of skill-based competency assessment tools that can work in conjunction with its standard assessment library.

**Question 29: What is VBA is doing to allow maximum telework to claims processors?**

**VA Response:** On March 14, 2022, VBA began transitioning from emergency full-time telework for all employees at VA regional offices (RO) and VACO.

We have met collective bargaining obligations with our labor partners for reentry at the national and local levels. Claims processors have returned to regular recurring telework, up to 8 days per pay period, subject to mission needs and supervisory approval.



#### Questions from Senator Thom Tillis

#### Questions for Ms. Jessica Bonjorni, Chief, VHA Human Capital Management, Department of Veterans Affairs

**Question 30: Ms. Bonjorni, I am deeply concerned about burnout among VA professionals brought on by pandemic-related stressors and the negative impact it could have on the accessibility and quality of care for veterans. Can you provide information on the amount of overtime the VA is experiencing right now that would be reduced with additional workforce capacity?**

**VA Response:** VA's Office of the Chief Human Capital Officer administers the VA Employee Health and Wellness Program, which focuses on the overall health and well-being of VA employees. This program includes providing guidance, educational materials, webinars etc. for the workforce. Each VA Administration is authorized to fund their Health and Wellness Programs to support the specific needs of their workforce. VHA established the REBOOT task force to address burnout and promote professional fulfillment among employees. Through conversations with employees, REBOOT is identifying the top contributors to burnout. The task force completed 11 focus group sessions with staff from the field and at VACO. As the next steps, we will use the focus groups' input to finalize recommended actions for senior leadership to consider and approve for implementation. The task force also highlighted resources available that can support employee well-being, particularly VA's [Employee Whole Health](#) (EWH) program. EWH helps employees focus on what matters most and considers each person's unique history, preferences, goals and aspirations.

In VHA, the amount of overtime (OT) and compensatory time (CT) worked in the first 7 months of FY 2022 (11.6M hours) is 3.7% higher than it was at this point in the year in FY 2021 (11.2M hours) and is 9.8% higher than this point in the year in FY 2019, prior to the COVID-19 pandemic (10.6M hours). In addition, VHA is experiencing higher levels of turnover and lower levels of hiring than is typical, leading to net decreases in certain critical occupations and a much lower than usual growth rate overall. VHA continues to explore ways to decrease employee burnout to include multiple initiatives through the REBOOT task force. Additional workforce capacity could certainly reduce the amount of OT worked within VHA, which even before the COVID-19 pandemic was equivalent to more than 8,000 FTEs. However, a large portion of this OT and CT is to cover vacancies that already exist and filling those vacancies is critical in addressing the increase. The following chart on the next page reflects the number of active recruitment efforts for two critical occupations—HR specialists and registered nurses—and illustrates the correlation between vacant positions and OT/CT usage over the last two fiscal years.

| 0201 Human Resources Management | OT Hours | CT Hours Earn | Total   | FTE (2,080 hrs. per FTE) | Active Recruitment FTEs |
|---------------------------------|----------|---------------|---------|--------------------------|-------------------------|
| FY 2021                         | 85,708   | 30,222        | 115,930 | 55.74                    | -                       |
| FY 2022 (thru PP 10)            | 115,748  | 22,109        | 137,858 | 66.28                    | 1,059                   |

| 0610 Nurse           | OT Hours  | CT Hours Earn | Total     | FTE (2,080 hrs. per FTE) | Active Recruitment FTEs |
|----------------------|-----------|---------------|-----------|--------------------------|-------------------------|
| FY 2021              | 3,551,612 | 379,337       | 3,930,949 | 1,889.88                 | -                       |
| FY 2022 (thru PP 10) | 2,473,976 | 233,635       | 2,707,612 | 1,301.74                 | 15,000                  |

Recently, VHA released an Onboarding Surge Event toolkit that is designed to promote VHA as the health care employer of choice and to accelerate the onboarding experience for those currently in the hiring pipeline. Within the last month, 45 VAMCs across every VISN held a surge event or a hiring fair. These events yielded more than 2,500 potential new recruitments and newly selected staff completed many onboarding requirements at the 1-day event. We expect we will continue to use these types of events to streamline the hiring and onboarding process while optimizing the customer experience for new or interested applicants.

