



Testimony

Before the Subcommittee on Health
and Subcommittee on Oversight and
Investigations, Committee on Veterans'
Affairs, House of Representatives

For Release on Delivery
Expected at 10:30 a.m. ET
Wednesday, May 17, 2023

VETERANS HEALTH CARE

Staffing Challenges and Recommendations for Improvement

Statement of Sharon M. Silas, Director, Health Care

Accessible Version

Highlights of [GAO-23-106836](#), a testimony before the Subcommittee on Health and Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

GAO's past work has shown that an agency's workforce plays a central role in transforming an agency into a high-performing organization.

Recent legislative changes that increased the number of veterans eligible for certain services significantly affect VHA's staffing efforts. Growth in veterans' demand for community care and mental health services has posed challenges for maintaining an adequate workforce for programs in these areas. VHA is also in the midst of modernizing its human resources functions, including key onboarding tasks that help ensure those working in VA medical facilities are, for example, free of problematic background issues.

This statement describes GAO's recent work, including recommendations GAO has made to VHA, on (1) staffing needs for its community care program; (2) recruiting and retaining staff for its programs that integrate mental health care within primary care settings; and (3) monitoring its new hire onboarding tasks.

This statement is based on three GAO reports issued between September 2020 and January 2023 ([GAO-20-643](#), [GAO-23-105372](#), and [GAO-23-105706](#)). GAO also reviewed VA documentation on steps taken to address GAO's recommendations.

View [GAO-23-106836](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

May 17, 2023

VETERANS HEALTH CARE

Staffing Challenges and Recommendations for Improvement

What GAO Found

The Veterans Health Administration (VHA) operates the nation's largest health care system, employing more than 371,000 clinical and support staff at 171 Department of Veterans Affairs (VA) medical centers and more than 1,100 outpatient facilities. VHA's ability to attract, hire, and retain high-performing staff is critical to its mission to provide quality and timely care for the nation's veterans. In recent work, GAO has made several recommendations to VHA to help address certain staffing challenges, which would help the agency meet veterans' health care needs. VA has agreed with these recommendations and reported steps taken to implement them. Recent examples include the following:

- **Community care staffing needs.** VHA developed a staffing tool to help its medical facilities determine the number of staff needed for VA's community care program, which allows veterans to obtain care outside of VA. However, this tool did not require facilities to assess all staffing and resource needs and most VA facilities in GAO's September 2020 review did not have the staffing tool's recommended number of staff. Additionally, facility staff GAO spoke with reported challenges recruiting and retaining administrative and clinical staff needed to support the community care program. GAO recommended that VA medical facility leadership assess their facilities' needs and develop a plan to address any identified risks, including strategies to address recruitment and retention challenges. VA concurred and has taken some steps to update the staffing tool to identify staffing and resource needs.
- **Integrating mental health care within primary care settings.** In GAO's December 2022 review, VA medical facility staff described staffing challenges that adversely affect efforts to implement programs integrating mental health care within primary care settings. GAO recommended that VHA comprehensively evaluate and implement strategies to help mitigate staffing challenges in these programs. VA concurred and described steps taken to evaluate its current strategies and establish an action plan to consider further implementation.
- **Reliable data to monitor new hire onboarding tasks.** VHA lacks the reliable data—complete, accurate, and timely—needed to monitor the completion of key onboarding tasks for new hires. Specifically, VHA uses data from the USA Staffing system to monitor these tasks, but GAO's January 2023 review found that regional and medical facility staff did not consistently enter completion data for the tasks into USA Staffing's onboarding module. GAO recommended that VHA (1) require all offices involved in onboarding to use USA Staffing to monitor onboarding tasks and completion dates and (2) ensure that regional networks and medical facilities have clear and comprehensive guidance on entering data into USA Staffing. VA concurred with both recommendations and identified actions it had begun, such as developing data-level definitions for upcoming USA Staffing user guides.

