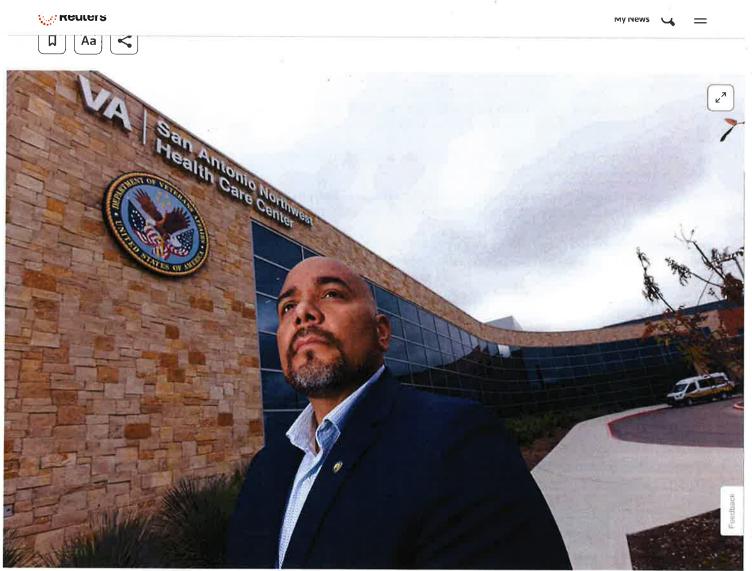
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VA shake-up hits mental health services for US veterans



[1/5] Joey Cortez, a former remote worker who worked for the VA in Washington D.C., poses for a photograph at the North West VA Clinic in San Antonio, Texas, U.S., March 12, 2025. Cortez is one of the ... Purchase Licensing Rights 📑 Read more

Summary

VA layoffs, return-to-office mandates affect some mental health services Some providers forced to cancel appointments because of ban on remote work Veterans fear bigger impacts from plan to lay off 80,000 more people

SAN FRANCISCO, March 20 (Reuters) - Joey Cortez, who served 24 years in the U.S. Air Force, had been waiting since August to see a mental health specialist from the Department of Veterans' Affairs, when he experienced a fresh jolt of anxiety.

Cortez was fired last month from his human resources job at the agency - one of about 2,400 employees who lost their jobs at Veterans' Affairs (VA) in the first wave of President Donald Trump's efforts to shrink the federal workforce.

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"Once the firings happened and I was terminated, I started having panic attacks to the point where I black out," Cortez, who suffers from post-traumatic stress disorder, told Reuters. The layoff is also making it harder to maintain his sobriety, as a recovering alcoholic.

"Not a day has gone by since I was fired that I haven't thought about picking up a bottle," said Cortez.

After losing his job, Cortez asked the VA to expedite his wait for a therapist and was told there was no record of his request, he said. After a month of calls to the agency, he got an appointment for this August, one year after he started the process. Then the VA offered him an appointment next week because another patient had canceled.

The VA provides health care to 9.31 million U.S. veterans at hundreds of medical centers, clinics and nursing homes across the country,

It also faces complex problems.

"The VA has bloat. There are redundancies. There are places where we have questioned the administration of care and asked, does it need to be the way it is?" Pat Murray, the legislative director for the Veterans of Foreign Wars, which represents Americans who have fought overseas, said in an interview.

The Trump administration plans additional cuts to the VA of more than 80,000 personnel, according to an internal memo obtained by Reuters. The agency has also announced it is phasing out telework.

Reuters spoke to nine current and former VA employees in California, Oregon, Texas and the Washington D.C. area who said the changes were further disrupting some mental health services and fueling anxieties among those who provide and rely on them.

The VA employees - who include six mental health professionals and three people in leadership positions - described cancellations of some in-person and telehealth appointments; confusion over staffing of a crisis hot-line; and professionals conducting telehealth visits in makeshift meeting rooms inside VA buildings.

They spoke on the condition of anonymity, because they were not authorized to speak with the media.

STAFFING SHORTAGES

A former employee at the VA's Office of Inspector General, who is also a veteran, said any future large-scale staffing cuts would likely worsen shortages and impact the quality of care.

"There's no way to take a scalpel and do it appropriately that quickly," he said.

VA spokesperson Peter Kasperowicz told Reuters mental health professionals, such as psychologists and social workers, were not included in February's staffing cuts, and the agency is working to recruit mental health providers and improve wait times.

He did not specify how many support staff for these providers had been affected.

Last week, two federal judges ordered the VA and other federal agencies to reinstate thousands of fired probationary workers. Cortez's pay was reinstated but he was told not to return to work.

The Veterans Health Administration, the branch of the VA that provides healthcare, has experienced severe staffing shortages since 2015, especially among mental health professionals, according to an OIG report last year.

Veterans often benefit from specialized services to treat anxiety, trauma, depression and substance abuse. The proportion of veterans receiving mental health services rose to 31% in 2022 from 20% in 2007, according to the VA. Suicide among veterans is twice the rate of Americans overall.

The VFW's Murray said his organization supports a thorough review of the VA's mental health services, but it needs to be done carefully, "not with a chainsaw."

'THE MOOD IS SO LOW'

In recent years, the agency had encouraged remote work to help expand access to telehealth services and reduce wait times, especially in rural areas where recruiting providers is difficult.

The VA's Kasperowicz said that, while providers will need to return to VA facilities, veterans will be able to access telehealth appointments.

He did not directly address questions about why mental health providers needed to return to the office.

"The VA will make accommodations as needed to ensure employees have enough space to work and will always ensure that Veterans' access to benefits and services remains uninterrupted as employees return to in-person work," Kasperowicz said.

In the last few weeks, demand for services among veterans who are VA employees has also risen, one of the mental health professionals, a social worker, told Reuters. A quarter of VA employees are veterans.

The social worker said he is meeting with two to three VA employees a week who are seeking access to mental health care, citing stress and the fear that they will lose their jobs.

"People are calling out sick. People are ill with stress and worry. The mood is so low."

A mental health supervisor in California described scrambling to cover the caseload of a remote worker who had to cancel appointments with more than a dozen veterans, because she could not access a VA facility.

VA employees in the Washington area and in Oregon said mental health professionals were unsure if they were allowed to answer calls from the VA's crisis hot-line if they were not physically in an office, because they had been instructed not to conduct work outside of a facility.

"People are nervous to be on-call," said a supervisor of mental health providers in the Washington area. "The system is under a lot of duress."

The VA told Reuters that crisis line workers are exempt from the return-to-office policy, and that staff continue to respond quickly to nearly 3,000 calls daily.

Therapists returning to the office are struggling to find private meeting rooms at some VA facilities, according to four of the mental health professionals interviewed by Reuters.

They described medical and mental health professionals converting closets and conference rooms into offices to comply with the mandate to conduct telehealth visits from VA facilities. They expressed concerns that the crowded rooms could violate patient privacy rights.

"We are scrambling to find space," said a provider in California. "Veterans are going without until we can find spaces for these providers."

Reuters was unable to independently verify the accounts of overcrowding. Kasperowicz said the agency's "policy is to bring as many employees back to the office as space permits."

Reporting by Robin Respaut in San Francisco; additional reporting by Julia Harte in New York and Gabriella Borter in D.C.; Editing by Michele Gershberg and Suzanne Goldenberg

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Trump and DOGE Propel V.A. Mental Health System Into Turmoil

A chaotic restructuring order threatens to degrade services for veterans of wars in Vietnam, Iraq and Afghanistan.

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By Ellen Barry, Nicholas Nehamas and Roni Caryn Rabin Published March 22, 2025 Updated March 24, 2025

Late in February, as the Trump administration ramped up its quest to transform the federal government, a psychiatrist who treats veterans was directed to her new workstation — and was incredulous.

She was required, under a new return-to-office policy, to conduct virtual psychotherapy with her patients from one of 13 cubicles in a large open office space, the kind of setup used for call centers. Other staff might overhear the sessions, or appear on the patient's screen as they passed on their way to the bathroom and break room.

The psychiatrist was stunned. Her patients suffered from disorders like schizophrenia and bipolar disorder. Treating them from her home office, it had taken many months to earn their trust. This new arrangement, she said, violated a core ethical tenet of mental health care: the guarantee of privacy.

When the doctor asked how she was expected to safeguard patient privacy, a supervisor suggested she purchase privacy screens and a white noise machine. "I'm ready to walk away if it comes to it," she wrote to her manager, in a text message shared with The New York Times. "I get it," the manager replied. "Many of us are ready to walk away."

Scenes like this have been unfolding in Veterans Affairs facilities across the country in recent weeks, as therapy and other mental health services have been thrown into turmoil amid the dramatic changes ordered by President Trump and pushed by Elon Musk's Department of Government Efficiency.

Among the most consequential orders is the requirement that thousands of mental health providers, including many who were hired for fully remote positions, now work full time from federal office space. This is a jarring policy reversal for the V.A., which pioneered the practice of virtual health care two decades ago as a way to reach isolated veterans, long before the pandemic made telehealth the preferred mode of treatment for many Americans.

As the first wave of providers reports to offices where there is simply not enough room to accommodate them, many found no way to ensure patient privacy, health workers said. Some have filed complaints, warning that the arrangement violates ethics regulations and medical privacy laws. At the same time, layoffs of at least 1,900 probationary employees are thinning out already stressed services that assist veterans who are homeless or suicidal.



A demonstration outside a V.A. medical center in Detroit last month. Paul Sancya/Associated Press

In more than three dozen interviews, current and recently terminated mental health workers at the V.A. described a period of rapid, chaotic behind-the-scenes change. Many agreed to speak on the condition of anonymity because they want to continue to serve veterans, and feared retribution from the Trump administration.

Clinicians warn that the changes will degrade mental health treatment at the V.A., which already has severe staffing shortages. Some expect to see a mass exodus of sought-after specialists, like psychiatrists and psychologists. They expect wait times to increase, and veterans to eventually seek treatment outside the agency.

"Psychotherapy is a very private endeavor," said Ira Kedson, the president of AFGE local 310 at the Coatesville V.A. Medical Center in Pennsylvania. "It's supposed to be a safe place, where people can talk about their deepest, darkest fears and issues." Veterans, he said, trust that what they tell therapists is confidential.

"If they can't trust us to do that, I think that a sizable number of them will withdraw from treatment," he said.

A Veterans Affairs spokesman, Peter Kasperowicz, dismissed the contention that a crowded working environment would compromise patient privacy as "nonsensical," saying that the V.A. "will make accommodations as needed so employees have enough space to work and comply with industry standards for privacy."

"Veterans are now at the center of everything V.A. does," Mr. Kasperowicz added. "Under President Trump, V.A. is no longer a place where the status quo for employees is to simply phone it in from home." Anna Kelly, a White House spokeswoman, said the president's return-to-office order was "ensuring that all Americans benefit from more efficient services, especially our veterans."

The DOGE cuts have already sparked chaos and confusion within the sprawling agency, which provides care to more than nine million veterans. The Trump administration has said it plans to eliminate 80,000 V.A. jobs, and a first round of terminations has halted some research studies and slashed support staff.

Therapy and other mental health services at Veterans Affairs facilities have been thrown into turmoil amid the dramatic changes ordered by President Trump and pushed by Elon Musk's Department of Government Efficiency. Jamie Kelter Davis for The New York Times

The cuts drive at a sensitive constituency for Mr. Trump, who has campaigned on improving services at the V.A. In Mr. Trump's first term, the agency expanded remote work as a way to reach veterans who are socially isolated and living in rural areas, who are at an elevated risk for suicide. Now those services are likely to be sharply reduced. "The end of remote work is essentially the same as cutting mental health services," said a clinician at a mental health center hub in Kansas, who spoke on the condition of anonymity. "These remote docs aren't moving and they have other options if they are forced to drive to some office however many miles away every day to see their patient virtually from there."

Veterans, too, are expressing anxiety. Sandra Fenelon, 33, said she had a rocky transition back to civilian life after leaving the Navy in 2022. "I just constantly felt like I am at war," said Ms. Fenelon, who lives in New York and is training to become a pharmacist.

It took a year, working with a V.A. psychologist, until she felt safe enough to begin sharing the troubling things she had seen on deployment, things that, she said, "people on the outside would never understand."

Now, Ms. Fenelon is worried that the tumult at the V.A. will prompt her therapist to leave before she is better. In her session this past week, she burst into tears. "I feel like I'm now forced to be put in a position where I have to start over with someone else," she said in an interview. "How can I relate to a therapist who never worked with veterans?"