**Questions from Senator John Boozman**

**Questions for Ms. Gina Grosso, Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, Department of Veterans Affairs**

*On June 26, 2020, President Donald Trump issued an executive order on “Modernizing and Reforming the Assessment and Hiring of Federal Job Candidates,” which directed the Office of Personnel Management (OPM) to work with heads of all agencies to ensure that within 180 days of the order, to assess candidates in a manner that does not rely solely on educational attainment. The agencies were directed to develop or identify assessment practices, in addition to continuously evaluating the effectiveness of assessment strategies to protect the integrity of the hiring process.*

**Question 31: Mrs. Grosso what assessments have been implemented in the VA's hiring practices? If no assessments have been implemented, what is the projected date for implementation?**

**VA Response:** VA conducted a USA Hire Pilot of 12 VA job opportunity announcements for title 5 non-clinical mission critical occupational series (implementation date is May 31, 2022). USA Hire is a Federal staffing tool/platform, managed by the Office of Personnel Management (OPM) and made available to Federal agencies, that provides a variety of HR functions. The work group will identify current/new practices and develop resource guidance that meets the requirements of EO 13932, Modernizing and Reforming the Assessment and Hiring of Federal Job Candidates (Assessment Strategy Practice Guide). Once VA and OPM analyze the pilot results, the VA Office of the Chief Human Capital Officer will coordinate with each VA Administration to determine their interests in next steps in obtaining a set of services from OPM, including the purchase of USA Hire licenses. VA also is participating in a Government-wide OPM Personnel Psychologist Shared Certificate/Subject Matter Expert-Qualification Assessment Process (SME-QA) is designed to improve the quality of hired candidates by fully incorporating hiring managers into the job assessment process, while shared certificates leverage scalability and help reduce time to hire for HR offices across components and departments. The primary implementation of skills-based assessments is to assess minimum qualifications with a focus on key jobs across the Department (non-clinical title 5 mission critical occupations, such as GS-0201, HR Specialist; GS-1102, Contract Specialist; GS-2210, IT Management Specialist; GS-0901, Gen Legal & Kindred Admin; GS-0996 Veterans Claim Examining; GS-0301, Misc. Admin/Program for improved hiring outcomes (quality, quantity, high-risk etc.).

**Question 32: There are numerous assessment models and systems including “USA Hire” which is currently being used by OPM to meet this requirement. What research has been done to evaluate USA Hire and other tools in the VA’s hiring process? What potential limiting factors exist in using these assessment tools to meet this requirement?**

**VA Response:** VA is coordinating with OPM to pilot the USA Hire Standard Assessment tool for title 5 competitive service, mission critical occupational series at no cost to the Department as we do not have obligated funds to use this tool, which is generally made available to agencies at a cost (fee-funded HR capabilities/functions). USA Hire is a Federal staffing tool/platform, managed by the Office of Personnel Management (OPM) and made available to Federal agencies, that provides a variety of HR functions. The pilot is providing the ability for each VA Administration to pilot standard assessments for a total of 12 job opportunities to use across the Department, leveraging scalability and allowing for further evaluation for impact on quality of hires. The standard assessment tool library for USA Hire is one tool that can assist VA in filling its positions. For VA to use the USA Hire assessment tool as a stand-alone assessment process for minimum qualifications, VA will need to obtain recurring services from OPM to use its existing assessment inventory and potentially develop skill-based competency assessment tools that can work in conjunction with its standard assessment library. VA also plans to hire personnel psychologists to provide assistance in the development of other assessment tools.

**Question 33: What steps have been taken to test-pilot the use of “USA Hire” since it’s already being utilized by OPM?**

**VA Response:** VA is coordinating with the OPM to pilot the USA Hire Standard Assessment tool for title 5 competitive service, mission critical occupational series at no cost to the Department as we do not have obligated funds to use this tool, which is generally made available to agencies at a cost (fee-funded HR capabilities/functions). The pilot is providing the ability for each VA Administration to pilot utilizing standard assessments for a total of 12 job opportunities to use across the Department, leveraging scalability and allowing for further evaluation for impact on quality of hires.

