

**STATEMENT OF STEVEN L. LIEBERMAN, MD, MBA, FACHE  
DEPUTY UNDER SECRETARY FOR HEALTH  
VETERANS HEALTH ADMINISTRATION  
DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE**

**COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**December 13, 2022**

Good afternoon, Chairman Takano, Ranking Member Bost and members of the Committee. I am pleased to be here today to discuss the Department of Veterans Affairs (VA) role in response to the Coronavirus Disease 2019 (COVID-19) pandemic and highlight our lessons learned and our ability to deliver quality care to Veterans and their family in a public health emergency. I am accompanied by Ms. Tammy Czarnecki, Ms. Tammy Czarnecki, Deputy Assistant Under Secretary for Health for Operations, Dr. Jane Kim, Executive Director for Preventive Medicine and Ms. Carla Boyce, Executive Director Operations, Security and Preparedness

First, I want to acknowledge our extraordinary staff. The dedication and commitment of VA employees at all levels of the organization is evident in our response to this pandemic as many employees deferred retirement and cancelled personal leave to fight this battle and keep our Nation's Veterans and their communities safer. I want to thank Congress for the \$19.6 billion provided through the Coronavirus Aid, Relief and Economic Security (CARES) Act and the \$17.1 billion provided through American Rescue Plan (ARP). Without this support, we would not have successfully put into action all the necessary work to assist Veterans.

I also want to acknowledge the 23,390 Veterans we have lost to this disease – each one of those losses is a tragedy for their families, the Veteran community, and our Nation. We are also saddened since the start of the pandemic, 277 VA employees lost their lives as a result of COVID-19. These included front line health care workers, information technology staff, and facility administrative staff.

**Comprehensive Emergency Management Program**

VA maintains a Comprehensive Emergency Management Program (CEMP) for building, sustaining, and delivering capabilities to continue mission essential functions and serve the Nation's Veterans during a National emergency under any condition regardless of threat or hazard. VA also works to maintain the capability to respond to needs of individuals and state or local governments when needed, as allowed by law through our Fourth Mission.

The Veterans Health Administration (VHA) maintains an Administration-specific CEMP for ensuring health security of Veterans and managing incident-specific impacts

to Veteran health and medical services. VHA's CEMPs address reducing or eliminating impacts from potential hazards (mitigation); building organizational capacity and capability to manage impacts (preparedness); managing or supporting consequence management (response); and working to stabilize or restore essential functions (recovery). These programs are implemented through an integrated emergency management process.

VA is a critical interagency partner in Federal preparedness efforts and disaster operations in accordance with National doctrine and policy, such as the National Response Framework and National Disaster Recovery Framework. VA leads the effort for meeting Veterans' needs and fills gaps in community services for Veterans, Service members, or civilians by embedding liaisons in interagency operations, including FEMA's National Response Coordination Center and associated emergency or recovery support functions (ESF/RSF respectively). VHA maintains liaisons directly with the Department of Health and Human Services who is the lead for ESF-8: Public Health and Medical Services. Additionally, VA supports and partners with other government agencies working with Veterans at the Federal, State, local, Tribal and territorial levels in times of crisis.

VHA and other VA Administrations and Staff Offices support VA's Fourth Mission by developing and implementing policies, processes, programs and systems to assure mission resilience and protection of people and assets while building a culture of preparedness and resilience. Through a combined, proactive approach, VHA ensures VA is the most prepared and responsive integrated health care system in the Nation.

### **VHA's COVID-19 Response**

VHA is proud to lead the response to the COVID-19 pandemic alongside our Federal partners. On January 21, 2020, one day after the first confirmed COVID-19 case in the United States, VHA activated their Emergency Management Coordination Cell (EMCC) under a unified command structure with 24/7 operations to track the risk of and plan their response to COVID-19.