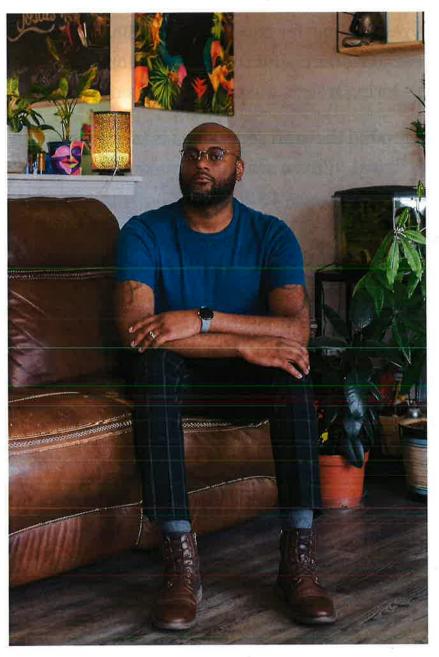
'You Deserve Better'

For a suicide prevention coordinator in California, mornings start with referrals from a crisis hotline. On a typical day, she said, she is given a list of 10 callers, but sometimes as many as 20 or 30. The work is so intense that, most days, there is no time for a lunch break or bathroom breaks.

"My job is to build rapport, to figure out what I need to do to keep them alive. I let them know: 'I'm worried about you, I'm going to send someone out to check on you,'" the coordinator said. "I tell them, 'You served this country. You deserve better.'" The team, which is responsible for covering some 800,000 veterans, was supposed to get three more social workers, but the new positions were canceled as a result of the administration's hiring freeze, the coordinator said.

She said the stress around the staff reductions is intense, and fears it will cause her to miss something critical. "I'm so scared I'll make a mistake," she said. "I'm not sleeping well, and it's hard to stay focused."

Veterans are at sharply higher risk for suicide than the general population; in 2022, the suicide rate was 34.7 per 100,000, compared to 14.2 per 100,000 for the general population. A major factor in this is the availability of firearms, which were used in 73.5 percent of suicide deaths, according to the V.A.



Bilal Torrens had a job helping homeless veterans settle into life indoors. Rachel Woolf for The New York Times

In Denver, Bilal Torrens was just finishing a shift when he was notified by email that he was being terminated.

His job, he said, was helping homeless veterans settle into life indoors after years of living on the street. During those early months, Mr. Torrens said, the men are often overwhelmed by the task of collecting benefits, managing medications, even shopping for groceries; he would sit with his clients while they filled out forms and paid bills. Are you a federal worker? We want to hear from you.

The Times would like to hear about your experience as a federal worker under the second Trump administration. We may reach out about your submission, but we will not publish any part of your response without contacting you first.

Continue »

The layoffs reduced the support staff at the homeless service center by a third. The burden will now shift onto social workers, who are already staggering under caseloads of dozens of veterans, he said.

"They're not going to have enough time to serve any of the veterans properly, the way that they should be served and cared for," Mr. Torrens said.

Alarms Over Privacy

In Coatesville, Pa., mental health providers have been told they will conduct therapy with veterans from several large office spaces, sitting with their laptops at tables, said Dr. Kedson, who is a psychologist, speaking in his capacity as union president. The spaces are familiar, he said — but they have never before been used for patient care.

"That would sound like you're seeing them from a call center, because you'd be in a room with a bunch of people who are all talking at the same time," Dr. Kedson said. "The veterans who are going to be in that position, I suspect they will feel very much like their privacy is being violated."

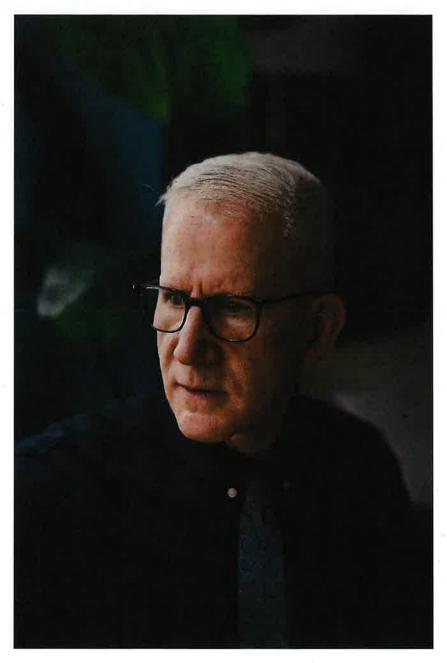
So far, only supervisory clinicians have been affected by the return-to-office policy; unionized workers will be expected to report to the office in the coming weeks. A memorial for veterans who died by suicide in Washington. Stephen Crowley/The New York Times

Dr. Kedson said clinicians have warned that the orders compromise patient privacy, but he has seen little response from the agency's leadership. "They're doing it because these are the marching orders coming out of the current administration," he said. "People are trying to make something that is really untenable work."

Dr. Lynn F. Bufka, head of practice at the American Psychological Association, said the "longstanding presumed practice for the delivery of psychotherapy" requires a private location, like a room with a door and soundproofing outside the room.

She said HIPAA, the health privacy law, allows for "incidental disclosures" of patient information if they cannot be reasonably prevented — a threshold that she said the V.A. risks not meeting. In this case, she said, the privacy risk could be prevented "by simply not requiring psychologists to return to the office until private spaces are available."

Several V.A. mental health clinicians told The Times they were interviewing for new jobs or had submitted their resignations. Their departures risk exacerbating already severe staffing shortages at the V.A., outlined in a report last year from its inspector general's office.



Matthew Hunnicutt, a social worker with nearly 15 years of experience at the V.A., retired last month. Jamie Kelter Davis for The New York Times

"Everybody is afraid, from the top down," said Matthew Hunnicutt, 62, a social worker who retired in late February after nearly 15 years, much of it in supervisory positions, at the Jesse Brown V.A. Medical Center in Chicago.

When staff were ordered to shut down diversity initiatives, Mr. Hunnicutt decided to speed up his retirement, feeling that "everything I had done was just wiped away." He said care at the V.A. had been improved during his time there, with better community outreach, shorter wait times and same-day mental health appointments.

"Just to have it be destroyed like this is extreme," he said.

Alain Delaquérière and Kirsten Noyes contributed research.

Ellen Barry is a reporter covering mental health for The Times.

Nicholas Nehamas is a Washington correspondent for The Times, focusing on the Trump administration and its efforts to transform the federal government.

Roni Caryn Rabin is a Times health reporter focused on maternal and child health, racial and economic disparities in health care, and the influence of money on medicine.

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: V.A. Workers See Chaos in Services For Mental Care

Terrorizing our fellow Americans

Russ Vought promised to traumatize Federal workers, and it's happening



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Don't say you weren't warned

2 310

Donald Trump, J.D. Vance, Elon Musk, and Project 2025 promised to do a lot of real terrible things. True to their word, they are implementing them all while the media watches and tries to make it normal, while Republicans cower in fear, and while Democratic leadership is waiting for his popularity to drop so they can really do so stuff, according to Chuck Schumer.

Sha

Our government is being dismantled. We can all see that.

What you might not see is worse. It's the inside terrorist campaign that is purposely and deliberately traumatizing the two million Americans that run our federal government—exactly as promised by the guy the Senate approved 53-47 as the Director of the Office of Management and Budget.



The terrorism campaign is playing out and you are hardly hearing anything about it because it all seems so benign. What is 'traumatizing' about having to work in an office instead of remote? What is the big deal about having to fill out a few forms of your employees performance? What kind of snowflakes can't fill out a little email w five bullets about what they accomplished last week?

Take it all individually and it all sounds so mild and unimportant. Take it as a concerted campaign to force employees to be afraid of writing something that AI w flag as fireable, evaluate people you consider friends knowing that if you fill the for out wrong they will get fired, or spend your days answering new taskings instead of actually doing your job.

Repeat that daily. Over and over. It adds up to trauma, fear, and incapacitation of humans and our entire government

That's what's happening.

What Feds are saying

To paint the picture for you myself, I reached out to friends that are working inside federal government. One is a supervisor in the mental health space of the Departme of Veterans Affairs. The other is a current Federal Bureau of Investigations agent.

Both are military veterans.

I want you to read this all. I have kept their identities anonymous to protect their safety and jobs.

The Veterans Affairs Supervisor

This week my friend who works in mental healthcare for veterans at a VA hospital given a tasking to review all of the people in their section and turn it in the next day

There are over sixty people under their department. I want you to see how insane the set of instructions is for yourself:

SPREADSHEET INSTRUCTIONS:

- a. The spreadsheets provided are populated HR Smart data to assist with your analysis your Filled and Vacant positions.
- b. VISN/Field/VHACO Program Offices are only being asked to complete E, F, G, AN, AO, AP, AQ, AW, and BK columns which are highlighted green (these cells remove the green when filled).
- c. Please complete your entries for every Filled and Vacant positions.
- d. Please fill this out to the best of your ability, we understand that the timeframe allowed to address this data call is impactful.
- e. Sections highlighted Grey should not be filled.
- f. Please do not change any data that is already filled out.

Cell Definitions/Instruction:

- Column E: Group Name from Org Chart
 - Description: Please provide the name of this office based on your signed organizational chart.
 - Excel Cell Format:
 - Open Text
- Column F: Mission
 - Description: Mission this position is aligned to at the Organizational (Office) Level.

- Please use one of the following Mission areas:
 - Deliver comprehensive medical and hospital services for the medical care and treatment of Veterans. (38 USC 7301)
 - Provide education and training programs for health care personnel to ensure an adequate supply of health personnel to the Nation. (38 USC 7302)
 - Conduct disease and disability research to enhance Veteran care and contribute to medical science. (38 USC 7303)
 - Improve the nation's preparedness for response to war, terrorism, national emergencies, and natural disasters. (38 USC 1785)
- Excel Cell Format:
 - Open Text, please use one of the 4 missions above.
- o Column G: Function
 - Description: Function of this position aligned to the mission.
 - Excel Cell Format:
 - Open Text, 1 sentence at most
- o Column AP: Position Special Skills, Competencies, a/o Institutional Knowledge
 - Description: Position Special Skills: Position special skills, competencies, a/o institutional knowledge to ensure career appointment hires are in the highest need areas.
 - Excel Cell Format:
 - Open Text, please do not provide more than 1 to 2 sentences to answer this data point.
- o Column AQ: Prioritized Skills, Comp, IK
 - Description: Priority: Related to skills, competencies, and/or institutional knowledge. Please prioritize them by High, Medium, Low need.
 - Excel Cell Format:
 - Choose between High, Medium, Low
- o Column AR: Streamline
 - Description: Streamline: Could the mission/function of this position be streamlined by eliminating, consolidating, expanding or should it be retained? (consolidating = absorption)
 - Excel Cell Format:
 - Open Text, 1 sentence at most
- Column AS: Outcomes (Negative Impact to Veterans)
 - Description: Veteran Impact: If position is eliminated, what (if any) are the direct negative impact(s) to Veterans? Additional justification can be included in part a data call.
 - Excel Cell Format:
 - Open Text, 1 sentence at most
- Column AT: Contract Impact
 - Description: Contract Impact: If position is eliminated, are there any contracts that would be negatively impacted?

Excel Cell Format:

- Choose between Yes and No
- Column AY: Negative Service Impact
 - Description: Negative Service Impact: IF Eliminated, what % of overall services, projects, or initiatives of the Office, related to this position, could be impacted (downgraded, delayed, or cancelled) effecting strategic goals?

2

- Excel Cell Format:
 - Open Text, 1 sentence at most
- Column BL: Reputation for Customers/Future Talent
 - Description: Reputation: How will a change to this position affect the reputation of the Business Line/Service Office for customers and perspective talent?
 - Excel Cell Format:
 - Choose one of the following options:
 - o Excellent
 - o Very Good
 - o Good
 - o Fair
 - o Poor
 - o Very Poor
 - o Detrimental
- Column BM: Impact Risk Rating
 - i. Description: Risk: Impact to Loss of Direct Services to Veterans:
 - 1. 5 Extreme: Mission Critical Loss
 - 2. 4 Major Loss
 - 3. 3 Significant Loss
 - 4. 2 Moderate Loss (Minimal or Marginal)
 - 5. 1 Minor Loss Negligible or None

Yes. 24-hours to complete this on over 60 people.

My anxiety it through the roof. If I don't get this right, people could lose their jo and vets lose vital services. Yet, I'm being given a day to justify 60+ positions.