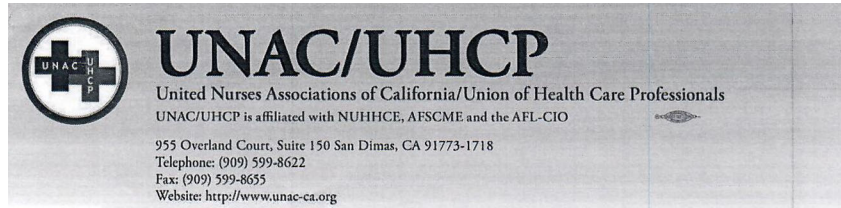
**Department of Veterans Affairs  
October 2022**

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## **Statements for the Record**

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May 2, 2022

The Honorable Jon Tester  
 Chairman, Committee on Veterans' Affairs  
 U.S. Senate  
 Washington, DC 20510

Dear Chairman Tester:

On behalf of the 32,000 members of the United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), which is part of the National Union of Hospital and Health Care Employees (NUHHCE) and is affiliated with the American Federation of State County and Municipal Employees (AFSCME), I request this letter be included in the record for the May 3 hearing on "The VA Workforce: Assessing Ways to Bolster Recruitment and Retention."

UNAC/UHCP is proud of our nurses who care for veterans and military personnel at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda, CA and the Naval Medical Center in Balboa Park, CA. All of these nurses have been on the front lines of fighting COVID and subject to the elevated risk to their own physical and mental health.

Our report, The True Cost of Being A Hero (2021), documents the mental health strains in nursing and health care. An overwhelming majority of Registered Nurses (RNs) and other crucial health care professionals are stressed out, burned out, anxious, exhausted, depressed, traumatized, and unable to get a good night's sleep. Despite years of investments in education and certification, these workers have found themselves forced to think about leaving the professions they love for their self-preservation. The looming exodus of nurses has accelerated the pre-pandemic nurse shortage: 36 percent of nurses have considered or are considering leaving the bedside. While increasing the numbers of RNs in the pipeline is important, it is not enough if we leave the status quo intact.

This committee can take a crucial step to address this dire crisis in nursing by ensuring that the RNs who care for veterans in VA hospitals have a voice at the workplace. Current federal law, 38 U.S.C § 7422, unfairly silences these workers and thwarts their efforts to collectively bargain over concerns about understaffing, scheduling and other working conditions. Enactment of Sen. Sherrod Brown's bill, the VA Employee Fairness Act of 2021 (S. 771), would begin to remedy this injustice.

Thank you for standing with VA nurses and their right to have a voice at their workplace to speak up for their profession and patients.

Sincerely,

Denise Duncan, RN

President, UNAC/UHCP





# CONGRESSIONAL TESTIMONY

*STATEMENT FOR THE RECORD*

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

HEARING ON

"THE VA WORKFORCE: ASSESSING WAYS TO BOLSTER RECRUITMENT AND RETENTION"

MAY 3, 2022

Chairman Tester, Ranking Member Moran, and Members of the Committee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to submit a statement for the record on today's hearing titled "The VA Workforce: Assessing Ways to Bolster Recruitment and Retention." AFGE represents more than 700,000 federal and District of Columbia government employees, 283,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees. This includes front-line workers at the Veterans Health Administration (VHA) who provide integrated, exemplary medical and mental health care to veterans as well as many others impacted by pandemics and other national emergencies, the Veterans Benefits Administration (VBA) workforce responsible for processing veterans' claims, the National Cemetery Administration responsible for honoring the memory of those who served, as well as the employees of the Board of Veterans' Appeals (Board), who take veterans' claims through the final stages of the appeals process.

With this broad perspective, we have many observations and recommendations for ways that the VA can improve workforce recruitment and retention across its administrations. We hope you find these suggestions both constructive and reasonable, and we stand ready to work with the Members of the Committee to make necessary and positive improvements to the VA.