Implementing our recommendations would better position VHA to meet its mission to provide quality and timely care for the nation's veterans.

Chairwomen Miller-Meeks and Kiggans, Ranking Member Brownley, Ranking Member Mrvan, and Members of the Subcommittees:

Thank you for the opportunity to discuss our work on the Department of Veterans Affairs' (VA) efforts to staff its medical facilities, including the processes that the Veterans Health Administration (VHA) uses to hire and onboard new staff. VHA operates the nation's largest health care system, serving over 9 million enrolled veterans at 171 VA medical centers and more than 1,100 outpatient facilities. To provide services, VHA employs more than 371,000 clinical and support staff. VHA's ability to attract, hire, and retain high-performing staff is critical to its mission to provide quality and timely care for our nation's veterans.

Recent legislative changes increased the number of veterans eligible for certain VHA services, further emphasizing the need for VHA to effectively recruit and retain staff to meet the needs of veterans.¹ For example, according to VA, more than 215,000 veterans enrolled in VHA since the passing of the Honoring our PACT Act (PACT Act) of 2022, which expanded health care for certain veterans, including those exposed to toxic substances.² Additionally, with the passage of the VA MISSION Act of 2018, veterans' use of community care continues to grow.³ According to VA, the number of veterans who received community care increased 64 percent from approximately 1.1 million in 2014 to 1.8 million in 2020.

Moreover, the rapid growth in veterans' demand for mental health services has posed challenges for maintaining an adequate mental health workforce that provides timely, high-quality mental health services across VA medical facilities. Specifically, from 2006 through 2020, the number of veterans who received mental health care from VHA grew by 85

¹See, for example, the Honoring our PACT Act of 2022, Pub. L. No. 117-168, tit. I, § 103, 136 Stat. 1759, 1762 (2022).

²Pub. L. No. 117-168, tit. I, § 103, 136 Stat. 1759, 1762 (2022).

³In addition to delivering health care services at its own medical facilities, VA allows eligible veterans to receive care from community providers through the Veterans Community Care Program. This program was established by the VA MISSION Act of 2018 and implemented on June 6, 2019. It is the most recent iteration of VA's long-standing practice of allowing veterans to receive care from community providers when they face challenges accessing care at VA medical facilities. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018).

percent—an increase of more than three times the rate for all other VA health care services.

In 2015, we added VA health care to our High-Risk List, in which one broad area of concern was unclear resource needs and allocation priorities, including concerns related to staff recruitment and retention.⁴ Since then our work has highlighted various VHA staffing efforts, including challenges determining adequate staffing levels for delivering care and recruiting and retaining staff to mitigate staffing shortages. We have also reported on agency efforts to expedite hiring through modifying the onboarding process. On the basis of this work we have made several recommendations to VHA to help ensure it is positioned to effectively meet the growing demand for health care services among veterans.

My remarks today summarize key findings from our recent work, including recommendations we have made to VHA and steps the agency has taken to implement them, related to

1. determining and meeting staffing needs for its community care program;
2. recruiting and retaining staff for its programs that integrate mental health care within primary care settings; and
3. monitoring new hire onboarding tasks.

This statement is based on our recent work issued between September 2020 and January 2023 reviewing VHA's efforts to staff its medical facilities, including our recommendations to improve these efforts.⁵ Detailed information on the objectives, scope, and methodology of this work can be found in each issued report. For this statement, we reviewed VA documentation related to the status of efforts to implement our recommendations since the reports were issued.

⁴See GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: Feb. 11, 2015).

⁵See GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, [GAO-20-643](#) (Washington, D.C.: Sept. 28, 2020); *Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services*, [GAO-23-105372](#) (Washington, D.C.: Dec. 15, 2022); and *VA Health Care: VHA Lacks Reliable Onboarding Data for New Clinical Staff*, [GAO-23-105706](#) (Washington, D.C.: Jan. 25, 2023).