It's 9am and I just want to cry. I can't do my job because I'm buried in the bullsh from this admin and the asshole Sec of the VA who gives zero fucks about vetera or VA employees.

My head is pounding.

I see on this list my colleagues, my friends, fellow veterans. Humans who choose make less, work more hours, and deal with more bureaucracy because they are committed to serving veterans. They do this work because they have a passion fc it. They want me to choose who on this list is less valuable, less critical. I can't. These people have families, lives. They deserve better than one line on a spreadsheet that will likely be reviewed by AI or some DoGE bro who has no ide what we do.

Nearly 300 MH (mental health) staff... reviewed line by line. Retain, eliminate, consolidate, expand. A few words to describe the impact of losing this position. Assign a % impact on the mission. What's the potential damage to the reputation the service line or org. What's the risk? It's so cold. It doesn't capture the work. I doesn't allow for innovation or creativity. It just feels like I'm being made to execute someone else's bad ideas so I will be the bad guy.

On top of that, they have an April 15th deadline to find office space for all of the mental health providers who have been hired over the last four years to work as telehealth therapists. They all have to be in VA facilities and there are not enough private offices for them, as privacy is critical in therapy sessions.

RTO. Returned to Office that means everyone who is currently teleworking has t return to the office by April 15.

So I am currently scrambling to find offices for mental health providers, which don't exist. This means we are going to have to cancel mental health appointmer for patients because I don't have offices to privately see veterans even by video.

The applies to any staff who is within 50 miles of a VA facility. Which is pretty much everyone. So if I have a staff who lives in Maine but works for *xxxxx* we ha to find them a place in Maine and they have to return to an office.

The implications for veteran care are extreme.

When Doug Collins, the Secretary of Veterans Affairs promises that there will be no disruption to veterans healthcare or benefits, you can be assured he is lying through his teeth. He knows exactly what he is doing.

This last note I received has stuck with me since I read it... "Does any of this matte

The FBI Agent

I have another fellow veteran friend who is an agent with the FBI. I asked what's gc on in the agency and how it's impacting their work. The response was lengthy, so I lightly edit it for you.

I want you to think about what you are reading here. This is our nation's top law enforcement agency. Legendary men and women. Multiple movies and television shows about their heroic efforts to defend our country and take down the worst criminals in the world.

This is what they are doing right now.

- Very limited trust in the current administration, especially following the fork email and dismissal of senior executives.

- Almost no guidance from FBIHQ, specifically the Director and Deputy Directo Director does not hold the daily update briefings from the various divisions. Thi compounds the stress level and many of us of us feel like we're just showing up f paycheck with no idea what direction the organization is heading.

- No official guidance from HQ on how to execute the immigration mission with DHS, so every field office is doing it differently, and in many cases, unsafely. For example, immigration units rely on administrative warrants to pick up undocumented individuals. We have no experience with those and therefore are extremely concerned regarding officer safety, as well as civil rights of subjects.

- Focus on DEIA removal has severely diminished public outreach, especially in civil rights realm. Regular contact with minority groups has dropped significant over confusion over DEIA messaging from HQ.

- LGBT employees have been cautioned about having books and other items in t workspace which could be construed as violating the administration's policy against DEIA. In addition, many members of the community have removed self identification of their sexuality from internal HR databases, as well as removing information regarding same-sex marriages and spouses from the same.

- The reduction in prioritization of civil rights and public corruption and replacement with less complex violent crimes and gangs has added to the frustration and distrust of the administration. There is mistrust and anger follow the pardoning of subjects like the J6ers, and alleged corrupt politicians such as E Adams and Brian Kelsey.

- The poor treatment of ASAC Elvis Chan for his role in communicating with Twitter leading up to and during the 2020 election was a huge blow to morale.

- DOJ's orders to pause investigations into oligarchies, violations of the Foreign Corrupt Practices Act and Foreign Extortion Prevention Act, along with dissolut of the Foreign Influence Task Force and DOJ Public Integrity Section, has led to legitimate concerns regarding the sanctity of future elections, specifically involv foreign malign influence from Russia and China.

Bottom line, many of us are scared when we come to work each day because we have no idea what to expect. We have received almost no guidance from our top leaders. The stress is palpable and whereas political discussions were very limite prior to this administration, they now have become common. Many of my peers myself included - are seeking therapy on a regular basis. There is very much an "us versus them" mentality, with "them" being the curren administration. We get more information from the news and social media than v do from HQ. Those of us on the J6 list constantly wait for the other shoe to drop and are extremely concerned for our safety, as well as our families in regards to doxxing and potential violence.

I don't trust the administration to not "accidentally" release the personal information to whomever. Basically, if there wasn't a "deep state" before, they've certainly done their damnedest to create one.

That's the most shocking thing I've read in a long time and almost no one is aware it or reporting on it.

If you have friends in the federal government, check on them, let them vent to you : share what they are going through.

If you are an elected representative...do your damn jobs. Do you want veterans to di-Do you want crimes to go unpunished? Was this your vision for a "golden age?"

When is enough, enough?

I think it's now. Get in the streets and let them know we are done waiting for our government to be destroyed.

Done.

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You can open one for free as well.

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1 reply



Andrew Hazlett Mar 22 Edited

Why do you suppose Vought feels such visceral malice toward federal workers? For what is he se revenge? Seems like it is personal for him, not just business. Sure, there are old conservative stereotypes of federal workers as shiftless or meddling, but those don't seem to justify Vought's tooth sadism. What's his beef?

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SHOTS - HEALTH NEWS

Trump's back-to-office order will hurt veterans, VA docs and therapists say

MARCH 25, 2025 · 8:04 AM ET

By Katia Riddle

3-Minute Listen

PLAYLIST TRANSCRIPT



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Telehealth has become common in recent years among medical professionals – especially for mental health therapists – and the VA <u>hired many clinicians</u> on a remote basis. The practice allowed the VA to expand its reach of mental health services into rural areas.

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SHOTS - HEALTH NEWS Trump's policies are destabilizing mental health care for veterans, sources say

Now, many say, leadership at the VA has described a working arrangement in which they will still be doing telehealth from open spaces in VA facilities. The VA leaders describe the proposed arrangement like a call center.

"What we've heard is that there's not even enough room for each person to come in one day a week, let alone five," says H, a mental health clinician who asked to be identified only by her initial, for fear of losing her job. "We've been told they're cleaning out closets, they're looking into purchasing headsets."



Veterans' marches to protest Trump's policies took place in state capitols across the country on March 14. This one is in Indianapolis. (Photo by Jeremy Hogan/SOPA Images/LightRocket via Getty Images) Jeremy Hogan/SOPA Images/LightRocket via Getty Images

H and other mental health providers interviewed for this story say they don't see a way – even with the best headsets available – to provide patient privacy while practicing telehealth from an open space.

In an email response, VA spokesperson Peter Kasperowicz called privacy concerns "nonsensical."

"VA is no longer a place where the status quo for employees is to simply phone it in from home," Kasperowicz writes.



NATIONAL A VA rescue

A VA rescue effort saved 15,000 veterans' homes. Some in Congress want to scrap it

A federal law <u>known as HIPAA</u>, which stands for the Health Insurance Portability and Accountability Act, protects patient privacy, and clinicians say meeting it is the minimum they need to see from the VA. "People need to know that they have privacy and confidentiality, both from a HIPAA standpoint, but in order to do high quality psychotherapy work, both parties need to be fully concentrated and not worried about censoring themselves," says H.

It is not only mental health clinicians who have concerns.

"There's a lot of talk about sexual health," says Paige, a physician at the VA, who asked to be identified by her middle name, for fear of being fired. Paige says there are many different kinds of clinicians throughout the department who regularly need to have delicate conversations with patients.

"Those are not things that any of us wanna talk about, with another person nearby," she says.

Kayla Williams, a senior policy advisor for an organization called VoteVets, says this policy change is not in line with the historic ethos of the agency to take good care of veterans.

"Unfortunately, the emphasis in this current moment does not seem to be on providing that highest quality care, but figuring out ways to cut the size of the department," Williams says.

The VA has cut hundreds of probationary positions – <u>then reversed some</u> <u>decisions</u> – while VA Secretary Doug Collins forecasted <u>tens of thousands more</u> additional jobs would be eliminated. Williams says that between the job cuts and the back-to-office order, VA workers are dispirited.



POLITICS

Pentagon restores webpages of Black veterans, Navajo Code Talkers and others after outcry

"I hear from someone almost every day who tells me that they and their colleagues are crying," says Williams.

VA spokesperson Kasperowicz said in his email response that the organization would make space accommodations in order to ensure veterans' access to care would remain uninterrupted and HIPAA compliant.

Veterans are disproportionately likely to <u>die by suicide</u>, compared to the rest of the population. The VA increased mental health staff by more than 50 percent in recent years, in response to the recognition of a growing need. But <u>data show</u> the estimated wait for a mental health care appointment can still be as long as 45 days.



VA Medical Centers and other health facilities exist across the country, and telehealth has expanded the VA's reach even more. This is the Tibor Rubin Veteran Affairs Medical Center in Long Beach, California pictured in 2019. Scott Varley/MediaNews Group/Torrance Daily Breeze via Getty Images

Clinicians say the VA's reassurances are little comfort. Some worry they could lose their medical license for providing care in these conditions. They also wonder, if this boundary was crossed, what would be the next one.

H, the mental health professional, says she is concerned the change will lead to more loss of staff — and ultimately compromised care — for veterans. She says she is worried her colleagues will "simply will leave the VA," she says, "because that's not a workable solution."

Have information you want to share about the ongoing changes across the federal government? Katia Riddle is available through encrypted communications on Signal at Katia.75

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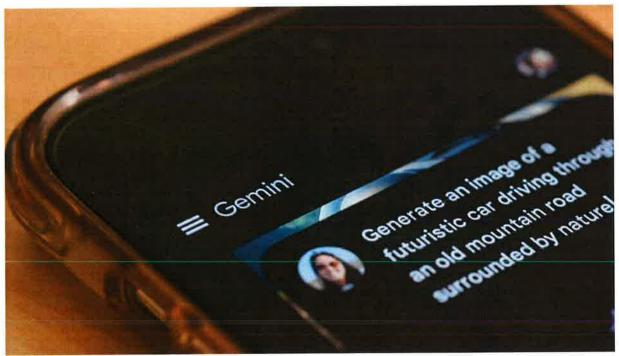
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Cutting veterans' suicide prevention in the name of efficiency is a fatal mistake

BY RUSSELL B. LEMLE, OPINION CONTRIBUTOR - 03/25/25 8:30 AM ET



(AP Photo/David Goldman)

Barbie Rohde holds a photo of her son, Army Sgt. Cody Bowman, at her home Sunday, June 11, 2023, in Flint, Texas. Rohde runs the most active chapter of a nonprofit called Mission 22, focused on ending the scourge of military and veteran suicide. Three-quarters of those who take their own lives use guns. One of them was her 25-year-old son.

Earlier this month, in alignment with directives from President Trump's Department of Government Efficiency, Secretary Doug Collins announced his intention to eliminate over 70,000 positions from the Department of Veterans Affairs. For emphasis, he pointedly added, "So get used to it."

Collins quickly signaled what he plans to cut. During a speech for the American Legion, he criticized the billions spent on suicide prevention efforts, noting that the yearly veteran suicide number — roughly 6,500 — has barely changed. In a follow-up interview, Collins repeated his indictment of VA suicide prevention, and declared that the "programs and operations have serious vulnerabilities for fraud, waste and abuse."

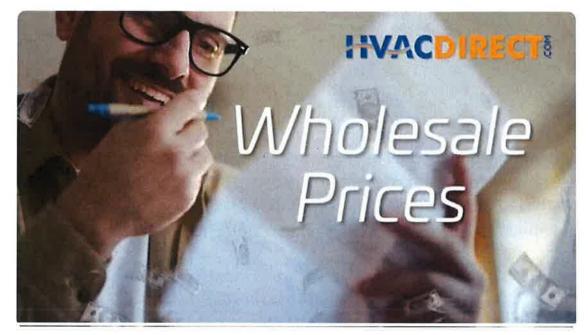


Collins has a willing partner in Rep. Mike Bost (R-III.), chairman of the House Veterans Affairs Committee. In a recent blistering letter to the VA, Bost wrote, "It is unfathomable that the mental health budget has increased by billions of dollars each fiscal year, yet the suicide rate, tragically, has not budged."