The High Consequence Infection (HCI) workgroups built technical guidance for VA medical facilities addressing key areas such as: communications; infection control; Veteran and employee triage; surveillance; diagnostics and screening; isolation, quarantine, and treatment protocols; and how to coordinate with our Federal interagency, State and local partners.

VHA OEM and Population Health co-led the development and implementation of the VHA COVID-19 Strategic Response Plan which identified the framework for the response and the development of the VHA COVID-19 Response Plan, an Annex to the VHA HCI Base Plan. To ensure VHA could continue to focus on continuity of care to Veterans during the pandemic, OEM developed and released the "Disaster Response During a Pandemic" plan, in advance of the 2020 Hurricane Season.

Once it became evident COVID-19 was spreading widely and rapidly, the national response required greater focus on meeting the health care demand. VHA's response to COVID-19 demonstrated the strength and agility of an integrated health care system geographically distributed across the U.S. and operating as a single enterprise. It is difficult to quantify the remarkable amount of work from our staff at all levels during the first months to follow the arrival of COVID-19 to our health care system. However, it is clear that our emergency planning, preparations, and training ensured the infrastructure was in place for VHA staff to act quickly, be agile, and effectuate VHA's response.

To implement safety precautions, guidance started being released in January 2020 and continued thereafter, addressing critical areas such as personal protective equipment (PPE), testing, and protecting vulnerable patients such as those in Community Living Centers and Spinal Cord Injury Units. By March 2020, VHA was moving assertively toward virtual care to ensure both COVID and non-COVID care continued to be provided to Veterans. During the pandemic 85-90% of primary care and mental health providers conducted one or more telehealth video encounters.

We focused on clear and consistent messaging to Veterans to promote safety and prevention, promoted telehealth, and provided new apps to keep Veterans connected with their health care providers and each other. We did this to ensure Veterans continued to receive the care they earned and to make sure they and the public stayed informed about the COVID-19 pandemic.

VA also supported the field by coordinating communications to field operations across the network, hosting weekly Public Affairs Officers conference calls to receive feedback on their continuing needs and prepare authoritative communications materials to support their challenges. As COVID-19 spread quickly, VA developed coordination and messaging around balancing scarce supplies of PPE, equipment such as ventilators and staff support in surge areas through its Healthcare Operations Center. This helped us understand where needs were greatest, work to adjust supplies of PPE, ventilators and staff support across VA, and how we could disseminate best practices and lessons learned.

In order to support employee morale, the VHA Executive in Charge delivered short daily video messages to all VHA employees, acknowledging their efforts and challenges and highlighting all employee groups and their key roles in caring for Veterans during this pandemic. With leadership travel extremely limited, this was a great way to maintain bi-directional communication with VA facilities, to show their dedication and efforts were noticed by leadership, and to help bolster their spirits during these challenging times.

To promote transparency and maintain the high trust of Veterans, VA collected and monitored systemwide data regarding Veteran and employee infections and deaths on a regular basis and made it available to the public. VA also bolstered its biosurveillance system to optimize timeliness and accuracy of pandemic-related data.

Outreach efforts to clinicians and Veterans provided accurate information, especially as vaccines became available. Once available, VA coordinated supplies across the network to inoculate 4.3 million Veterans with at least one dose and almost 3 million with additional vaccine boosters. We addressed myths and disinformation about vaccines through social media and promoted equitable health care among minority Veterans.

## Long COVID

As the largest health care system in the country, VHA clinicians and researchers were among the first health care providers to recognize the national pattern that a secondary illness was occurring in those who had initially recovered from COVID-19. As a dedicated innovator in health care procedures and processes, in May 2022 VA brought together its Office of Research and Development, Long COVID Community of Practice and Long COVID Integrated Project Team to support the primary care teams caring for Veterans suffering from Long COVID.