**The Adverse Impact of the AIR Commission Recommendations on VHA Recruitment and Retention:**

The VA is the most sought after health care system in the country for medical professional training and health care career development. Individuals completing professional educations in medicine, nursing, psychology and many other fields consider it a great privilege to secure a job in the VA health care system.

The severe adverse impact of proposed closures of over 20 medical centers and the elimination of inpatient and emergency care at more than three dozen other medical centers on VA's mission as the primary provider of medical training must be a core consideration in any discussion on both the AIR Commission and VHA recruitment and retention.

The mere announcement of these proposed closures and cuts has already had an immediate impact on VHA recruitment and retention. Physicians and other providers who have relocated their families to work at the VA are questioning their futures because they will not be able to train or practice at facilities that are closed or have severely reduced services. Others completing their medical training are extremely reluctant to take a job at a VA facility that has been included in the AIR list for closures or major cuts. *We strongly urge the Committee to recognize this most serious threat to recruitment and retention as it considers VHA workforce issues.*

**Collective Bargaining Right for Title 38 Employees:**

For over a decade, AFGE has fought to grant full collective bargaining rights to Title 38 professionals. Currently, Title 38 collective bargaining rights law, 38 U.S.C. 7422 ("7422") excludes "(1) professional conduct or competence, (2) peer review, or (3) the establishment, determination, or adjustment of employee compensation" from the scope of collective bargaining and grievance procedures for covered VA employees. But the VA has interpreted and applied this section in an arbitrary and expansive manner for many years. As a result, the employees covered by 7422 have not been able to bargain or grieve over a wide range of routine workplace issues that are subject to bargaining by other VA employees and health care professionals at other agencies. All too often, the VA weaponizes its use of its 7422 power to nullify valid and binding arbitration decisions or other administrative judicial decisions, and to challenge

contractually bargained provisions that have survived Agency Head Review. These 7422 determinations are often unreasonably late and follow extensive litigation before arbitrators, administrative agencies, and federal courts. Finally, the 7422 determinations unreasonably expand the scope of statutory exclusions well into peripheral matters.

To rectify this, AFGE strongly supports S. 771/H.R. 1948, the “VA Employee Fairness Act” introduced by Senator Brown (D-OH) and Chairman Mark Takano (D-CA) respectively. If enacted, this bill would eliminate the three exceptions in current law that VA has applied to deny every labor request to grieve, arbitrate or negotiate over workplace matters, including schedules, fixing incorrect paychecks, overtime pay, professional education and many other matters. AFGE would like to thank Committee Members Senators Murray (D-WA), Sanders (I-VT), Hirono (D-HI), and Blumenthal (D-CT) for co-sponsoring this legislation and urges this committee to consider and advance this legislation to the full Senate.

#### **Compensation and Benefits:**

##### **Market Pay Surveys:**

AFGE has expressed concerns for many years about VHA’s inability to properly utilize the many tools provided by Congress to improve clinical workforce recruitment and retention. VHA has failed to comply with pay laws and policies designed to make clinician pay competitive with local markets. For example, among Title 38 positions, registered nurse (RN) third party locality pay surveys, and more recently, physician assistant (PA) third party locality surveys, are often not conducted properly, completed on a timely basis, or implemented properly. Ever since the three-tier physician/dentist pay law was enacted nearly two decades ago (which now also applies to podiatrists), there has been widespread manager noncompliance with processes for setting market pay and performance especially since the elimination of the market

pay compensation panels. Special pay authorities for Hybrid Title 38 positions have also been widely underutilized.

Similarly, Congress regularly looks to creating new hiring authorities to address clinical recruitment and retention. Here too, the problem has not been the lack of hiring authority, but rather the underutilization of the direct hire authority that VHA already possesses to recruit more physicians, RNs, PAs and other Title 38 clinicians.

AFGE urges the Committee to address a number of problems with RN and PA third-party locality pay surveys. The problem in most locations is not too few surveys but how and when the surveys are conducted and what is being done with the survey data. For many years, medical centers typically had about five locality schedules to set clinical staff compensation. Now they likely have five times that many, e.g. one each for nurses in intensive care units (ICU), critical care, operating rooms (OR), post-anesthesia care (PACU) as well as separate schedules for assistant managers, head nurses and program managers.

