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United States Senate

COMMITTEE ON VETERANS' AFFAIRS WASHINGTON, DC 20510

September 26, 2018

The Honorable Robert Wilkie Secretary of Veterans Affairs 810 Vermont Avenue, NW Washington, DC 20420

Dear Secretary Wilkie,

Late in the afternoon on Friday, August 31, 2018—on the cusp of the Labor Day holiday weekend—the Department of Veterans Affairs (VA) published its first quarterly data set on department-wide staffing and vacancies, as mandated by the VA MISSION Act. It was disappointing to learn that there were more than 45,000 vacant positions throughout the department, including more than 40,000 within the Veterans Health Administration (VHA). In light of these troubling figures, I write today to share my serious concerns about the extent to which VA is making full use of the numerous new authorities this Congress has authorized in recent years to identify and address persistent VA's workforce shortages.

I have continued to press for additional hiring authorities for VA because I believe veterans deserve better. I continue to hear from veterans across Montana and elsewhere that vacancies and constant turnover in VA facilities impacts how quickly they can get appointments, and prevents them from building quality doctor-patient relationships. Now, in order to ensure that veterans can receive timely, high-quality health care and benefits, we need to know that VA is doing everything it can to ensure VHA achieves full clinical capacity, and that critical non-clinical positions are filled to support delivery of benefits.

Beginning with the Veterans Access, Choice, and Accountability Act of 2014 (PL 113-146), continuing with the VA Choice and Quality Employment Act of 2017 (PL 115-46), and most recently with the VA MISSION Act of 2018 (PL 115-182), Congress has provided at least 15 new authorities that were intended to help address clinical recruitment and retention challenges. For example, we expanded VA's direct hire authority so that it could more quickly fill positions for which there are severe staffing shortages, and shortages of highly qualified candidates. We also increased the amount that VA is authorized pay through its education debt reduction programs, as a tool to retain clinical staff. In addition, we authorized new training programs for medical residents and for VA's human resources professionals, who play an indirect role in helping VA expand its capacity to deliver health care to veterans by carrying out VA's hiring processes. Yet, the figures released on August 31 suggest either that VA is making little use of these new authorities, or that they haven't had the effect that was anticipated when VA requested the legislative changes. In Montana alone, VA has over 200 clinical vacancies, yet when we ask about the impacts of the new and expanded hiring authorities passed, we can't get straightforward information.

JON TESTER, MONTANA, RANKING MEMBER PATTY MURRAY, WASHINGTON BERNARD SANDERS, VERMONT SHERROD BROWN, OHIO RICHARD BLUMENTHAL, CONNECTICUT MAZIE K. HIRONO, HAWAII JOE MANCHIN III, WEST VIRGINIA In addition, while the August 31 report included facility-level vacancy data, it was impossible to glean from these data what proportion of the 40,000 vacancies in VHA are accounted for by mission-critical clinical positions, including physicians, nurses, and behavioral health providers. The report also lacked specificity about the actions VA is taking to fill these vacancies.

To that end, I am requesting the following information from VA:

1. How widely have each of the recruitment and retention authorities granted under PL 113-146, PL 115-46, and PL 115-182 been used across VA? Specifically, I request that you provide the following information:

For authorities provided under Sec. 301 of the Veterans Access, Choice, and Accountability Act of 2014 (PL 113-146) –

- a) the number of individuals for whom VA has exercised direct hiring authority to fill the following positions—which were identified by the VA Office of Inspector General (OIG) as having the largest staffing shortages—in fiscal years (FY) 2015, 2016, and 2017:
 - Medical Officer
 - Nurse
 - Physician Assistant
 - Physical Therapist
 - Psychologist
 - Medical Technologist (FY 2016 and FY 2017 only)
 - Human Resources Management; and
 - b. by medical facility—(1) the number of individuals for whom VA has made education debt reduction program payments in excess of \$60,000 over 5 years, (2) the percentage of available education debt reduction program funds that were utilized, and (3) the total amount of education debt program funds that were spent, from FY 2015 to present;

For authorities provided under Title II of the VA Choice and Quality Employment Act of 2017 (PL 115-46) --

- c. by location—the number of individuals that VA has re-hired, under the authority granted by Sec. 204 of the law, since its enactment;
- d. the number and percentage of eligible students and recent graduates that VA has converted to career or career conditional employment, under Sec. 206 of the law, since its enactment;
- e. the number of transitioning military medical professionals who have been hired by VHA as a result of the program established by Sec. 207 of the law, since its enactment;

- f. by occupational series and facility—the number and percentage of missioncritical and difficult-to-fill vacancies that VA has filled, using the recruiting database and direct hiring authority established by Sec. 208 of the law, since its enactment;
- g. the number of individuals for whom VA has exercised direct hiring authority to fill positions for which there is a severe shortage of highly qualified candidates, as authorized by Sec. 213 of the law, since its enactment;
- 2. In February 2018, VA issued a human resources management letter indicating that OPM had granted it direct hire authority for the following 14 occupations, which OPM has deemed essential for VA to expand its capacity to deliver health care to veterans. By medical facility—how many individuals has VA hired under this new direct hire authority, for each of the following occupations?
 - Accountant
 - Boiler Plant Operator
 - General Engineer
 - Health Science Specialist (Veterans Crisis Line)
 - Health Technician (all specialties)
 - Histopathology Technician
 - Human Resources Assistant (all specialties)
 - Human Resources Specialist (all specialties)
 - Information Technology Specialist (all specialties)
 - Personnel Security Specialist
 - Police Officer
 - Realty Specialist
 - Utility Systems Operator
 - Utility System Repair
- 3. Is there any variation by VISN, or by urban or rural location, in the rate at which VA and VHA have used the new recruitment and retention authorities listed in the first two questions, above? If so, what factors account for this variation, and what (if anything) is VA doing to address this variation?
- 4. What milestones and metrics have VA and VHA established to help ensure that VISNs and facilities are using the new recruitment and retention authorities granted by Congress, and how are you monitoring the outcomes and effectiveness of these hiring strategies at VA central office?

Finally, Mr. Secretary, you should know that I was deeply disappointed that VA chose to release this initial VA MISSION Act staffing and vacancies data to the public without providing the Committee the customary pre-notification with context for the information provided. Without information about the process VA used to arrive at the new numbers, it appeared that VHA

vacancies alone had increased by about 35 percent in just a 3-month period. This was a considerable surprise and disappointment to myself and many of my colleagues. While VA officials have since explained that the earlier data likely undercounted the actual number of vacancies, I am still alarmed that VA has not been providing us valid, reliable data all along, or adequately informing us of the limitations of the data it provides. In just the past two years, my staff and I have requested numerous briefings on vacancies, written multiple letters, and engaged with VA Secretaries a number of times on this exact issue. This was never raised.

This lack of transparency must stop. We want to work with you and ensure that VA has all the tools it needs to help veterans get timely access to care and benefits, but we can't do that without maintaining an open and honest dialogue. Without valid, comparable data, it is impossible for the Congress to assess what additional resources VA may need. From here on out, I will be using the data you published on August 31 as the baseline by which I will monitor your progress in addressing VA's serious workforce shortages. I also expect that you will provide more specificity in future reports about how you plan to address these shortages.

Thank you for your attention to these matters. I look forward to receiving your response.

Sincerely,

Jon Tester

Ranking Member