In August 2022, VA released the [Whole Health System Approach to Long COVID: Patient-Aligned Care Team \(PACT\) Guide](#) (VHA Long COVID Guide). The first of its kind, the VHA Long COVID Guide identifies the most common Long COVID symptoms and conditions and provides management recommendations using a Whole Health approach. Whole Health supports patient-centered, proactive, whole-person care. Conventional testing and treatment are combined with complementary and integrative health strategies. It empowers the Veteran through mindful awareness and self-care, recognizing the fundamental importance of healthy nutrition, activity, sleep, relationships, surroundings and the many other areas of their lives that contribute to health and wholeness. The Whole Health approach allows clinicians to personalize management based upon what is most important to the Veteran and incorporate shared decision-making.

The VHA Long COVID Guide includes a directory of Long COVID signs, symptoms, and other potential conditions, and includes one-page quick reference guides for navigating care of Long COVID. The VHA Long COVID Guide was initially developed for Veteran patients at VHA medical facilities. With Long COVID emerging as an urgent medical situation affecting patients worldwide, VHA is making the VHA Long COVID Guide available to health care providers across the Nation to help them care for their patients with Long COVID. **Utilization of CARES and ARP**

The resources and hiring flexibility Congress provided enabled VHA to hire over 136,000 new clinical and administrative staff across the health care system in fiscal years (FY) 2020-2022 to optimize continued delivery of care. This included a record number of new hires for VHA in FY 2022. Many hiring flexibilities were utilized to support emergency hiring during the COVID-19 pandemic. The Office of Personnel Management (OPM) granted VA Direct-Hire Authority (DHA) for several critical occupations. DHA enabled VHA to hire, after public notice was given, any qualified applicant without regard to competitive rating and ranking, or application of Veterans'

preference. VHA also utilized the COVID-19 Schedule A Hiring Authority for Temporary Appointments authorized by OPM. Under this authority, VHA was able to temporarily appoint qualified individuals nationwide, at all grade levels, to any positions needed in direct response to the effects of COVID-19. Additional efforts were made to streamline the onboarding process due to COVID-19, including modifying or deferring tasks to accelerate the onboarding process, such as credentialing, pre-placement physical exams, drug testing and remote onboarding forms.

Throughout VHA's COVID-19 response, the community and volunteer support never waned. While we always prioritize the safety of our patients and staff, we were required to pivot in order to optimize the tremendous capacity that volunteers and community partners have traditionally brought to VA health care. Most of our facilities suspended all volunteer services at the onset of the pandemic, but we re-tooled our programs and recognized where they could lend the most assistance to staff and Veteran patients. The FY 2020 result was 46,000 volunteers contributing 4.4 million hours of service and approximately \$108M in monetary and in-kind donations with \$30M of that going directly to COVID support—to include computer tablets for patients to remain in contact with loved ones when visitations were restricted, meals for frontline staff and the development of an award-winning program called the Compassionate Contact Corps, where volunteers worked virtually reaching out to those Veterans whose providers identified them as experiencing the effects of loneliness and social isolation. During FY 2021, we began to safely reintegrate volunteers in some areas. We know that this kind of tangible advocacy is the hallmark of VA health care and wanted to be sure to highlight it here for you to help us recognize the thousands of citizens who give and donate in support of our mission and America's Veterans.

The CARES Act funding also proved essential to addressing the unique economic and health care needs of Veterans who are homeless or at risk of becoming homeless. VA allocated \$971 million in CARES Act funding to provide emergency housing, including in hotels, and homelessness prevention assistance to mitigate the expected wave of evictions and potential homelessness that would result from extensive unemployment. From January 2022 to October 2022 there have been 9,265 emergency housing placements. Over 23,000 hotel/motel placements occurred From March 2020 through January 2021 to reduce risk of COVID-19 exposure for vulnerable Veterans.