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VA and VHA's central human resources (HR) offices are primarily responsible for developing HR policy, guidance, and training. Individual regional and medical facility HR offices are responsible for implementing HR policies and managing daily HR operations. For example, VA's Office of Human Resources & Administration develops department-wide HR policies and guidance, provides HR training, and conducts reviews of VA's HR operations. VHA's regional HR staff manage the overall hiring process for VA medical facilities from posting job openings to extending job offers and onboarding staff.

Hiring Authorities

An important component of the hiring process is the hiring authority used to bring applicants onboard. Among other things, hiring authorities determine the rules (or a subset of rules within a broader set) that agencies must follow throughout the hiring process. For example, VA has used COVID-19 pandemic and other human capital flexibilities to accelerate and expedite hiring in certain circumstances.

- We reported in October 2021 that, from March through December 2020, VA used COVID-19 related direct hiring authority to make 4,215 hires and COVID-19 related Schedule A hiring authority to make 913 hires.⁶
- We found in February 2023 that VHA used several human capital flexibilities from fiscal years 2016 through 2022 to recruit and retain

⁶See GAO, *Federal Hiring: OPM Should Collect and Share COVID-19 Lessons Learned to Inform Hiring During Future Emergencies*, [GAO-22-104297](#) (Washington, D.C.: Oct. 25, 2021).

staff in the U.S. Pacific territories.⁷ Specifically, VHA used hiring flexibilities such as exceptions to the competitive hiring process used to fill vacancies and employing other recruitment, relocation, and retention incentives for recruiting and retaining staff.