Bost's and Collins's framing of these topline statistics flagrantly disregards how VA's suicide prevention efforts have effectively and efficiently produced life-saving advances.

by 2 percent.

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Even accounting for the shrinkage in the veteran population, the VA fared better in addressing suicide risk than the general healthcare system did for civilians.

What about their contentions of overfunding and waste? The Veterans Crisis Line accounts for more than half of the VA's suicide prevention expenses. Since the 24-hour line launched in 2007, staffing has expanded exponentially to meet growing demand. The Crisis Line has initiated more than 351,000 emergency dispatches — 100 per day — each one a potentially life-saving rescue intervention. It has connected over 1.6 million veterans to local VA "suicide prevention coordinators" for follow-up care. The Crisis Line annually handles more than a million calls, texts and chats, with an average wait time of nine seconds.

Most significantly, the last two years have seen a 25 percent reduction in suicide deaths among those who had contacted the Veterans Crisis Line in the last month. How could slashing personnel and slowing these urgent responses possibly be wise?

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The remainder of the budget provides for suicide prevention coordinators at each of the VA's 170 medical centers, who provide enhanced care for veterans identified as at high risk for suicide. They collaborate with VA providers to monitor suicide risk screening, mental health appointments, follow-ups after missed appointments, safety planning and medical record flagging.

The need for suicide prevention coordinators has grown substantially over the last 17 years, paralleling the doubling of veterans seeking VA mental health care. Their careful attention to veterans using VA services is one plausible explanation for why <u>suicide rates for veterans</u> receiving only VA care are 50 percent lower than for those who exclusively use the government's community care program. As the Congressional Research Service has <u>noted</u>, "Outside the VA, the use of suicide prevention coordinators has not been widely adopted."

Does Collins want to purge the suicide prevention coordinator system that supports veterans during their most vulnerable moments?

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With 73 percent of veteran suicides involving firearms, the VA adopted Trump's 2020 roadmap for veteran suicide prevention with a focus on <u>"lethal means safety.</u>" The VA

The VA also runs national social media campaigns, distributes lockboxes, consults with firearm retailers and range owners and staffs suicide prevention booths and trainings at major industry events, including the National Shooting Sports Foundation's annual SHOT Show, Business Expo and Leadership Summit. Should these critical priorities be jettisoned, too?

The VA's leveraging of predictive analytics to identify and provide enhanced care to veterans at highest risk for suicide is better than analogous programs. This cutting-edge approach allows the VA to proactively assist susceptible veterans before crises occur — including many without recent suicidal thoughts. Veterans in this program are less likely to discontinue mental health treatment (thereby reducing long-term risk), and have fewer mental health admissions, emergency department visits and suicide attempts.

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The VA further leads in suicide prevention innovation through its Mission Daybreak grand challenge, which engages thousands of veterans, researchers, technologists, advocates, clinicians and health experts to develop forward-thinking solutions for preventing veteran suicide. Should the VA stop innovating?

Two comprehensive analyses extolled the VA's suicide prevention framework as more robust and methodologically sound than any other. The VA has successfully developed, integrated and standardized multi-level, evidence-based prevention protocols across its entire system — a significant achievement that other healthcare organizations and government agencies have failed to replicate. The VA's approach demonstrates superior

If Collins wants to identify an aspect of veteran suicide prevention with <u>questionable</u> <u>returns</u>, he might consider the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant program for community-based agencies. This program adds \$53 million yearly to the budget and has shown no demonstrable impact on reducing suicide risk factors. Yet, paradoxically, this is precisely the aspect of the VA's program that Collins and Bost seem inclined to expand.

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By any measure, the VA's suicide prevention efforts represent an effective and economical use of taxpayer money, especially given the escalating demand for mental health care and crisis services. Its funding should be increased, not shredded.

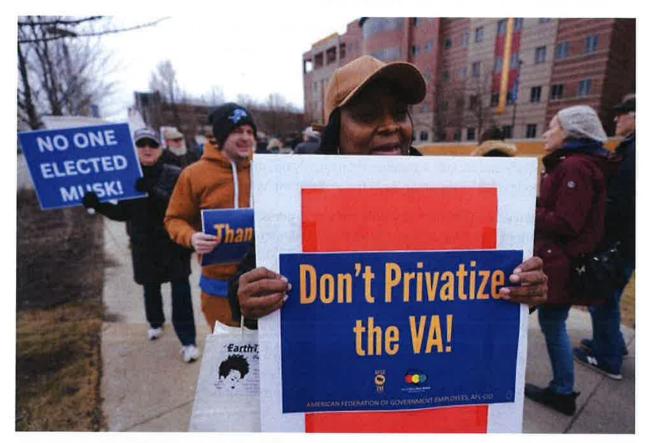
But should the VA suicide prevention budget fall victim to Collins's chainsaw, he should be prepared to answer grieving families and buddies who will ask whether the cost-cutting was worth the lives lost.

Russell B. Lemle, Ph.D. is a senior policy analyst at the Veterans Healthcare Policy Institute.

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Veterans Fear Trump Administration Plans to Privatize VA Health Care



Protesters walk outside the John D. Dingell Veterans Affairs Medical Center in Detroit, Friday, Feb. 28, 2025. (AP Photo/Paul Sancya)

Military.com | By Jerry Wu

Published March 25, 2025 at 10:42am ET

Over six decades, Mark Foreman has turned to the <u>Department of Veterans Affairs</u> to recover from the consequences of a bullet wound to the hip sustained fighting as a Marine in Vietnam. It took endlessly long, infectious days for him to get out of deep, cavernous mountains after getting shot, three weeks straight of surgeries in Japan, and years of medical care to try to move on from his wound.

Foreman was only 20 when he suffered the injury that would end his military career, and he was discharged after two years of service in 1968. Ever since, the VA has been providing the medical care he needs, as well as helping with the cost of art school that led to a career as a teacher.

"The VA was very supportive of that," said Foreman, who later taught art for 20 years in Milwaukee's public schools. "They knew that it would help me psychologically, emotionally."

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But Foreman is worried. A seismic shift is potentially underway in the way the VA provides medical care and support, accelerated during the first administration of President Donald Trump and potentially ready to expand over the next four years.

"There were so many psychological and physical emotional wounds, and now they've got departments to cover all of it," Foreman said. "But I feel very confident that that's all going to be taken away."

Veterans are increasingly getting care from private medical providers, who are then paid by the VA. It's an effort to create a parallel privatized care system, known by the phrase "community care," that is set to expand further as Congress looks to make it easier for veterans to skip VA facilities.

Before 2014, the Veterans Health Administration mostly operated in government facilities. That system was overloaded at times, such as in the wake of the Vietnam War.

"When I first started working at the VA, it was not a first-class health care system," said Bruce Carruthers, a Vietnam War veteran and a retired VA administrator living in North Carolina. "But later, significant changes started to be made; it became a much more modern health care system."

Between 1995 to 2005, the VA catapulted from 2.5 million to 5.3 million patients, according to the National Library of Medicine. The VA also transformed into a training ground for thousands of health care providers, Carruthers said.

As its patient load grew, so did the stress on the VA, as more and more veterans from the Global War on Terrorism began funneling into the system. Wait times skyrocketed, and old facilities, like the Walter Reed Army Medical Center, faced scandals tied to dilapidated conditions and patient neglect.

That helped lead to the 2014 Choice Act that started the VA on the path toward offering care outside of its own facilities, and was greatly expanded by the VA Mission Act signed by Trump in 2018 that created the community care network.

Today, the demand for private care is rapidly eating into the VA's budget. In fiscal 2023, roughly 40% of all veterans' health care appointments were handled by doctors outside of government facilities, but still funded by taxpayer money, according to VA officials. The agency now serves roughly 9 million patients.

"In the first Trump presidency, we've seen an increasingly larger percentage of our direct care budget spent on outsourced private care," said Mark Smith, an occupational therapist at a VA hospital in San Francisco.

But Smith said the redirection of funds perpetuated the VA's shortfalls, when lawmakers should focus the department's full energy on caring for veterans.

"What happens is the public pays for both," Smith added. "We pay for the public services that we provide at the VA, and then we also pay for the outside care. ... Pretty soon, you don't have the money to maintain your facilities, to keep your staff, to keep the lights on."

The contrast between VA capacity and private care could get much starker if Trump administration plans for VA cuts come to pass. A surge in demand after the passage of the <u>PACT Act</u> made more veterans eligible for VA health care was already stressing the system.

Months before Trump took office, the VA requested a \$369.3 billion budget for fiscal 2025, a 9.8% increase from the previous year. That included funding for the agency's health care and benefits branches and the Toxic Exposures Fund, which covers benefits for service members affected by toxic exposures.

But Trump and his top campaign contributor Elon Musk, who has taken on a role seeking to prevent the federal government from spending money approved by Congress and slashing jobs, are looking at shrinking the size of the VA. Most of Musk's efforts are currently tied up in litigation as judges weigh the legality of ignoring civil service protections and rejecting previously signed law directing spending.

A memo released in March indicated that the Department of Veterans Affairs was planning a <u>reorganization</u> that would include cutting more than 80,000 jobs. VA Secretary Doug Collins promised that the layoffs would not impact veterans' care or benefits, though outside observers are skeptical of those claims.

"The average person, of course, doesn't understand it," said Jeff Roy, a U.S. <u>Marine Corps</u> veteran of the Vietnam War. "The veterans, when they're listening, when they're watching these actions and the consequences, they're starting to perk up."

Roy, 76, decided to seek VA care for the first time almost a decade ago in his 60s. After he was discharged from the military, he joined a group calling for the end of the Vietnam War. To him, that also meant boycotting the VA.

He started seeking the VA when he discovered from clinical tests his prostate was showing signs of cancer.

Prostate cancer has been linked to Agent Orange, and the VA presumes that the diagnosis in a veteran is connected to their service and therefore makes them eligible for care.

The VA's own specialized knowledge and services from working with veterans likely made diagnosing his health issues easier, according to Roy. With the VA covering all his treatment,

a hospital in Minnesota, where Roy lives, then performed a lifesaving prostatectomy on him.

He's skeptical that privatized care would have led to such a positive outcome.

"They talk about honoring veterans, supporting veterans and caring about veterans. The incredible term for all of that is that it's a clash of reality," Roy said.

In January, Republican leaders on the Senate and House Veterans' Affairs Committees introduced a bill called the Veterans' Access Act, early drafts of which appeared to make it easier for veterans to access private care without consideration of wait times or VA facility proximity.

A specific section of the bill would direct a three-year pilot program to allow enrolled veterans to access private mental health treatment and substance use services through the community care

network. The program would not require a referral or preauthorization from VA doctors, essentially bypassing the VA, experts said.

"It is changing the VA primarily into an insurance carrier," said Russell Lemle, a senior policy advisor for the Veterans Healthcare Policy Institute, a nonpartisan think tank focused on veterans' health care and benefits.

A spokesperson from the House Veterans Affairs Committee denied that claim and instead said the provision is intended "to allow veterans to access residential rehabilitation treatment programs closer to their homes when VA is either too far away, or not available at all, to bridge the gap that exists in mental health care and rehab access."

Project 2025, a conservative think tank's blueprint for governance that Trump has closely followed since taking office, proposed to completely privatize VA care in the long term, Lemle said.

Carruthers, the former VA administrator, received gallbladder surgery and prostate treatment from the VA because of his years serving in Vietnam. For him, efforts by the Trump administration to cut VA care count as a direct rebuke to veterans.

"To me, 'Thank you for your service' is a meaningless trope if they're not going to support that," he said.

Editor's Note: This story has been updated to correct the area of Bruce Carruthers residence.

-- Jerry Wu covers national security and veterans' affairs in Washington, D.C., for Medill on the Hill. The San Diego native is a sophomore at Northwestern University studying journalism and international studies.

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DOGE

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An office manager at a VA center in Wyoming, where the veteran suicide rate is 50% higher than the national average, was fired last month despite a glowing job review.

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March 25, 2025, 6:09 PM EDT

By Laura Strickler, Stephanie Gosk and Lily Becker

CHEYENNE, Wyo. - For years, a small office suite tucked into a nondescript strip mall has provided a lifeline for veterans with mental health issues. It's one of hundreds of tiny centers across the United States designed to act as a refuge for veterans in crisis.

But last month, the office manager, a Marine veteran with a glowing performance review, was fired as part of sweeping cuts across the Department of Veterans Affairs.

The manager, Carla Nelson, was the person who greeted every veteran at the front door. She was the one whose voice they heard when they called in seeking help.