These third-party RN locality pay surveys are triggered by turnover rates, resignations due to dissatisfaction with pay, or other criteria set by the facility director. Flawed locality pay surveys increase the likelihood that VA personnel already in critical shortage occupations are going to leave the VA because resultant pay adjustments are made too late. In the second half of 2021, VHA lost many physicians and inpatient nurses because it did not act quickly enough to make needed pay adjustments.

In addition, management frequently says it does not have the budget to stay competitive with employers of physicians, RNs, and PAs in the local market. Recently, one AFGE local investigated and found that 24 out of 27 market pay surveys for PAs supported much higher pay

in the local market for corresponding positions but management still did not implement the survey results.

Even though VHA cannot currently be a market pay leader, there are a number of ways to improve the effectiveness of these pay processes so that VHA pay is better aligned with local markets, starting with the restoration of labor-management collaboration. Labor has not been a part of the market pay conversation at VHA for the past five years even though unions have a long track record of bringing value to the process. As the number and complexity of locality pay schedules increase, labor-management collaboration has become even more critical to providing oversight of management compliance with policies related to job matches, ensuring that the correct positions are on each pay table, understanding the data that supports pay adjustments, and ensuring that no conflict of interest is involved.

It is important that the union become part of the process again to allow it access to valuable HR metrics, as well as validate what agency data is being collected on turnover and vacancy posting time, and to verify corresponding positions from third parties. Position management was put in VA locality pay survey policy to allow the union to be aware of the process. Instead, now the locality data is posted on a centralized compensation share point, and unions have no idea how it was collected, or when management requested it from the VISN. This forces the union to have to request this data after the fact, often after further stalling from the agency, and when it is already too late to provide meaningful input.

**Federal Adjustment of Income Rates (FAIR) Act:**

While outside the jurisdiction of the Senate Veterans' Affairs Committee, AFGE would like to take this opportunity to state its strong endorsement for the S. 3518, the "Federal

Adjustment of Income Rates (FAIR) Act,” introduced by Senator Brian Schatz (D-HI). This important legislation will provide federal workers with a pay adjustment of 5.1 percent in 2023 and assist in the recruitment and retention of a high-quality federal workforce.

Wages and salaries paid to federal employees are governed by statute and based on the principle of local labor market comparability. The Federal Pay Comparability Act (FEPCA) provides the basis for the operation of the pay system that covers most salaried federal employees. FEPCA requires that the government produce a measure of market comparability on a regional basis and provide annual adjustments that simultaneously close any measured gaps and make certain that no existing gap becomes larger. This is to be accomplished by providing federal employees with annual pay adjustments that have two components: one nationwide adjustment, and one locality-based gap-closing adjustment. The nationwide adjustments are based on the Bureau of Labor Statistics (BLS) Employment Cost Index (ECI), a broad measure of changes in private sector wages and salaries from across all industries and regions (the FEPCA formula is ECI minus 0.5 percent).

A 5.1 percent federal salary adjustment for 2023 reflects the relevant ECI (September 2019 to September 2020 of 4.6 percent). The FEPCA formula takes a half a percentage point off that, resulting in a FEPCA ECI-based across the board adjustment of 4.1%, plus an additional 1.0 percent to be distributed among the localities.

For many years, federal pay has not kept pace with local labor markets, causing federal wages and salaries to fall far below the standards set in the private sector and state and local governments. The “FAIR Act” will help restore purchasing power and living standards for federal employees to pre-Great Recession levels. At the VA, both the increase in base pay and locality pay would directly benefit the workforce paid through the GS pay system (who receive

the full pay increase), and would benefit the Title 38 workforce consistent with VA policies concerning pay adjustments.

AFGE would like to thank Committee Members Senators Brown (D-OH), Hirono (D-HI), Sanders (I-VT), and Blumenthal (D-CT) for co-sponsoring this legislation and encourage all other members of this committee to co-sponsor the bill as well.