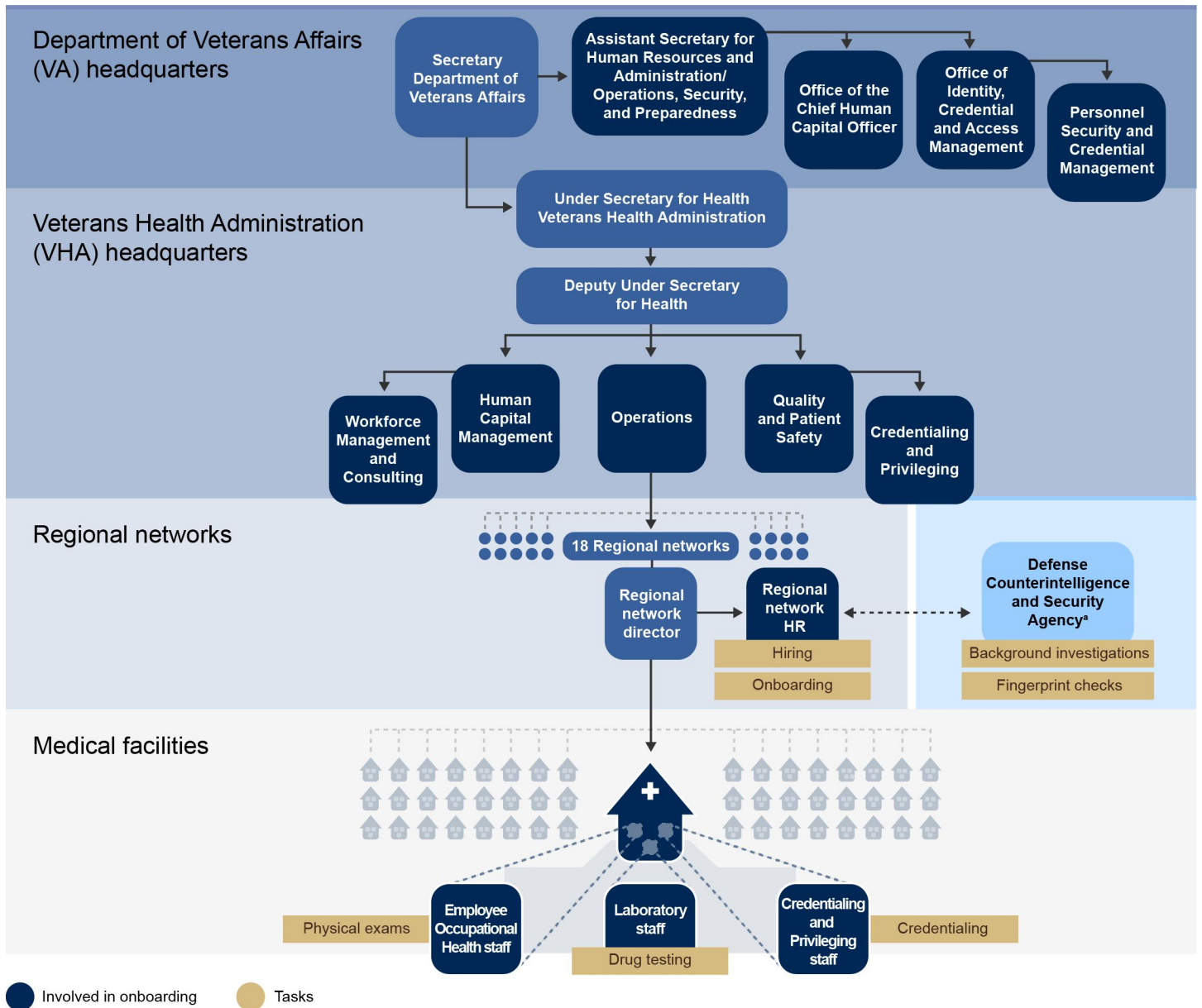
New Hire Onboarding Process

When hiring new staff, VHA requires its medical facilities to complete five key onboarding tasks that are designed to ensure that those providing care to veterans and working in VA medical facilities are qualified, capable, and free of problematic background issues. These tasks include verifying clinical staffs' qualifications and state licenses to practice (credentialing), conducting physical examinations, and performing drug testing and fingerprint checks. In general, VHA requires these tasks be completed before new clinical staff begin work at VA medical facilities.

Multiple offices are responsible for developing policies and procedures related to onboarding and overseeing and completing onboarding tasks for new VHA staff. Regional and medical facility staff are responsible for implementing VHA's onboarding process by completing the five key onboarding tasks for new hires. See figure 1 for the offices involved in completing the key onboarding tasks.

⁷See GAO, *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories*, [GAO-23-105953](#) (Washington, D.C.: Feb. 16, 2023).

Figure 1: Offices Involved in New Hire Onboarding in the Veterans Health Administration (VHA)



Source: GAO. | GAO-23-106836

^aThe Defense Counterintelligence and Security Agency, part of the Department of Defense, conducts background investigations for other federal agencies, like VA.

In April 2020, in response to the COVID-19 pandemic, VHA modified its onboarding process in an effort to shorten the time frame for bringing new staff onboard at its facilities. Prior to the COVID-19 pandemic, VHA's requirements were generally to have the five key onboarding tasks completed prior to employees reporting for work. An important change VHA made to its process was to allow some onboarding tasks to be completed after hiring, instead of before. VHA officials stated that they will continue to use expedited onboarding processes after the COVID-19 pandemic ends.

HR Modernization Efforts

In 2019, VHA began an initiative meant to consolidate its HR services to be more effective and responsive. The first phase of the initiative, completed in fiscal year 2020, consolidated its facility-led HR offices. Each region now has its own HR office. Congress and others have expressed concerns about this consolidation, including that it has made VHA's hiring process worse. For example, there are concerns that, due to VHA's HR modernization efforts, candidates for important clinical positions are being lost after lengthy recruitments due to long delays in extending offers or setting salaries.

As part of the second phase of the initiative, VHA headquarters established a team comprising various stakeholders—representing HR, credentialing, and the laboratories where drug testing is performed—to implement a standardized onboarding process. In its most recent update on staffing capacity in June 2022, VHA officials said the project team has defined roles and responsibilities for all staff engaged in onboarding and are currently developing new job aids to implement a standardized onboarding process. VHA also noted that it is taking steps to implement a new enterprise HR process.⁸ However, VHA did not provide more specific time frames for these efforts.⁹

⁸See Department of Veterans Affairs, *Annual Report on the Steps Taken to Achieve Full Staffing Capacity* (Washington, D.C.: June 2022).