Additionally, CARES Act funding enabled VA to waive per diem rate limits in the Grant Per-Diem (GPD) program during the crisis. This empowered grantees to provide needed emergency housing and supportive services for Veterans who need to be isolated for their safety or the safety of others. Since April 2020, GPD grantees have requested more than 1,100 per diem rate modifications, and many have submitted multiple requests as their needs fluctuated during the pandemic (for example, utilization of motels). Additional funding will allow existing grantees to develop individualized housing settings to serve homeless Veterans more safely in transitional housing. VA also purchased disposable smartphones with unlimited data plans to ensure that Veterans in VA homeless programs remain connected with caregivers, support, and could access telehealth. As of November 2022, over 72,000 smartphones have been

disseminated to VA Medical Centers (VAMCs) and Supportive Services for Veteran Families grantees for distribution to homeless Veterans.

The ARP resources allowed VHA to continue initiatives begun during the COVID-19 pandemic including continued support for staffing, information technology enhancements and needed contract support. The CARES Act resources provided for Veterans' COVID-19-related health care in VA medical facilities as well as in the community. The funding supported all levels of our COVID-19 response, from procurement of test kits and specialized equipment to the overtime and travel costs for VA staff rotating into hot zones. With additional support for our emergency management response, VA added over 2,500 medical/surgical and Intensive Care Unit (ICU) beds. VHA was able to support 76 additional travel nurse positions to support COVID-19 deployments. As COVID-19 incidences varied by jurisdiction, and despite global shortages of PPE, critical equipment, and consumable items, VHA was able to sustain operations in locations experiencing high demand by cross-leveling staff, PPE, and equipment such as ventilators from areas with low levels of disease.

During the pandemic, VA's Office of Information Technology (OIT) was able to further enhance and support VHA needs by using the ARP and CARES funding to purchase additional medical devices, computers, tablets, servers, cloud computing capabilities, mobile devices, software licenses, software development and technical services. The demand from the pandemic further stressed the IT tools and needs to support care. OIT supported the growth or development of over 20 programs to include activations, telehealth, and VA Health Connect. Activations allowed VA to quickly provide clinicians, frontline health workers and medical staff the necessary equipment to move remotely and safely provide care during the pandemic.

The use of telehealth in VA continues to grow, consistent with changes in the health care industry in general, as the care delivery continues to support and transitions from a mostly in-person focused model to one that provides options for digital care. VHA and OIT standardized tools in support of core services such as virtual clinic visits with a licensed independent provider, pharmacy support, 24/7 clinical triage services by registered nurses, 24/7 patient scheduling, and general administrative support for our Nation's Veterans. An example of the collaboration between VHA and OIT for digital care is VA Health Connect which has focused on collaborating with VA employees on the right training and tools to help Veterans get the right care the first time they call, standardizing business processes and consolidating tools to provide more robust and timely access to digital care for Veterans. Furthermore, through a standardized enterprise clinical contact center, VA Health Connect helps provide timely access to care for COVID-19 for Veterans and VHA staff through the Virtual Test to Treat program.

VA's agility in adjusting to emergent pandemic conditions was further exemplified by our success in expanding access to and use of telehealth. These capabilities proved an essential – and popular – tool to maintaining Veterans' health during quarantine. Over the last 3 fiscal years VA has provided Veterans with over 27.9 million telehealth

episodes of care. This includes over 22.7 million video visits to home, a service that has grown by more than 3,000 percent since before the pandemic and is now considered the preferred way to receive health care services, according to many Veterans.

## **Deferred Care**

Over the course of the pandemic, particularly as uptake of vaccines and boosters became more widespread, VA has urged Veterans to schedule routine preventive care, such as lung, breast and colon cancer screenings, that may have been deferred due to COVID-19. For example, VA implemented the use of a Preventive Health Inventory (PHI) to prioritize preventive care. PHI is a clinical tool within VA's Electronic Health Record (EHR) used by clinical staff during outreach visits to address specific preventive health matters requiring action that have been identified within VA's COVID-19 Moving Forward Plan. PHI facilitates addressing multiple preventive health measures at one time. Since March 2021, when PHI was launched, VA has seen 28-fold increased use of the PHI by front line clinical teams for 425,000 Veterans as of November 2022.