Her termination and the potential for wider cuts have caused concern in the veteran community in Wyoming. Since the terrorist attacks of Sept. 11, 2001, more than 140,000 vets have lost their lives to suicide nationwide, according to the VA, vastly more than the roughly 7,000 U.S. service members who died in the wars in Afghanistan and Iraq. And the veteran suicide rate in Wyoming is 50% higher than the national average, according to the latest VA data.

"We lose too many," said Justin Tripp, a Navy veteran who is now the Wyoming state commander for the VFW.

The issue is personal for Tripp. He said a good friend whom he had served alongside died by suicide recently.

"That transition to civilian life – that's where we lose a lot of people to suicide." Tripp added. "They don't have a good transition. They're not getting help for their mental illness."



Roughly 40,000 veterans reside in Wyoming. They and others who live in rural areas tend to have lower incomes than their urban counterparts, and they often struggle to make it to appointments that can be hours away. They also rely on VA services more than those living in urban areas, according to VA data.

The system that serves these veterans is now bracing for much more significant cuts.

Last week, VA departments went through staff, line by line, identifying who was "mission critical" and who could be fired as part of a plan for 80,000 layoffs, according to two current VA sources.

"The real pain is coming," said one VA official who spoke on the condition of anonymity out of fear of retaliation. "If we can't provide the care in these rural communities, there isn't another option, especially for mental health."

In an interview with NBC News, Nelson, the fired office manager, said veterans came from all over the state and beyond to get help for post-traumatic stress disorder and other serious mental health issues.

"We deal with crisis situations," Nelson said. "Some traveled up to an hour to get there, and even some came from Nebraska."

Unlike a VA hospital, small centers like the one where Nelson worked offer an informal setting where veterans can walk in for help. She had been working there since May 2024.

"As a veteran herself, she listens with empathy," read her October 2024 performance review, according to a copy obtained by NBC News. "She is the first person our clients come into contact with."

Her manager also wrote that her customer service with veterans was "always exceptional."

Nelson was at work Feb. 24 when she received an email informing her that she was terminated. "Nobody was pre-warned about any of this," Nelson said. "Nobody knew."

A federal judge has ordered probationary employees like Nelson to be reinstated, but for many the situation remains unclear.

VA press secretary Pete Kasperowicz did not respond to specific questions about Nelson's status.

"VA is complying with the U.S. District Court for the District of Maryland's March 13 temporary restraining order and the U.S. District Court for the Northern District of California's March 13 preliminary injunction related to probationary employees," he said in a statement. "We cannot comment further due to pending litigation."

VA Secretary Doug Collins has sought to reassure those who are worried about how the cuts will impact veterans directly. "We're going to accomplish this without making cuts to healthcare or benefits to veterans and VA beneficiaries," he said in a YouTube post March 5.

Tripp, of the VFW, said he agrees that the VA could benefit from some streamlining. But he believes that terminating someone like Nelson will have consequences for veterans in need of help.

"I would be concerned with positions that are front-line positions that touch veterans every day,:" he said. "I'd want to make sure that somebody's at the front door so if a veteran walked in in a crisis, they would be there to help."

Others in Cheyenne said they were concerned about impending cuts but feared that speaking publicly would make them a target, especially because 70% of the state voted for Donald Trump.

One VA employee, who lives in a Western state and spoke anonymously out of fear of retaliation, said the loss of support staff will impact clinical care because fewer appointments will be made.

While the VA has made great strides in improving telehealth services to assist rural veterans, some are still unable to access them, advocates say.

Chauncey Parker, who runs Great Plains Veterans Service Center in northern Montana, uses a federal grant to pay a network of veterans who drive fellow vets to appointments. He said the VA's expansion into telehealth has helped significantly, but some vets don't have access.

"Some of them don't have the connectivity in the first place," Parker said, "so that in-person visit with their health care provider is about all they have."

If you or someone you know is in crisis, call 988 to reach the Suicide and Crisis Lifeline. You can also call the network, previously known as the National Suicide Prevention Lifeline, at 800-273-8255, text HOME to 741741 or visit SpeakingOfSuicide.com/resources for additional resources.

Laura Strickler and Stephane Gosk reported from Cheyenne and Lily Becker from Washington, D.C.

Laura Strickler

Laura Strickler is a senior investigative producer and reporter for NBC News. She is based in Washington.



Stephanie Gosk

Stephanie Gosk is an NBC News correspondent based in New York City. She contributes to "Nightly News with Lester Holt," "TODAY" and MSNBC.

Lily Becker Lily Becker is an NBC News intern based in Washington, D.C. 4/30/25, 8:59 AM

STARS STRIPES.

VETERANS

Medical staff shortages impeding VA mental health care, advocates tell lawmakers

By LINDA F. HERSEY STARS AND STRIPES • March 25, 2025



Psychiatrists registered with the Department of Veterans Affairs to provide care in the community often encounter payment delays and scheduling problems, causing them to leave the VA system, according to a former VA clinician now in private practice. (Stars and Stripes)

WASHINGTON — Chronic medical staffing shortages at the Department of Veterans Affairs make it difficult for the most ill patients with mental health conditions to see psychiatrists in a timely manner, according to a former VA clinician now in private practice.

In addition, psychiatrists registered with the VA to provide care in the community often encounter payment delays and scheduling problems, causing them to leave the VA system, said Shankar Yalamanchili, a former VA psychiatrist who now directs River Region Psychiatry Associates, a privately run multistate practice.

Yalamanchili delivered the message to lawmakers Tuesday at a House Veterans' Affairs Committee subpanel on health hearing. He said VA hospitals need the ability to contract directly with private physician groups to fill vacancies so veterans are not underserved or forced to wait months for care.

The Veterans Health Administration is facing medical staffing shortages, according to a VA Office of Inspector General report that found severe personnel shortages in fiscal 2024 impacting clinical and non-clinical jobs. Shortages span nurses, primary care doctors and psychiatrists, among other roles.

Missy Jarrott — mother of Navy veteran Landon Holcomb — told lawmakers that the VA repeatedly canceled and delayed her son's appointments to see a psychiatrist for mood-

stabilizing drugs to treat his depression.

"The system completely failed him," she said.

Holcomb, 39, died from a drug overdose in 2024, after his requests for psychiatric care were denied and then delayed, Jarrott said.

"All Landon asked for was a mental health appointment for medicine management. He raised his hand over and over," she said.

Rep. Mariannette Miller-Meeks, R-Iowa, the subpanel chairwoman, said she does not believe spending more to provide care at the Veterans Health Administration is the answer. In fiscal 2024, Congress provided \$121 billion in funding for health services for veterans.

But a severe shortage of doctors was reported by 86% of VA hospitals and clinics in 2024. Though the VA hired more than 300 psychiatrists since 2023, the agency has faced chronic shortages for psychiatrists for several years, reflecting a national shortage. Fewer medical students choose psychiatry as their specialty, according to the American Association of Medical Colleges.

Approximately 40% of veterans require mental health services every year, said Yalamanchili, who urged lawmakers to be more "proactive" in addressing the VA's shortages of medical staff by considering alternative solutions that include hiring doctor groups to fill gaps in care.

Yalamanchili offered insights about shortages and delays in the delivery of care to veterans with psychiatric illnesses. He said private clinicians who register with the VA to accept veterans as patients get frustrated by frequent problems in receiving timely reimbursements for the care that they provide. The VA schedules appointments that veterans have with private clinicians in the community.

Yalamanchili described a "lack of coordination" by the VA that results in appointment cancellations and delays for follow-up visits.

"Private doctors are frustrated and leave the network," he said.

But Rep. Julia Brownley, D-Calif., said "here is a serious lack of oversight" of private doctors in the community, compared with clinicians at the VA.

"We must find a balance between community and VA care," she said.

Michael Urban, an Army veteran and clinical social worker, said he began taking prescribed painkillers after he was injured in an accident during a jump as a paratrooper in the 82nd Airborne Division.

Urban was medically discharged and had to undergo multiple surgeries for his injury. He was placed on a regimen of opioids to dull the pain — "a path all too familiar to many veterans," he said.

In 2004, he began receiving medical care at the Philadelphia VA Medical Center. But Urban said there were long delays for addiction treatment and mental health care.

"I've experienced the challenges of accessing care in the system," he said.

Though there are shorter waits for health care since passage of the Mission Act, which enabled veterans to see community-based clinicians, he said there are sometimes bureaucratic delays in accessing community care.

But Maria Llorente, acting VA undersecretary for the health office of integrated veterans care, said the availability of residential addiction treatment for veterans has grown, as the VA now sends veterans to care in the community when beds at a VA hospital are not available.

Brownley said residential treatment is more costly at private programs, running to \$6,000 per day.

Jarrott said her son was booked at Charleston VA Health Care in South Carolina in May 2024 to see a psychiatrist six months after he originally sought mental health care and medication management for his depression.

But Holcomb died from fentanyl poisoning before his scheduled visit, she said. Her son's drug abuse was an attempt to "numb the pain" from mental health problems connected to military service, Jarrott said.

"He was experiencing anxiety, insomnia, restlessness and mood swings. Landon knew that he needed a mood stabilizer," she said. "Help did not come soon enough."



LINDA F. HERSEY

Linda F. Hersey is a veterans reporter based in Washington, D.C. She previously covered the Navy and Marine Corps at Inside Washington Publishers. She also was a government reporter at the Fairbanks Daily News-Miner in Alaska, where she reported on the military, economy and congressional delegation.

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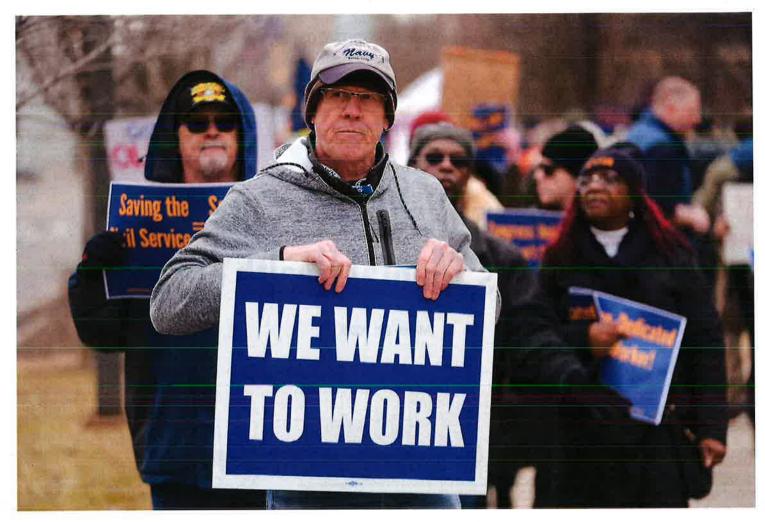
LETTERS

'A Gross Dishonor': Cuts to Veterans' Mental Health Care

March 27, 2025

More from our inbox:

- Losses in Nature
- A.I. and Humans



A demonstration outside a V.A. medical center in Detroit last month. Paul Sancya/Associated Press

To the Editor:

Re "V.A. Workers See Chaos in Services for Mental Care" (front page, March 24):

I am a Vietnam veteran. I served with the First Cavalry Division as a sanitary inspector and shoe-leather epidemiologist. I spent more than 1,000 hours flying to bases between Saigon and the Cambodian border. We carried the wounded and dead on stretchers to aid stations or graves registration. After returning home in 1971, I went back to school and buried the war.

In 1990, Operation Desert Shield opened up a can of trauma for me and many vets. I could not accept that I, who had not carried a gun, was traumatized by my service. Over the next 30 years I went to family therapy, couples therapy and individual therapy. But it was only after Covid that I signed up for health care at Veterans Affairs. The trauma therapy there exceeded any I had done before. I believe all the V.A. health services today are nonpareil.

About 6 percent of the nation's population are veterans, and surveys have found that more than half of Americans have a close relative who has served in the military. Yet I do not hear or see my senators nor, with some exceptions, my representatives, objecting publicly and loudly to what President Trump and his appointees are doing to our veterans' services. If they want to be re-elected, they should get some backbone and speak out for the V.A. and all veterans.

This is not a political issue but one affecting the health of the nation. Their deafening silence is a gross dishonor. Let's put some substance behind "thank you for your service."

James C. Wright Gladwyne, Pa.

To the Editor:

The suicide rate among veterans is staggering — more than double that of the civilian population. How, then, can a Republican administration that pins gun violence on the inaccessibility of mental health care justify what's happening at Veterans Affairs facilities around the country?