**Improving Continuing Professional Education (CPE) Benefits:**

AFGE strongly supports H.R. 3693, the “VA Continuing Professional Education (CPE) Modernization Act” and calls for its introduction and passage in the Senate. This bipartisan bill is long overdue and could help address the VA’s well-documented history of severe staffing shortages. If enacted, the VA CPE Modernization Act will be critically important to helping the agency meet its goal of full staffing and help with the recruitment and retention of VA clinicians in critical shortage occupations.

Established in 1991, the continuing medical education reimbursement allowance program provides VA board-certified physicians and dentists \$1,000 annually for the reimbursement of tuition and course fees associated with CPE. However, these amounts have not been adjusted in 30 years. As such, the increases in this legislation are sorely needed as CPE costs have increased dramatically over that period and much larger reimbursements are provided by many private health care employers.

The VA CPE Modernization Act would not only raise the VA’s caps for CPE, but it would also eliminate the requirement for physician and dentists board certification and expand the program’s eligibility to include all VA clinicians. Additionally, this legislation would increase the reimbursement limit for physicians and dentists from \$1,000 to \$4,000 annually. All



other VA clinicians would be allowed to receive up to \$2,000 in continuing education reimbursements for the first time. Lastly, it empowers the Secretary to adjust future annual caps based on inflation to prevent another counterproductive 30-year lapse in reimbursement pay adjustments.

For far too long the VA has lost experienced clinicians to other employers because the pay and benefits provided by the VA are inferior. This bill will help reduce the compensation gap between the public and private sector and make the VA a more competitive and attractive employer. VA clinicians deserve an updated and expanded continuing education benefit program that serves their professional educational needs to provide high quality care to veterans.

**Fixing Human Resource Challenges:**

**VHA HR Reorganization: A Failed Experiment:**

Centralization of core HR functions to the VISN level has caused widespread frustration among managers and front-line employees alike, and ultimately veterans have suffered from medical centers' weakened ability to bring new clinicians on board in a timely manner. Managers have complained about the extremely cumbersome, fully automated processes required to get positions approved and complete the hiring process once a qualified applicant is identified. Centralization has further shut labor out of the recruitment and retention process, losing the many benefits of labor-management collaboration that once existed through participation in position-management committees.

AFGE commends VHA for conducting pilots to reverse this harmful centralization and bring HR actions back to the facility level. The union was encouraged to learn from locals in VISN 10 that the three recent Ohio decentralization pilots were very successful, that local concerns were heard, and that all medical centers will resume doing their own hiring. However,

AFGE has already received troubling reports from another VISN that VHA leadership may be unwilling to reverse HR centralization consistently across the country.

AFGE has also heard about a questionable hiring policy being implemented at several VISNs. Reports that are yet to be confirmed by VHA indicate that if a new clinician is not brought on board within 180 days, the position is no longer available to fill, and the hiring official must begin the process all over again.

#### **HR SMART:**

VHA's transition to HR Smart has further depersonalized the HR process, leaving labor more marginalized from the facility's efforts to recruit and retain clinicians. In the absence of labor-management collaboration, employees are forced to go to the USA Jobs website or file an unfair labor practice complaint to obtain information about active recruiting, organizational charts, and which positions have been funded and approved.

When the union is marginalized, it becomes much easier for management to balance its budget on the backs of the front-line workforce, and ultimately is a disservice to the veterans who then receive care in short-staffed units or face delays because of closed inpatient beds.

Clearly, HR SMART has been a frustrating and less effective HR system. When the union was provided with paper organizational charts, it could visualize how many positions were supposed to be present; now it has no such access.

#### **Veterans Benefits Administration:**

##### **Implementation of Performance Standards:**

There is a saying that "if you have been to one VA Medical Center, you have been to one VA Medical Center." That axiom also holds true for VBA Regional Offices (ROs). However, if you go to any one of the VA's 57 ROs and ask front-line employees what the single biggest

obstacle they face to successfully performing their duties and serving veterans, the universal answer is the constantly changing performance standards. The way these standards are introduced and implemented for VBA staff are often termed haphazard, focused on metrics that prioritize quantity and not quality, and are a disservice to veterans.