Due to our ongoing efforts, VA has returned to or exceeded pre-pandemic levels of performance for screenings of colon, breast and cervical cancer. VA is especially proud of an initiative to increase the number of Veterans screened for lung cancer, which has resulted in an over five-fold increase in Veterans screened compared to pre-pandemic levels through the use of a decision support tool within VA's EHR. VHA's Office of Primary Care also released a revised field guide in January 2022 for continuation of care throughout COVID-19, which provided resources for engaging and managing high-risk patients within primary care panels.

## **Fourth Mission**

VA accepted 196 mission assignments from the Federal Emergency Management Agency (FEMA) to protect Veterans and non-Veterans alike in 48 States, the District of Columbia, Puerto Rico, Guam, Virgin Islands, American Samoa, and Tribal governments. Additionally, VA entered into 11 Interagency Agreements for Indian Health Service, Navajo Nation, and Hopi Tribe support. VA deployed thousands of volunteers to non-VA facilities to share our successful strategies to keep patients safe. VA shared medical equipment with health care facilities that were stressed and took nearly 500 non-Veteran patients into VA facilities. We protected our most vulnerable Veterans, providing support to hundreds of State Veterans Homes and community nursing homes. VHA entered 2020 with considerable experience deploying personnel in support of State requests to FEMA, largely through our past cooperation addressing hurricanes and other natural and man-made disasters. During VHA's response to the COVID-19 pandemic, however, VA's role in mission assignments grew to an unprecedented scale and scope. This included ongoing membership and support at the recurring ESF-8 Public Health and Medical Services meetings that focused on backing the US health care system during the COVID-19 pandemic. VA has supported these mission assignments with direct patient clinical care, testing education, and training. The assignments varied in needed skill sets, geographic locations, and length of time

for the support as we worked collaboratively with FEMA and the States and territories to meet their urgent needs. The capturing, analysis, actioning, and sharing of our lessons learned throughout the pandemic has enabled VA to provide world-class health care to Veterans and, as evidenced by our Fourth Mission work, to the American public.

## **VHA COVID-19 Response Report**

Since the very beginning of the pandemic, VA has been on the front lines, caring for Veterans and non-Veterans. The COVID-19 pandemic brought a health, economic and social crisis to the Nation and required a coordinated response. As we continue to persevere through the third year of the pandemic, we sustain our commitment to learning from every aspect of our response to support Veterans and the Nation. In doing so, it is important to share our successes and challenges with the public, even as we are adapting our response to new information, technologies and best practices. The ever-changing nature of the virus and the broader public health landscape requires constant re-examination of the status quo.

We believe that VA lessons learned published in the VHA COVID-19 Response Report and subsequent annexes (covering specific periods of the pandemic) will benefit individuals, medical providers, and hospital systems. The response to COVID-19 is fundamentally a very human story, featuring people of all industries and geographies coming together to tackle one of the greatest challenges of our generation. The VA response reports, released publicly, can be found at [https://www.publichealth.va.gov/n-coronavirus/COVID\\_19\\_Response\\_Reports.asp](https://www.publichealth.va.gov/n-coronavirus/COVID_19_Response_Reports.asp) and cover VA's response from January 2020 through July 2021, with the next report to be released later this month.

## **Regional Readiness Teams and Supply Centers**

The COVID-19 pandemic prompted a sudden surge in demand for PPE and other COVID-19 related supplies as unparalleled PPE requirements were placed on the supply chain. VHA was charged with building resiliency into the supply chain while distributing urgently needed PPE to VAMCs across the country. VA's existing warehouse and distribution capabilities at the beginning of the COVID-19 response complicated this challenge because there was no centralized infrastructure to store, manage, and distribute PPE to VAMCs.