⁹VA health care remains on our High-Risk List for concerns related to unclear resource needs and allocation priorities. In our April 2023 High Risk report, we noted that VHA only included limited steps related to implementing its HR modernization efforts. See GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, [GAO-23-106203](#) (Washington, D.C.: Apr. 20, 2023).

Community Care Staff Responsibilities

VHA, its regional networks, and VA medical facilities all play a role to help ensure VHA is managing referrals and scheduling appointments for community care in a timely manner. For example, facility community care staff coordinate and schedule veterans' care with community providers at the local level, such as by reviewing a referral from a VHA provider to determine the veteran's eligibility for community care and taking several actions to schedule the appointment. VHA has established standards that facilities need to meet to ensure the timeliness of scheduling appointments for community care. In January 2023, we reported that most VA medical facilities were unable to meet the standard VHA has established for scheduling community care appointments.¹⁰

Challenges Meeting Community Care Staffing Needs

In our September 2020 report, we found that facility staff we spoke with faced challenges with recruitment and retention, and that most VA facilities in our review did not have the recommended number of staff and were not hitting timeliness metrics for appointment scheduling.¹¹ Understaffed community care offices may affect a facility's ability to handle veteran's community care referrals in a timely manner.

Recruitment and retention challenges. VHA officials noted challenges with filling approved positions in VA medical facilities' community care offices, resulting in vacancies at some facilities. Specifically, of the 40 facilities in our review, 16 had administrative staff vacancies, and 19 had clinical staff vacancies, according to VA data. VA medical facility staff mentioned vacancies that involved a range of positions, including a community care office chief, scheduler supervisors, schedulers, social workers, and program support assistants. They said medical facilities can face difficulties recruiting and retaining community care schedulers, due to the perception of low salaries given the complexity and volume of work,

¹⁰See GAO, *Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments*, [GAO-23-105617](#) (Washington, D.C.: Jan. 4, 2023).

¹¹See [GAO-20-643](#).

the availability of less stressful scheduler positions for facility based care, and little opportunity for advancement.

Staffing tool. In our September 2020 report, we also found that a staffing tool VHA developed to help its medical facilities determine the number of staff needed to operate VA's community care program did not require facilities to assess staffing and resource needs for community care appointment scheduling.¹² If VA medical facilities do not assess the risks to their community care office's ability to schedule veterans' appointments in a timely manner, and take action to address such risks, it increases the likelihood that facilities will lack sufficient staffing and other resources to ensure that veterans receive timely care under VA's community care program.

Based on these findings, we recommended that the Under Secretary for Health direct VA medical facility leadership to assess their community care staffing and resource needs, and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.¹³ VA concurred with our recommendation and has taken some steps but has not yet fully implemented our recommendation.

In June 2021, we found that six selected VA medical facilities in our review also noted challenges with facility community care workload and staffing that existed prior to COVID-19 but were highlighted, or in some cases, worsened by the pandemic.¹⁴ Specifically, staff stated that they believed their facility community care offices were understaffed, with some noting specific vacancies in scheduler and clinical positions. As of

¹²The staffing tool includes information entered by VHA staff, such as the average time it takes facility staff to complete referral management tasks, community care referral volume from the previous fiscal year, and expected referral volume growth for the current year. Using these data, the staffing tool outputs a recommended number of administrative and clinical staff each facility's community care office needs to meet timeliness metrics for processing community care referrals and scheduling appointments.

¹³In our report, we also recommended that Congress consider requiring VA to establish an overall wait-time performance measure for VA's community care program. The report also included two additional recommendations to VHA, including that it align its monitoring metrics with the community care program's appointment scheduling process. See [GAO-20-643](#).