A recent example of this was the implementation of new performance standards for Veteran Service Representatives (VSR) and Rating Veteran Service Representatives (RVSR) on October 1, 2020, with a three-month acclimation period. Since the implementation of these standards, VBA has made changes to these standards in November 2020, December 2020, and announced at the end of December it would make more changes leading to another three-month acclimation period. These standards were subsequently changed again in January of 2021, again in March of 2021, and were finalized on April 1, 2021. For context, these standards are incredibly complex and take time to learn, leading to necessary acclimation periods. Having six changes made in six months is severely disruptive and makes it difficult for staff to perform their duties and effectively serve veterans. Had VBA sat down with AFGE representatives from the beginning to discuss these standards and gain employee perspectives and input, many of these problems could have been avoided, and VBA could have been working more efficiently and collaboratively on behalf of veterans. Furthermore, by having more consistent and attainable standards, VBA would improve the morale of its workforce and have better retention of claims processors.

#### **Telework and Information Technology**

VBA has a long, successful track record of allowing telework prior to the pandemic, and AFGE fully supports continuing to allow VBA employees to telework whenever possible for the duration of the COVID-19 pandemic and beyond for the safety of employees, veterans and the

public. In VBA, the benefits of telework have been evident throughout the pandemic, as claims are being processed at a faster rate when employees have been required to work at home compared to processing rates before the pandemic when the VBA placed restrictions on telework. This is further underscored by the VBA's use of specialized teams, including those used for Military Sexual Trauma claims, which span multiple regional offices, where an employee's coworkers are spread across the country and there is no synergistic benefit for an employee to report to their duty station. Telework at VBA should continue to be used for employees who prefer to work from home. However, to fully maximize the use of telework and better serve veterans, VBA must address its Information Technology (IT) issues.

The IT issues plaguing VBA have been thrown into sharper relief during the COVID-19 pandemic. When VBA developed its system to allow employees to perform their duties remotely, it was not built to support the entirety of the claims processing workforce performing their duties from home simultaneously. It has become a regular occurrence for VSRs and RVSRs on the east coast to log in every morning and get logged out of the system in the afternoon when their counterparts on the west coast start the workday. To prepare for the future where significant portions of the VBA workforce may continue to work remotely, VBA must address its IT infrastructure. Specifically, VBA must invest in its remote network to allow for larger numbers of its workforce to work at once. It must also provide employees equipment comparable to what they have in the office. This not only includes computers and double monitors which are necessary to perform duties, but in rural portions of the country where broadband is less accessible, VBA must make sure all employees have the ability to use the internet from their homes. VBA must also invest in upgrading its software, including the Veteran Benefit Management System (VBMS), which claims processors rely on to perform their

duties, and is in need of updates. All of these improvements to technology address immediate needs during the pandemic and beyond, and will allow employees to better perform their duties, and help VBA retain its employees, more than half of whom are veterans themselves.

**Board of Veterans' Appeals Workforce:**

The Board of Veterans' Appeals (Board) operations and production are entirely determined by the performance of its workforce. Unfortunately, the Board has for many years suffered from poor morale and high turnover among employees, and there is certainly room for improvement. In the period between March 1, 2019, through June 23, 2021, a total of 148 Board attorneys resigned or were removed from the Board. During that same time frame, only five retired. While there is no single change that can be made to address all of the Board's workforce issues, several small changes could be implemented that would have a real impact for Board attorneys and help improve employee morale.

In relation to recruitment and retention and creating a career path where attorneys can stay for the entirety of their career, AFGE urges the Secretary to create journeyman non-supervisory GS-15 Board Attorney positions. Currently, Board attorney grades range from GS-11 to GS-14. Of the 871 attorneys currently at the Board, 439 attorneys are at the GS-14 level. While not all attorneys would qualify or choose to advance to a GS-15 position, creating the possibility for 100 to 200 GS-15 attorneys would help with long-term recruitment and retention. It is also important to note that there are non-supervisory journeyman GS-15 attorneys within the VA Office of General Counsel, thus setting a precedent. As Board attorneys are in the Excepted Service, it is entirely within the Secretary's discretion to create this new position. AFGE strongly encourages the Secretary to create this advancement opportunity and calls on the Committee to voice its support for this change.