VA responded to this challenge by establishing the Regional Readiness Centers (RRCs) that serve as a central source for management and resupply for VAMC and VHA Fourth Mission PPE and critical item needs. VA worked with multiple interagency partners to create a system of warehouses, establish a distribution network and maintain a 24-hour capable Logistics Operations Center to respond to VAMC PPE supply needs. In the long term, the RRCs will support VHA preparedness for regional and national public health emergencies, including those secondary to national disasters (such as hurricane, flood). RRCs have enabled VA to maintain Veteran care by ensuring PPE and other critical medical supplies are available to VAMCs even during supply chain disruptions. The RRC network distributed more than 202 million items to



VAMCs and Fourth Mission partners from March 2020 through November 2022. This includes:

- Face Shields: 3,005,270;
- Chemo Gowns: 75,000;
- Gowns: 7,336,113;
- Gloves: 83,345,600;
- Elastomeric Mask: 11,376;
- Generic Mask: 17,670,550;
- N95 Non-Surgical: 5,984,200;
- N95 Surgical: 14,881,110;
- Surgical Mask: 8,472,920;
- PAPRs & parts: 42,299; and
- 873 ICU Ventilators and 1620 Transport Ventilators (Ventilators designed to provide automated ventilatory support to patients during interhospital or intrahospital transport and in emergency situations.)

VA designed the RRCs to be agile and responsive to changing requirements and capable of supporting new and emerging supply chain resiliency challenges. VHA executed and managed a sole-source contract for blood tube deliveries when a global shortage in Becton Dickinson (BD) Vacutainer Blood Collection Tubes began in May 2021. Failure in this supply area would have put Veteran health care at very high risk. RRCs managed and executed a national contract for BD tubes and as a result have distributed more than 18 million BD tubes for VA facilities. RRCs also managed and executed VHA national contracts for COVID-19 test kits, distributing more than 11.5 million of them to Veterans Integrated Services Networks. Defense Logistics Agency leveraged approximately 12% of the Chambersburg Interim Distribution Center capacity to support the White House Over-the-Counter COVID-19 test kit mission, processing over 600 million test kits through the RRCs. VA also responded to this challenge of providing supplies by implementing its National Contingency Response Tool (NCRT), which enabled VHA to rapidly manage national PPE procurements and let VAMCs submit requests for commodities in short-supply due to the pandemic. VHA designed NCRT for use in any future crisis that strains the supply chain VA relies on to support clinical needs for Veteran care. As a result, NCRT ensures an enduring, positive impact for many years to come. Early in the pandemic, VA identified the immediate need for national PPE asset visibility. VA's existing legacy system, a 50-year-old inventory system, was unable to provide visibility into on-hand inventory and the usage or burn rate at each VAMC. VA defined standards for reporting PPE inventory levels and burn rates; developed the methodology, standard operating procedures, and site for data collection; and within 30 days, deployed an electronic dashboard. This dashboard, still in use today, provides enterprise-wide visibility of PPE on-hand inventory and burn-rates from the individual VAMC-level to the enterprise-level.

## **Research**

VHA remains invested in ongoing research and innovation. In addition to supporting Veteran health research, VHA was also a significant contributor to the

national research response to COVID-19. VHA rapidly stood up its clinical trials enterprise to contribute to several treatment studies and the vaccine trials that were sponsored by the National Institutes of Health and industry. Through its Office of Research and Development (ORD), VHA also funded a number of clinical studies, leveraged its electronic medical records to conduct in-depth analyses on COVID-19 and long-COVID and established a national biorepository to support COVID-19 research that now can be available for future emerging infectious diseases research. In a partnership with the Department of Defense, ORD co-funded a longitudinal research cohort in which VA enrolled over 2,800 Veterans to learn more about the natural history and outcomes among those affected by COVID-19.