With DOGE cutting jobs and driving clinical professionals to quit by fundamentally altering their positions, what's happening is unconscionable. And more lives will be lost as a result.

President Trump should not get to express support for our military and then turn around and pull the rug out from under them. Our veterans — and the mental health work force that treats so many of them — deserve much better.

Sign up for the Opinion Today newsletter Get expert analysis of the news and a guide to the big ideas shaping the world every weekday morning. <u>Get it sent to your inbox.</u>

Thomas E. Templeton Latham, N.Y. The writer is a licensed mental health counselor.

To the Editor

The Trump administration's order that Veterans Affairs mental health professionals conduct therapy calls in an open-floor office violates the privacy interests of their patients, and reflects a similar mistake of the Reagan administration's opening policy, which it was forced to reverse.

President Ronald Reagan's first official act after his inauguration in 1981 was to impose a hiring freeze. David Stockman, the director of the Office of Management and Budget, declared the freeze necessary to "control immediately the size and cost of government." Appropriated funds for hiring mental health professionals for Vietnam veteran counseling centers established by Congress were not to be spent. The authority Mr. Stockman relied on to halt the expenditure was the Impoundment Control Act of 1974.

Representative David Bonior, chair of the Vietnam Veterans in Congress Caucus, who sued Mr. Stockman in federal court, was joined by other lawmakers in claiming such funds were not subject to impoundment.

Mr. Stockman, who avoided the draft during the Vietnam War because he was a divinity student, ultimately agreed to the release of funds, thereby securing dismissal of the lawsuit. President Trump, who avoided the draft during the Vietnam War because of alleged bone spurs, should likewise rescind his actions harming emotionally troubled veterans.

Joseph C. Zengerle

Bethesda, Md.

The writer, a disabled Vietnam veteran, was counsel to Mr. Bonior and other plaintiffs in the lawsuit against Mr. Stockman.

To the Editor

I was drafted into the Army in 1967, a 19-year-old boy from Brooklyn, as green as they come. I grew up really fast the next year when I was deployed to Vietnam, and in each and every letter I sent home to my family, I put this on the outside of the envelope in large capital letters: I.A.C.W.B. ("It's a cruel world, baby.")

Though I became cynical in how I viewed the war effort, I made it back in one piece, and I consider myself to this day to be a very lucky man.

What President Trump and Elon Musk are doing to the veterans is an abomination. Mr. Trump has made it clear that he views people risking their lives serving the nation in the military as losers. And now, in a miserable attempt to trim wasteful government fat, he is putting veterans at even greater risk.

I'm all for eliminating government waste, but why target Veterans Affairs? How about turning your trimming knife to the Pentagon and the bloated defense budget, which grows every year?

If I want to lose weight, I can do it one of two ways: I can limit eating fattening foods and cut calories so that the weight comes off without putting my health at risk.

Or I can cut off my legs.

Len DiSesa Dresher, Pa.

Losses in Nature

Dima Kashtalyan

To the Editor:

Re "What the Dodo Tells Us, 300 Years After Its Extinction," by Renée Bergland (Opinion guest essay, nytimes.com, March 9):

Dr. Bergland rightly notes that extinction is nothing new. But as the chief scientist at the World Wildlife Fund, I am disturbed by the current rate of nature loss. Monitored wildlife populations have declined on average by 73 percent in less than 50 years. Life on earth hasn't seen losses this steep since the dinosaurs. Unlike the dinosaurs, however, we have the power to stop and even reverse much of the damage.

Our planet is barreling toward negative tipping points that, if crossed, will have dire consequences for not just nature, but for people as well. That may sound alarmist to some, but the health of even a single species population can have surprising ripple effects and could be the trigger for a more expansive tipping point.

Take the sea otter. As a predator, it keeps ecosystems in balance. When fur traders nearly wiped the species out in the 18th century, sea urchins overwhelmed the kelp forests it called home, hurting fish stocks and reducing coastal protection from storms.

But the sea otter's saga didn't end there. Conservation efforts sparked a remarkable recovery, boosting ecotourism and local economies. In this way, the sea otter is just one of many examples of how thriving communities and a healthy natural world go hand in hand. We flourish, or falter, together.

Rebecca Shaw San Francisco

A.I. and Humans

To the Editor:

Re "A.I. Will Soon Be Smarter Than Humans. Let's Discuss," by Kevin Roose (The Shift column, Sunday Business, March 16):

I would like to point out that despite all the current fear-mongering, artificial intelligence is not a threat to human beings.

A.I. is an incredible tool when used properly. Its main value is in its predictive abilities. It can sift through huge amounts of data and discern patterns that the human brain, as predisposed to pattern-seeking as it is, cannot.

But A.I. cannot replace human thought. It can never write a work of literature. Yes, it can emulate past authors, but it can do so only in predictive ways. Or random ways.

What it cannot do is create the unexpected. That is something only a gifted author can do. And by "unexpected" I do not mean random. I mean the precise turn of events that creates the most surprise in the reader's mind, and also the sense that what happened was, in fact, precisely what should have been expected.

Only a human mind can do that. So rest assured: A.I. will not replace us.

David Frank DeLuca Palm Bay, Fla.

A version of this article appears in print on , Section A, Page 25 of the New York edition with the headline: Threats to Veterans' Mental Health Care

She Devoted Her Life to Serving the U.S. Then DOGE Targeted Her.

A veteran who returned from Iraq injured and transformed, Joy Marver is now facing a crisis at home.



By Eli Saslow Photographs by Erin Schaff Published March 30, 2025 Updated April 2, 2025

It had been six days since Joy Marver was locked out of her office at the U.S. Department of Veterans Affairs, five days since she checked herself into a hospital for emergency psychiatric care, and two days since she sent a letter to her supervisors: "Please, I'm so confused. Can you help me understand?"

Now, she followed her wife into the storage room of their house outside Minneapolis, searching for answers no one would give her. A half-dozen bins held the remnants of 22 years spent in service to the U.S. government — first as a sergeant first class in Iraq, then as a disabled veteran and finally as a V.A. support specialist in logistics. She had devoted her career to a system that had always made sense to her, but now nobody seemed to know whether she had officially been laid off, or for how long, or why.

"Are you sure you never got an email?" asked her wife, Miki Jo Carlson, 49.

"How would I know?" asked Marver, 45. "They deleted my account."

"Maybe it's because you were still probationary?"

"My boss said I was exempt," Marver said. "I was supposed to be essential."

In the last few months, more than 30,000 people across the country were fired by President Trump's new initiative called the Department of Government Efficiency, a historic reduction of the federal work force that has been all the more disruptive because of its chaotic execution. Entire agency divisions have been cut without explanation or mistakenly fired and then rehired, resulting in several lawsuits and mass confusion among civil workers. After a court ruled last week that many of the firings were illegal, the government began reinstating workers, even as the Trump administration appealed the decision and promised more layoffs.

The V.A. alone said it planned to cut about 80,000 more jobs this year — including tens of thousands of veterans — and for Marver the shock of losing her job was eclipsed by the disorientation of being repeatedly dismissed and belittled by the government she served. She had watched on TV as Trump's billionaire adviser Elon Musk took the stage at a political conference wielding a chain saw to the beat of rock music, slicing apart the air with what he called the "chain saw for bureaucracy." She had listened to Trump's aides and allies deride federal employees for being "lazy," "parasitic," "unaccountable" and "essentially wasting" taxpayer money in their "fake jobs."

In Marver's case, that job had meant helping to retrain soldiers for the civilian work force and coordinating veteran burials while earning a salary of \$53,000 a year.

"Here's the note I got a little while after I was hired," Marver told Carlson, pulling a form letter from the government. "You represent the best of who we are as Americans," it read. "You could have chosen to do anything with your talents, but you chose public service."

"Kind of boilerplate, but it's nice," Carlson said.

"I would be OK right now with boring and predictable," Marver said, as she tucked the letter back into a file.



Marver served two tours in Iraq.

She dug through the bins, pulling out military awards for "exceptional achievement" and "tactical proficiency," and pushing aside a large steel hunk of a rocket. It had exploded on her base in Iraq during an attack in 2020, leaving her with a concussion, damaged eyesight and a traumatic brain injury. She'd come home flattened, depressed and ill-equipped to hold a corporate job, but working alongside other veterans at the V.A. had done more to restore her sense of purpose than any of the five medications she was prescribed for post-traumatic stress disorder, panic attacks and anxiety.

She reached into another bin and pulled out an employee of the month certificate and then her last performance evaluation, from October. She read the reviews out loud to Carlson, looking for clues that might hint at a reason for her dismissal. "Joy puts the mission first — team player, responsible, continually displays professionalism. She is a great employee."

She scanned down to her performance rating and saw that her boss had not circled "satisfactory," or "fully successful," or even "excellent," but had instead chosen "outstanding!" — the best possible result.

"I did everything they wanted me to do," Marver said. She flipped over the sheet and read it again, searching for some hidden flaw.

"You're not going to find anything that makes it add up," Carlson said. "This was never about you."

But Marver kept digging through the paperwork, already knowing what came next: a "Fork in the Road" email from Musk offering mass buyouts, a sample letter of resignation provided to all federal employees, and another email demanding that Marver and her colleagues send a list of five things they had accomplished that week. Some of her co-workers had refused to answer in protest, but Marver believed in following orders. She wrote that the Minneapolis V.A. was requiring its remote employees to return to the office, and that she was responsible for preparing the building. She was reviewing floor plans, moving hundreds of chairs and assembling desks in the hallway. Then, on Feb. 14, the first wave of her coworkers had been fired, and she was in charge of collecting their badges. Her managers had reassured her that her job was safe. She was vital to the mission, they said.

She kept digging in the box until she found a few family photographs that she had taken off her desk that last morning, after she couldn't log into her computer. A confused supervisor had suggested she grab her personal items before leaving the building, just in case. Marver had gone back to her truck and texted Carlson, already plagued by the question that had consumed her ever since. "What just happened?" Marver asked. "It's like being erased out of thin air."



With her wife, Miki Jo Carlson. Marver received a Meritorious Service Medal from the National Guard.

She kept American flags all over the house — raised above the front porch, framed on her bedroom wall, draped over the gun safe and tattooed on her right bicep underneath the word "Loyalty." She had just turned 21 when she enlisted in the National Guard a few months after Sept. 11, 2001, and she had served under Republicans and Democrats for two decades without paying much attention to politics. Her job was to follow orders wherever they led — driving a Humvee that exploded when it hit a roadside bomb in Iraq, scrambling underneath her bed during rocket attacks, defending herself and others with a riot shield in downtown Minneapolis during the violent protests in the aftermath of George Floyd's murder. Her military career spanned three active-duty tours and more than 800 days in war zones, and each year she was graded by her superiors based on a list of Army tenets she understood to be reciprocal: Loyalty. Duty. Respect. Honor. Integrity.

Her final tour had been the most damaging, when she was stationed at Camp Taji outside Baghdad in March 2020 during a series of incoming rocket attacks that killed several soldiers. One day, she heard more than 30 explosions on the base and started running through clouds of black smoke and into a bunker just as a rocket landed nearby. She felt the shock waves rip through her, clouding her vision and rattling her rib cage. She checked her arms, her shoulders, her legs. Her body remained intact. She stumbled into the middle of the bunker and told her soldiers she was fine, but then she started vomiting, blacking out and slurring her words. A few hours later, she was diagnosed with a concussion and a traumatic brain injury, and doctors had been taking measure of her wounds ever since. She was rated 10 percent disabled for eyesight, 10 percent for hearing loss, 20 percent for back pain, 30 percent for persistent migraines and 70 percent for depression, PTSD, insomnia, anxiety and memory loss.

"I think I'm going to have another panic attack," she said one day, about a week after her firing from the V.A. It was almost 2 p.m., and she was still in her pajamas.

"Have you taken your medicine yet?" Carlson asked.

"I've been trying not to," Marver said.

"Take it," Carlson said. "Kick up the dose. Rockets."

It was the word they used as shorthand for all the accommodations Marver's new life required after she returned from Iraq. Her chronic fatigue and recurring nightmares? Rockets. Her sudden avoidance of crowds? Rockets. They had moved out of a noisy apartment building in downtown Minneapolis and into a suburb south of the city. They bought a house with soundproof walls, a canoe and a view of a lake, but Marver still jolted awake and paced the bedroom at night.



A piece of the rocket from the explosion in Iraq that caused Marver's traumatic brain injury.