¹⁴See GAO, *Veterans Community Care Program: VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges*, [GAO-21-476](#) (Washington, D.C.: June 28, 2021).

January 2023, VHA reported that a deficit of community care staff continues to exist for both administrative and clinical positions at VA medical facilities.

In January 2023, VHA stated that it last updated the staffing tool in March 2022 to enable each VA medical facility to quantify resource needs and identify the recommended number of administrative and clinical staff based on current workload data, systems, and processes. VHA also stated that VA medical facilities make quarterly updates to the staffing tool, which is then used by the facility community care offices to support position requests and for discussions with leadership regarding community care staffing levels. VHA has also updated its process for scheduling appointments with community care providers with a new procedure for reviewing referrals, called the Referral Coordination Initiative. Under this initiative, VHA transitioned responsibilities for community care appointments from multiple clinical employees to designated referral coordination teams at each VA medical facility.¹⁵ In January 2023, VHA stated that community care staffing needs are expected to evolve further over the next year as processes from the initiative continue to be deployed at VA medical facilities.

Staffing Challenges Affecting Integration of Mental Health Care within Primary Care Settings

In our December 2022 report, we found that VA medical facilities' staffing challenges adversely affect their efforts to implement programs for integrating mental health care within primary care settings.¹⁶ These

¹⁵According to VHA documentation, the Referral Coordination Initiative aims to improve scheduling timeliness and reduce administrative burden for referring providers by incorporating steps to ensure that referrals are complete and include all pertinent clinical information before referrals are scheduled within VHA or through community providers.

¹⁶VHA requires its medical facilities serving at least 5,000 unique veterans annually to integrate mental health services into the primary care services they provide. Specifically, facilities are required to have mental health providers, such as psychologists, psychiatrists, and social workers, available within primary care settings to work collaboratively and share responsibility with primary care providers to (1) assess and treat veterans with mental health symptoms and conditions, such as anxiety or depression; and (2) follow up with those veterans to monitor symptoms and adherence to medications, and provide education and referral services. See Department of Veterans Affairs, Veterans Health Administration, Uniform Mental Health Services in VA Medical Centers and Clinics, VHA Handbook 1160.01 (Washington, D.C.: Sept. 11, 2008, amended Nov. 16, 2015).

problems date back to at least 2016. As described in our report, facilities often reported that staffing-related challenges were one of their most significant challenges to implementing or sustaining program services.

Chief mental health officers we spoke with from VHA's regional offices identified more that could be done to assist programs that integrate mental health care within primary care settings. For example, they noted that VHA could use the following strategies:

- **Providing additional guidance.** One chief mental health officer said that VHA could provide guidance on strategies to help prevent provider burnout and recruit and retain staff.
- **Enhancing and increasing funding opportunities.** One chief mental health officer said that, since nationwide challenges with HR have interfered with rapid hires, VHA should provide VA medical facilities a longer window to apply for special funding for program positions. Another officer recommended that VHA increase opportunities for funding program positions and fund additional internship and post-doctorate training to ensure a continuous influx of providers.
- **Engaging facility leadership.** Two chief mental health officers said that VHA should hold facility leadership accountable for ensuring adequate program staffing levels. Another chief mental health officer said that VHA could communicate directly with facility leadership and mental health leaders to emphasize the importance of adequate program staffing levels.
- **Supporting, reinforcing, or revising recommended program clinical staffing levels.** Four chief mental health officers said that VHA could do more to support, reinforce, or revise the recommended clinical staffing level it uses to help VA medical facilities determine the appropriate number of program providers each facility should have. For example, two chief mental health officers suggested that VHA make the program's staffing recommendation a requirement for facilities.

In our December 2022 report, we recommended that VHA ensure that its Office of Mental Health and Suicide Prevention comprehensively evaluate and implement strategies to help mitigate staffing challenges that affect VHA facilities' abilities to integrate mental health care within primary care

settings.¹⁷ VA concurred with our recommendation, stating that mitigating staffing challenges is a top VHA leadership priority. VA has taken some steps but has not yet fully implemented our recommendation.