Another proposal that would help with recruitment and retention is for the VA to utilize its existing authority under 5 U.S.C. § 5757 to reimburse every Board attorney for the cost associated with maintaining their membership with one state bar, as is done at many agencies, including for attorneys at the VA Office of General Counsel upon request. As all Board attorneys are required to be admitted to a bar, this would be a simple, equitable, and affordable way to retain employees at the Board and help keep parity with the private sector where many law firms pay for such fees.

In a March 14, 2022, letter to AFGE Board Attorneys, Board Chairwoman Cheryl Mason said, “The Board is committed to do this moving forward so long as there are sufficient funds to do so.” While the Board’s current plan for FY 2022 is to reimburse up to \$300 annually, this will not cover all costs for attorneys admitted in states with higher dues. In turn, AFGE asks the VA to reimburse all Board attorneys up to \$500 for one Bar admission and is lobbying the Appropriations committees for additional funds to implement this change.

Beyond issues related to compensation and reimbursement, there are other quality of life issues that affect Board attorneys. Since the start of the COVID-19 pandemic, attorneys have had to use telework to complete their duty. While this is preferable for many attorneys at the Board, there are those who would prefer to come into their duty station part time or full time once public health allows it. It is clear the Board is reducing its office footprint in the Washington, DC area, and may not have enough permanent workspace for all Board attorneys to work simultaneously from their duty station if they so choose. AFGE urges the Committee to take steps ensure VA policy continues to provide flexibility for Board attorneys and administrative staff to utilize as much or as little telework as they choose, as long as they are meeting their work quota in the future.

Finally, AFGE urges the Board to increase the amount of training it provides to Board attorneys and to collaborate with AFGE representatives in designing its new training programs. With the rollout of the Appeals Modernization Act as the most prominent example, new or refresher training is necessary for Board attorneys as new processes are created and tested. AFGE has long advocated for the VA to consult with labor representatives of front-line workers, the individuals actually completing the work and who have encountered problems firsthand, when deciding what training would be most relevant to employees in the performance of their duties. Considering that of the majority of the 148 attorneys who left the board between March 1, 2019, through June 23, 2021, were recent hires, providing better training with input from long tenured Board attorneys can certainly help with the recruitment and retention of newer Board attorneys. Additionally, as the Board is represented by a single union local, and all of the Board attorneys are headquartered within the Washington, DC area, it should not be difficult to include labor representatives with extensive Board experience in a labor-management working group to maximize the effectiveness of training. Requiring the VA or the Board to work with union representatives can be mandated by Congress, and AFGE urges the Subcommittee to explore this requirement for Board attorneys.

**VA Police Pensions:**

AFGE has long advocated for both S. 1888/H.R. 962, the “Law Enforcement Officers Equity Act.” This bill would grant full law enforcement retirement under 5 USC 8336(c) to police officers from a variety of agencies who currently do not get full law enforcement retirement benefits, commonly referred to as “6(c)” benefits. This includes roughly 4,000 to 6,000 VA police officers, serving in VA facilities throughout the nation. Granting these benefits would greatly help with recruitment and retention of VA police, which is especially important

considering the specialized training VA police receive related to crisis intervention and suicide prevention. This issue was raised at a July 13, 2021, House Committee hearing on VA Police Modernization. In response to questions from Rep. Luria (D-VA) and Rep. Bergman (R-MI), the VA acknowledged that these benefits would be helpful to the recruitment and retention of VA Police Officers. While S. 1888 is not within the Jurisdiction of the Senate Veterans Affairs' Committee, we thank Senators Brown (D-OH) and Hassan (D-NH) for co-sponsoring the bill, and encourage other members of the committee to do the same, as half of the members of the House Veterans' Affairs Committee have done, including Chairman Takano (D-CA) and Ranking Member Bost (R-IL).

AFGE thanks the Senate Veterans Affairs Committee for the opportunity to submit a Statement for the Record for today's hearing. AFGE stands ready to work with the committee and the VA to address recruitment and retention problems across the agency, and strengthen the VA workforce to best serve our nation's veterans.