Carlson felt as if she were married to a new person, so she had started keeping a handwritten list of all the ways in which Marver was diminished by her last tour. "Memory before Iraq: Great, meticulous." After: "Forgets appointments, leaves lights on, misses entire strips when mowing the grass."

"Personality before Iraq: Does funny dances and makes up silly songs — great social skills." After: "Sense of humor gone and very introverted. Avoids big crowds or new places. She lost her spark. The difference is night and day."

Are you a federal worker? We want to hear from you.

The Times would like to hear about your experience as a federal worker under the second Trump administration. We may reach out about your submission, but we will not publish any part of your response without contacting you first.

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"Relationship before Iraq: Happy/normal." After: "No intimacy. I am now more of a caretaker than a wife."

Only in the last week had Carlson begun to wonder whether all that caretaking was sustainable on her own. She worked six days a week as a bartender, while Marver found both confidence and community in her job at the V.A. Marver worked alongside other veterans who understood her wounds and forgave her occasional memory lapses. Now she was home alone for much of the day. She mostly stayed in bed, ate microwaved meals and watched the news on TV to see what Trump and Musk were planning next.

Marver wasn't opposed to thoughtful government cuts. During her time in the military, she had complained about the hundreds of billions of dollars spent on new weapons and aircraft that never panned out. She had managed her own tight supply budget of \$21 million on her base in Iraq and won praise in her annual reviews for fiscal responsibility and loss prevention.

"There are smart ways to go about this," she told Carlson. "There's plenty to cut. They don't have to go in with a firing squad."

"This isn't helping you," Carlson said. She grabbed the remote and turned off the TV. "You need to eat. Go outside. Get some air. Go for a walk."

"I can't keep piecing myself back together," Marver said.

"Rockets," Carlson said. "We need to ask for some help."



Carlson sometimes felt that Marver was a different person since coming home from Iraq. But working with other veterans helped restore Marver's sense of purpose.

The next afternoon, they drove out of the suburbs and back into Minneapolis to see, Marver's psychiatrist at the V.A. The hospital was across the street from the administrative building where Marver used to work, and she pulled up to her old entry gate and tried to look inside. "It's a black box," she said. She was still waiting for an email from human resources with an official reason for her firing. She had tried to ask her co-workers, but some said they were afraid to talk to her over the phone. They worried that their calls were being monitored or that they could be disciplined for sharing information or offering their support.

"I'm getting the same panicky feeling I had that morning," Marver said.

"Relax," Carlson said. "Breathe."

"I couldn't control any of my thoughts," Marver said. She pulled back onto the road, but now her mind was stuck inside the confusion of that last morning at work, when she was locked out of her computer as her colleagues began arriving for work. Her manager said that there had been a mistake, and that he would sort it out. She waited at her desk until another manager came back and said he was sorry, but her name no longer existed in the system. He asked for her badge and walked her outside. She sat in the cab of her truck in the parking lot, staring at the wheel. She didn't want to go home. She was tired of disappointing Carlson with bad news — tired of being the problem. She started the engine and drove out of the parking lot. She stopped at a traffic light that led onto a bridge.

She knew a half-dozen veterans who had died by suicide, including two of her closest friends in Iraq, and she sat at the red light and considered it for the first time. If she proceeded onto the bridge, if she swung the wheel to the right, if she pressed down on the accelerator and drove over the guardrail. The light turned green. Her hands were shaking. She didn't move. Someone honked from behind, and for a moment it jarred her back. She drove straight over the bridge, parked at the V.A. hospital and followed signs to the psychiatry department.

Now she was arriving there again, for a follow-up appointment. She held Carlson's hand in the waiting room until a psychiatrist came to greet them.

"You might have saved my life that day," Marver told her psychiatrist. "I felt this voice telling me: 'Do it. Just get it over with.' It came on so fast. It scared the shit out of me."

"I'm so glad you had the courage to get help," she told Marver. "How are you doing now?"

"I'm stable, but it's dark," Marver said. "I can't turn off the news. Nothing that's happening makes sense. They keep getting rid of things without even knowing what they're cutting."



During Marver's last deployment in Iraq, Carlson carried a G.I. Jane action figure with her everywhere.

She said she was worried about layoffs affecting the doctors she relied on at the V.A.: the specialist who treated her T.B.I., the neurologist who managed her migraines, the therapist with whom she relived the rocket attacks, and the psychiatrist who rushed out of a meeting to see Marver as soon as she crossed the bridge, consoling and hugging her until she finally stopped shaking.

The V.A. had been scrambling to hire psychiatrists for years to make up for what it called a "severe staffing shortage" as veteran suicide rates rose to epidemic levels. Each V.A. psychiatrist was already responsible for 500 patients, and lately those

patients had begun reporting increased rates of anxiety and stress because many of them were also employed by the federal government.

"Nobody wants to serve this country more than veterans," Marver said. "It's personal for us."

"That's why I love working here," her doctor said.

"I need a purpose," Marver said. "I still want some way to serve."

"Then keep looking."



The interior of the Department of Veterans Affairs hospital, near the V.A. building where Marver worked. Watching the news with her cat, Jinx.

She changed back into her pajamas. She took medication for a migraine. She went back to bed and slept through the afternoon, until Carlson came home from work. "Rockets," Carlson said. "You can't stay like this forever. Get up. Get mad. Get back in the fight."

A former colleague had invited Marver to speak at a town hall in southern Minnesota alongside a few other fired federal workers, and at the last minute, Marver agreed to go. She waited in line for her five-minute slot and then stared out at the crowd of about 100 people, trying to find the right words. "Sorry," she said into the microphone. "This is hard for me." She hadn't spoken in public since she left the military. She scanned the audience for Carlson, who raised her fist in support. "OK," Marver said. "Let's try this." She told the story of her firing, the ensuing confusion and her crisis at the hospital. "Is this how we treat our veterans?" she asked.

The audience clapped as Marver handed the microphone to the next speaker, but on the ride home she could still feel the adrenaline and anger rising into her chest. She stopped on the front porch and reached up for the flag. She smoothed out the fabric and rehung it upside down.

"You're sure about that?" Carlson asked.

"Until this country starts making sense again," Marver said.

The tattoo on Marver's lower right arm reads "Loyalty."

She kept watching the news and checking her email for a reasonable explanation, but every update only left her more confused. More than a week after she was fired, Marver received a "Termination Letter" from human resources: "Your performance has not met the burden to demonstrate further employment," it read.

She received another message a week later: "The V.A. is rescinding the termination," it read. "You will be on administrative leave. You are not to return to duty at this time."

And then, 24 days after she was fired, she got another email with a subject line marked urgent: "Return to Duty Instructions." The message told her to report back to work Monday morning.

"Are you kidding me?" Marver said. She searched for more information online and saw that a federal judge had ordered the government to rehire some probationary employees, ruling that their mass firing was based on "sham" reasoning. The Trump administration had agreed to comply with the order even as it filed an appeal and asked for emergency relief from the Supreme Court.

"Who knows what they'll tell me tomorrow," Marver said, when she showed the email to Carlson.

"Why even go back there again?" Carlson asked.

"Because I can keep helping veterans," Marver said.

She lay awake for most of the night and then got into her car Monday morning. She drove back over the bridge and parked in front of her building. One of her supervisors met her outside and said she would need to spend most of the day "reorienting." The government had to give her back pay for the last 24 days, a new ID badge, new passwords and a new computer monitor.

"All in the name of government efficiency," Marver said.

"Does it feel like déjà vu?" one of her co-workers asked, as he handed her a new ID.

Marver looked at her picture and thought for a moment about the roller coaster of the last month. She had always prided herself on following orders — on adhering to the rules of a system. But now the system was being dismantled, and the orders no longer made sense.

"Actually, no," she said. "This time feels different."

Erin Schaff contributed reporting.

Audio produced by Tally Abecassis.

A correction was made on April 2, 2025: An earlier version of this article misstated which employees were included in staffing cuts of probationary employees at the Veterans Administration. No psychiatrists were among those cut.

When we learn of a mistake, we acknowledge it with a correction. If you spot an error, please let us know at nytnews@nytimes.com. Learn more

Eli Saslow writes in-depth stories about the impact of major national issues on people's lives.

Erin Schaff is a photojournalist for The Times, covering stories across the country.

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: Devoted to Serving Her Country, Discarded by Her Government

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THE SPOKESMAN-REVIEW

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They were fired in the name of efficiency based on 'a lie.' Now the VA is paying them not to work

March 23, 2025 | Updated Fri., March 28, 2025 at 2:42 p.m.



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By Orion Donovan Smith (*) orionds@spokesman.com (202) 853-2524

NORTH CHICAGO, Ill. – The night before Valentine's Day, Ricky Noschese and his wife Laurie left their jobs at a military and veterans hospital and stopped to pick up a heart-shaped chocolate cake to share with their three kids, a family tradition.

As he waited in the car, Noschese's phone lit up with one of the alerts he had set up 10 months earlier, when he started supervising a team of technicians in charge of keeping equipment running at Lovell Federal Health Care Center. In less than a year on the job, he had identified more than \$10 million in cost savings and had a long list of ideas to improve operations and complete long-delayed projects.

But when Noschese checked his phone, it wasn't about a problem with the ventilation systems, fire alarms, elevators or emergency generators that he monitored even when he was away from Lovell, which is run jointly by the Defense Department and the Department of Veterans Affairs, his employer.

"This is to provide notification that the Agency is removing you from federal service," the email began. "The Agency finds, based on your performance, that you have not demonstrated that your further employment at the Agency would be in the public interest. For this reason, the Agency informs you that the Agency is removing you from your position with the Agency and the federal civil service effective February 13, 2025."

Puzzled by the generic wording of the email, which was sent by the VA's chief of human resources, Noschese wasn't sure it was real. But when he and Laurie got to work the next morning – he in the hospital's HVAC shop, she as chief of its multiple pharmacies – his boss looked defeated and confirmed that what the email said was true.

Noschese is one of more than 24,000 federal workers, including nearly 1,700 at the VA, who were fired in February after President Donald Trump put billionaire entrepreneur Elon Musk in charge of cutting spending and shrinking the federal workforce as head of the Department of Government Efficiency, or DOGE. This new entity swiftly commandeered the Office of Personnel Management, which functions as the government's HR department, and set about terminating "probationary" workers whose relatively short tenures made them easier to fire.

In Washington state, the VA fired 12 people in Spokane, 14 in the Puget Sound area and six in Walla Walla, according to an internal email obtained by The Spokesman-Review.

In North Chicago, 18 people were fired, according to Lovell employees. Many had received exemplary performance reviews, but they all got the same email saying that, "based on your performance," their work was not "in the public interest."

On March 13, federal judges in California and Maryland ordered the government to immediately rehire the terminated employees. The Trump administration has filed appeals in both cases, but on Monday the VA began notifying its fired workers that they would be placed on administrative leave for an unspecified time, receiving pay but not allowed to work until further notice.

"It is a sad, sad day when our government would fire some good employee and say it was based on performance when they know good and well that's a lie," U.S. District Court Judge William Alsup said in a hearing in San Francisco in February, after unions sued the government over the mass termination.

In a court filing on Tuesday, the VA said all of its fired probationary employees had been reinstated but acknowledged it didn't have contact information for all of them. Emails notifying the affected workers that their termination had been rescinded were sent to addresses to which they no longer had access.

When the news reached them, several of the employees said they still felt apprehensive because they could still be subject to a forthcoming "<u>reduction in force</u>" announced by VA Secretary Doug Collins on March 4 that aims to eliminate at least 70,000 positions.

In response to questions from The Spokesman-Review, VA Press Secretary Pete Kasperowicz said only that the department "is complying with the court's March 13 temporary restraining order" and "cannot comment further due to pending litigation."

Ricky Noschese, an electronic industrial controls mechanic supervisor at the Lovell Federal Health Care Center in North Chicago, Ill., was placed on administrative leave on March 17 after he was terminated along with other probationary employees in February. (Orion Donovan Smith/The Spokesman-Review)

Ricky Noschese, an electronic industrial controls mechanic supervisor at the Lovell Federal Health Care Center in North Chicago, III., was placed on administrative leave on March 17 after he was terminated along with other probationary employees in February. (Orion Donovan Smith/The Spokesman-Review)

With the support of his boss, Noschese wrote a detailed, four-page document to justify his employment. He described how he had helped save taxpayers more than \$10 million by using his nearly two decades of experience as an HVAC technician to identify efficiencies and find a cost-effective way to extend the life of the air handling units that circulate air through the 43-building, 1.5 million-square-foot campus. Lovell <u>serves 90,000 patients each year</u>, including veterans, active-duty service members and their dependents, along with the nearly 50,000 recruits who pass through the Navy's only boot camp each year at the adjacent Naval Station Great Lakes.