In May 2023, VA stated that the Office of Mental Health and Suicide Prevention evaluated its current strategies to help mitigate staffing challenges that affect VHA facilities' abilities to integrate mental health care within primary care settings and established an action plan to consider further implementation of those strategies. In its plan, VHA assessed ten factors based on a review of the Office of Mental Health and Suicide Prevention's current strategies, the strategies documented in our December 2022 report, and other sources. VHA then assessed those factors to determine whether further action should be taken. Of the ten factors in its plan, VHA stated that it had completed an assessment of eight factors and identified a number of strategies with further actions to implement. VHA noted that it is making progress on meeting the plan's objectives and anticipates completing remaining actions outlined in its plan by December 2024.

Challenges with Reliable Data Needed to Monitor New Hire Onboarding Process

One of VHA's goals for its HR modernization efforts is to establish a target benchmark for how long it should take to complete onboarding tasks, such as drug testing and background checks for new hires. These tasks are designed to ensure that those providing care to veterans and working in VA medical facilities are qualified, capable, and free of

¹⁷In our report, we also recommended that VHA ensure that the Office of Mental Health and Suicide Prevention monitors regional networks' development and implementation of corrective action plans for any VA medical facilities that do not fully adhere to VHA's program requirements for integrating mental health care within primary care settings. See [GAO-23-105372](#).

problematic background issues. According to VHA officials, the USA Staffing onboarding module is to be used for all onboarding of staff.¹⁸

However, in our January 2023 report, we found that VHA lacks the reliable data—complete, accurate, and timely—it needs to monitor the completion of key onboarding tasks that were expedited or deferred during the COVID-19 pandemic.¹⁹ We found, for example, that regional and medical facility staff did not consistently enter completion data for the key onboarding tasks into USA Staffing’s onboarding module. When they did enter the information, VHA officials told us it could be incorrect or late. We found two factors contributed to the incomplete and inconsistent onboarding data in USA Staffing—lack of a comprehensive policy requiring the use of USA Staffing’s onboarding module and guidance to help staff enter data in a consistent manner. We made two recommendations to address these factors.

Lack of a comprehensive policy requiring the use of USA Staffing for onboarding clinical staff. In December 2018, VA instructed HR staff to use USA Staffing to load and manage some onboarding tasks, such as fingerprinting. However, VA did not specify how, if at all, USA Staffing is to be used to track the other key onboarding tasks—credentialing, drug testing, and physical examinations. VA’s instructions also did not address all of the staff that perform data entry into USA Staffing, such as VA medical facility staff. Without a clear, comprehensive policy requiring the use of USA Staffing, the use of this system will likely be inconsistent, and as a result, VHA will continue to lack the complete data it needs to oversee the completion of onboarding tasks.

To address this issue, we recommended that VHA require all offices involved in onboarding to use USA Staffing to monitor onboarding tasks and completion dates. VA concurred with our recommendation and identified actions VHA is taking, such as developing an implementation plan that includes drafting and issuing an Under Secretary for Health

¹⁸While multiple data systems are involved in onboarding tasks, USA Staffing is the only system that collects data on the completion of all key onboarding tasks that could have been expedited or deferred during the COVID-19 pandemic. USA Staffing is a government-wide staffing tool developed by the Office of Personnel Management, and is used to recruit, evaluate, assess, certify, select, and onboard staff. According to the Office of Personnel Management website, one of the benefits of the tool is to streamline the onboarding process. According to officials, some important onboarding data (in particular, whether an employee had a favorable outcome for the onboarding task) is not available in USA Staffing.

¹⁹See [GAO-23-105706](#).

memorandum mandating relevant staff use USA Staffing. VHA estimated that it will complete these efforts in August 2023.