VA was also able to establish a Veteran research volunteer registry in which over 58,000 Veterans stepped up to participate in COVID-19 research studies when needed. During a 7-month period in 2021, VHA started approximately 52 COVID-19 studies and published 316 COVID-19 related articles. Examples of the research include studies on health effects such as Long COVID, clinical trials, treatments and genomic sequencing for variant identification. VHA Advanced Manufacturing (part of the VHA Innovation Ecosystem) continued to provide COVID-19 support through its 3D Printing Network. As part of this effort, 3 VAMCs registered with FDA as medical device manufacturers. VHA is exploring how point-of-care manufacturing can be used in operating rooms, hospitals and for immediate supply chain resilience.

## **VHA Path Forward**

Our Moving Forward Plan Key Principles include High Reliability Organization (HRO) principles and values; prioritizing, expanding and maximizing virtual care; gradually expanding capacity by assessing the environment of care and ensuring safety; and Veteran-centric patient flow with physical distancing. As an HRO, VA prioritizes the safety of our Veterans and staff, and their safety will continue to guide our decision-making. Before any clinical care is delivered, safe infrastructure and support must be in place. VA will continue to maximize virtual care options to promote physical distancing and provide increased access to care regardless of geographic location. These services have been a valuable link between Veterans and providers during this challenging time and will continue to provide Veterans with high-quality care from the safety and convenience of their homes. VA will further optimize virtual modalities of delivery for specialty care and surgical services, when clinically appropriate, and when care is not required face-to-face.

## **Addressing Staff Burnout**

Protecting our workforce and supporting their well-being is of utmost importance to providing high quality, Whole Health care to our Veterans. The COVID-19 pandemic highlighted and aggravated a long-term health care industry trend of increasing levels of burnout and exhaustion among employees. Burnout is an occupational phenomenon that results from chronic workplace stress, often triggered by organizational and system-level causes. It is characterized by increased emotional exhaustion, cynicism and

depersonalization, and decreased sense of personal achievement. In response, VHA initiated a system-wide task force in 2021 to address burnout and promote wellbeing among employees, known as the Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) initiative. The REBOOT task force is committed to building a workplace that helps every employee thrive where each can find purpose, fulfillment and joy in their work. REBOOT's efforts will allow VHA to boost its support for our most essential and valuable resource for Veteran care—our employees.

VHA immediately recognized the growing need to support the workforce during the stress of the pandemic, and it remains deeply committed to this priority, encouraging every medical facility to identify an Employee Whole Health (EWH) Coordinator. Currently, there are 155 EWH Coordinators or points of contact in VHA. Employees at VAMCs can access a multitude of EWH experiences and education to support their Whole Health and well-being, which is a key strategic goal of VA's Enterprise-Wide Employee-Engagement Framework. In FY 2022, close to 5,000 employees participated in these national offerings. All new VA employees now receive information on EWH resources during their orientation.

Since the start of the pandemic, over 110,000 employees have accessed the virtual EWH resource page, created by VHA's Organizational Health Council during the pandemic to meet the needs of our health care workers:

<https://www.va.gov/WHOLEHEALTH/professional-resources/EWH-Resources.asp>.

Use of our employee Whole Health pilot tracking system at 33 facilities between January and August of 2022 showed a total of 772 unique offerings for employees with a total of 12,200 employees in attendance across 20 different types of EWH services, such as mindfulness, health coaching and experiences for exploration of meaning and purpose. Taking care of VHA's employees is a critical aspect of our long-range plan, and we continue to stress a culture of well-being for our employees as a foundation for providing the best care to our Veterans.

## **Conclusion**

VA is committed to providing high-quality benefits delivery and health care to all Veterans during these unprecedented times. VA's success is directly attributable to our employees' dedication and commitment to Veterans. Your continued support in resourcing our needs and enacting needed legislation, equipped VA not only to care for Veterans and their caregivers, but to serve as the backstop for America's health care services. Thank you for your continued support, it is essential to VA fulfilling this mission.