Lack of comprehensive guidance for using USA Staffing, including definitions for data entry fields. Although VHA has issued various guidance and instructions on how to enter information into USA Staffing, we found in our January 2023 report that regional HR directors cited varying amounts of guidance for entering information into USA Staffing and some regional HR directors were dissatisfied with the guidance. Ensuring that USA Staffing has complete, accurate, and timely data is crucial to both VHA's ability to oversee the completion of onboarding tasks as well as its ability to identify and make improvements to these processes.

We recommended that VHA ensure that regional networks and medical facilities have clear and comprehensive guidance on entering data into USA Staffing, including data-level definitions. VA concurred with our recommendation and identified actions it is taking, such as beginning to develop data-level definitions for upcoming user guides for USA Staffing. VHA estimated that it will complete these efforts in August 2023.

In closing, our past work has shown that an agency's workforce plays a central role in transforming an agency into a high-performing organization. However, our recent work has demonstrated staffing challenges in certain VHA programs. Implementing our recommendations would better position VHA to address ongoing and future demand for its health care services, such as the recent health care expansion for specific categories of toxic-exposed veterans and other eligible veterans under the PACT Act. VHA is taking steps to implement our recommendations; however, without dedicated attention to these efforts, VHA may not be able to ensure it is sufficiently meeting its mission to provide quality and timely care for our nation's veterans.

Chairwomen Miller-Meeks and Kiggans, Ranking Member Brownley, Ranking Member Mrvan, and Members of the Subcommittees, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov. Contact

points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. GAO staff who made key contributions to this testimony are Rebecca Rust Williamson (Assistant Director) and E. Jane Whipple (Analyst-in-Charge). Other contributors include Jacquelyn Hamilton, Ethiene Salgado-Rodriguez, and Cathy Hamann Whitmore.

Related GAO Reports

Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories. [GAO-23-105953](#). Washington, D.C.: February 16, 2023.

VA Health Care: VHA Lacks Reliable Onboarding Data for New Clinical Staff. [GAO-23-105706](#). Washington, D.C.: January 25, 2023.

Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services. [GAO-23-105372](#). Washington, D.C.: December 15, 2022.

Federal Hiring: OPM Should Collect and Share COVID-19 Lessons Learned to Inform Hiring During Future Emergencies. [GAO-22-104297](#). Washington, D.C.: October 25, 2021.

Veterans Community Care Program: VA Took Action on Veterans' Access to Care, but COVID-19 Highlighted Continued Scheduling Challenges. [GAO-21-476](#). Washington, D.C.: June 28, 2021.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. [GAO-20-643](#). Washington, D.C.: September 28, 2020.

Veterans Health Administration: Management Attention Is Needed to Address Systemic, Long-standing Human Capital Challenges. [GAO-17-30](#). Washington, D.C.: December 23, 2016.

High-Risk Series: An Update. [GAO-15-290](#). Washington, D.C.: February 11, 2015.

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through our website. Each weekday afternoon, GAO posts on its [website](#) newly released reports, testimony, and correspondence. You can also [subscribe](#) to GAO's email updates to receive notification of newly posted products.

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, <https://www.gao.gov/ordering.htm>.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on [Facebook](#), [Flickr](#), [Twitter](#), and [YouTube](#).
Subscribe to our [RSS Feeds](#) or [Email Updates](#). Listen to our [Podcasts](#).
Visit GAO on the web at <https://www.gao.gov>.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact FraudNet:

Website: <https://www.gao.gov/about/what-gao-does/fraudnet>

Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

A. Nicole Clowers, Managing Director, ClowersA@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

Public Affairs

Chuck Young, Managing Director, youngc1@gao.gov, (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, DC 20548

Strategic Planning and External Liaison

Stephen J. Sanford, Managing Director, spel@gao.gov, (202) 512-4707
U.S. Government Accountability Office, 441 G Street NW, Room 7814,
Washington, DC 20548



Please Print on Recycled Paper.