"Removal of this position, especially the supervisor, will leave the facility at a dangerous deficit," Noschese wrote in the justification memo, noting that half of the positions in his job series already were vacant.

In performance reviews he provided to The Spokesman-Review, Noschese scored "exceptional" in every category, and he received a year-end bonus for "outstanding" performance. Asked about the savings Noschese said he identified, spokespeople at Lovell did not contest his claim and provided the same statement from the VA's national press secretary.

As the head of a 12-person team responsible for ensuring clean water, fire safety and other essentials required to maintain the hospital's accreditation, Noschese and his bosses hoped he would be exempted from the mass firing. But after they sent the justification memo up the chain, they got a curt response: The document was too long. He should sum up his position in no more than three sentences.

Noschese was told that a member of hospital leadership did that, but it made no difference. He had to turn over his badge and go home.

"I'd never loved a job this much," Noschese said in an interview on Monday, before learning that his firing had been put on hold. "Everything that I did, from the moment I stepped into that position to the moment I was forced out."

Noschese said he was drawn to the VA's mission after his wife started working there during pharmacy school. The high school sweethearts grew up on the northern edge of Chicago and got married after she graduated from the University of Illinois, while he learned the HVAC trade.

"The fact that the organization that I had dedicated my entire career to, nearly 15 years at this point, was the same organization that hurt the person I love, that was a really hard thing to swallow," said Laurie Noschese, who had the additional burden of having to reassure the 160 people she supervises that "everything is going to be OK" while they knew her family was one of the first ones affected by the firings.

Ricky Noschese was looking forward to bringing back an apprenticeship program to get veterans into good jobs and replace employees who are nearing retirement. He also thought, he recalled with a rueful laugh, that a government job would be stable.

Having to fill a vacant position is costly and hurts productivity, he said, and firing workers en masse under a false pretense is not only "completely and utterly wrong" but also inefficient.

"You talk about waste," he said. "That's where the waste really, truly comes from."

'It doesn't matter how good I am at my job'

Eleven days after Noschese was fired, Future Zhou sat at her desk at the Seattle VA Medical Center. She felt uneasy.

She had just replied to <u>an email</u> sent by the DOGE-controlled Office of Personnel Management that asked federal workers to justify their jobs with the prompt, "What did you do last week?" In a post on X, the social media platform he owns, Musk warned that "Failure to respond will be taken as a resignation."

Looking for the camaraderie and "battle buddy mentality" she missed from her 11 years in the Army, Zhou left a job at Boeing and started working at the VA in July 2024 as an inventory management specialist. After VA leaders told employees to respond to the email, Zhou explained how she used her supply-chain expertise from the military to make sure the hospital had all the supplies needed to serve the roughly 160,000 veterans enrolled for VA care across Western Washington.

When a coworker called to tell Zhou that another member of her team had been fired, she checked her email and thought she was in the clear. Then the message appeared in her inbox: Because of supposedly inadequate performance, she had been terminated.

Future Zhou, photographed Thursday in Seattle, was an inventory manager for the VA Hospital there when she was fired by the Trump administration. Zhou is currently in the process of getting her job back. (Kevin Clark/Seattle Times)

Future Zhou, photographed Thursday in Seattle, was an inventory manager for the VA Hospital there when she was fired by the Trump administration. Zhou is currently in the process of getting her job back. (Kevin Clark/Seattle Times)

Of the entire logistics team responsible for keeping the Seattle hospital running, Zhou said in an interview, only the warehouse material handlers had been exempted from the mass firings. She had seen clinics cancel procedures because of delays in getting critical supplies and couldn't believe that VA leaders would make the situation worse by removing relatively low-paid staff in the name of cost savings.

"If we get rid of our supply techs and our logisticians that are ordering these supplies, who's running the hospital?" she said. "You can have all the doctors in the world, but if your doctor doesn't have the tools that they need to take care of you, they cannot take care of you."

Zhou said her team in Seattle already was shorthanded, with half of its eight positions filled, and was authorized to hire two more inventory management specialists before she was fired.

"It's not like they got rid of my position," she said. "They just got rid of me, but the position was still in critical need."

Zhou said that by firing some of the VA's newest hires while pushing older employees to retire early – partly through the "Fork in the Road" email, in which Musk's team essentially offered workers a buyout – the department may not effectively train its next generation of workers. The mass termination, she said, also "left a lot of bad blood" among new employees.

"I'm not as confident coming back into my position," she said. "It doesn't matter how good I am at my job or how hard I work. There's no trust there. There's no loyalty. The federal government doesn't seem to have our back."

Russ Vought, Trump's director of the Office of Management and Budget and a lead author of the policy blueprint known as Project 2025, said in a private speech last year that his goal was to put federal employees "in trauma," as <u>reported</u> by ProPublica and Documented.

"We want the bureaucrats to be traumatically affected," Vought said. "When they wake up in the morning, we want them to not want to go to work because they are increasingly viewed as the villains."

Michael Cecil, a professor at Gonzaga University School of Law, said that while Trump himself may not choose to fire an HVAC expert or a supply-chain specialist, their termination is the downstream effect of his administration's sweeping effort to root out what the president calls a "deep state" of government employees who may get in the way of his agenda.

"The administration is painting with an incredibly broad brush on matters of regulatory policy and federal employees," Cecil said. "That's the real-world implication of pursuing a political agenda in a very broad-stroked way. It impacts people in communities all across the country." Elon Musk on stage with a chainsaw gifted to him by President Javier Milei of Argentina, right, during the 2025 Conservative Political Action Conference in National Harbor, Md., on Thursday, Feb. 20, 2025. Musk's embrace of the global right delighted the CPAC attendees, who welcomed him as one of their own even though it wasn't so long ago that he was a Democrat warning the world about climate change. (Eric Lee/New York Times)

Elon Musk on stage with a chainsaw gifted to him by President Javier Milei of Argentina, right, during the 2025 Conservative Political Action Conference in National Harbor, Md., on Thursday, Feb. 20, 2025. Musk's embrace of the global right delighted the CPAC attendees, who welcomed him as one of their own even though it wasn't so long ago that he was a Democrat warning the world about climate change. (Eric Lee/New York Times)

Jessica Riedl, an economic policy expert at the Manhattan Institute, said DOGE is engaged in "spending-cut theater" that will have a negligible effect on the nation's budget deficit. By cutting staff at the Internal Revenue Service charged with cracking down on tax evasion, she said, DOGE could actually increase deficits by reducing revenue.

"What DOGE has done has been extraordinarily disruptive to the agencies and people affected," said Riedl, a senior fellow at the conservative think tank and former Republican aide in the Senate. "But the savings are essentially budget dust, in terms of our deficits."

As of Thursday, DOGE claimed to have saved \$115 billion, but its "wall of receipts" contains numerous miscalculations and other errors, as <u>reported</u> by the New York Times and other news outlets. Riedl said its actual savings may be as low as \$2 billion. By comparison, Musk has lost \$122 billion of his personal wealth so far this year, according to the <u>Bloomberg Billionaires Index</u>, largely due to the plunging stock price of Tesla, the automaker he leads.

Despite Trump saying in his March 4 address to Congress that the Department of Government Efficiency is "headed by" Musk, the White House has said he doesn't make decisions for DOGE, which isn't technically a federal department.

'Like a family'After Megan-Richelle Cole gave birth to her son in June, she returned to work at Lovell as an inventory management specialist in the pharmacy department, where she managed the supply of medications and ensured that patients didn't receive recalled or expired drugs.

The Army veteran moved back home to the northeast corner of Illinois after she had to leave a similar job at the VA hospital in Charleston, South Carolina, when her doctor's recommendation that she work remotely during her pregnancy conflicted with the hospital's in-person work policy. Although she began working at Lovell in 2010, Cole was considered a probationary employee after returning to work in September.

When she was fired Feb. 24, Cole was in the final stages of buying a house. She suddenly had no income. To make matters worse, the VA didn't provide her with a form required to file for unemployment benefits, and she had to withdraw from the home purchase.

"Everything was going smoothly, like it was supposed to," she said, until the sudden termination left her feeling humiliated and lost. "Nobody knew anything. It was just heartbreaking."

> Megan-Richelle Cole, an inventory management specialist at the Lovell Federal Health Care Center in North Chicago, Illinois, was placed on administrative leave on March 17 after she was terminated along with other probationary employees in February. (Orion Donovan Smith/The Spokesman-Review)

> Megan-Richelle Cole, an inventory management specialist at the Lovell Federal Health Care Center in North Chicago, Illinois, was placed on administrative leave on March 17 after she was terminated along with other probationary employees in February. (Orion Donovan Smith/The Spokesman-Review)

Cole's supervisors tried to preserve her job, to no avail. They pointed out that reimbursements that she processed from recalled and expired drugs resulted in more than \$775,000 in savings in fiscal year 2024, she said. While her co-workers and bosses in North Chicago were supportive, she said being fired left her feeling "very small" as she walked to her car in disbelief.

Like many VA employees, Colc is a disabled veteran. She sustained a traumatic brain injury, hearing loss and damage to her spine in a car crash when she was stationed in Germany, she said. She wanted to work at the VA both to help her fellow disabled veterans and because she feels more comfortable there, "like a family."

Another disabled veteran fired in North Chicago, Neal Chapman, was looking forward to spending the rest of his career at the VA after nine years in the Army. He was fired seven months after he started working as a carpenter at Lovell.

When he tried to check his email that morning, he found his access already had been terminated, leaving him unable even to read the notification that he had been fired.

Chapman took a pay cut to work at the VA, he said, but he "just wanted to be more involved" and the chance to be around his fellow veterans was invaluable. Two tours in Afghanistan left him with post-traumatic stress disorder and he appreciated not having to explain himself to his coworkers.

"I looked forward to serving the veterans and getting back into it in any way possible," he said. "But then they just kind of dropped the ball on me from out of nowhere."

'Just let me work'

Adam Mulvey just wants to do his job.

After 20 years in the Army – with deployments in Kosovo, Afghanistan and Iraq – he retired at Joint Base Lewis-McChord in 2019. He started working for Washington state's Emergency Management Division, serving as chief of logistics during the COVID-19 pandemic and several major wildfires before his family decided to move to Illinois to be closer to his wife's parents.

Mulvey knew Lovell would be a good place for his family to get their health care, since it serves not only veterans but also the dependents of military retirees, and he was surprised to learn that there was an opening for an emergency manager. After talking with contacts at the American Lake VA near Tacoma, he thought working for the department "sounded like a really good family."

He started the job in March 2024, 11 months before he learned that emergency management jobs were not exempt from the mass termination. He was fired Feb. 13.

Trump administration officials have suggested that the mass termination of probationary employees targeted people who didn't want to work. Speaking to reporters at the White House on March 4, Trump adviser Alina Habba pushed back on criticism of firing veterans, who make up about 30% of the federal workforce.

"We care about veterans tremendously," Habba said. "But at the same time, we have taxpayer dollars – we have a fiscal responsibility to use taxpayer dollars to pay people that actually work. That doesn't mean that we forget our veterans by any means. We are going to care for them in the right way, but perhaps they're not fit to have a job at this moment, or not willing to come to work."

Mulvey said he has enjoyed spending more time with his kids, but after a few days he wanted to be back to work.

"It's painful to not be working and doing that job on a daily basis," he said, adding that he wants his children to see him standing up for all the VA employees who lost their jobs. "They were far too young. In a few years, they won't remember that I wore a uniform, but now they'll see that I'm standing up for a community. I'm standing up for something."

> Adam Mulvey, an emergency manager at the Lovell Federal Health Care Center in North Chicago, Illinois, was placed on administrative leave on March 17 after he was terminated along with other probationary employees in February. (Orion Donovan Smith/The Spokesman-Review)

Adam Mulvey, an emergency manager at the Lovell Federal Health Care Center in North Chicago, Illinois, was placed on administrative leave on March 17 after he was terminated along with other probationary employees in February. (Orion Donovan Smith/The Spokesman-Review)

Raphael Garcia mustered out of the Army in April 2024. Spending more than seven years as a combat engineer had taken a toll on his body, and having to wait for the VA to process his disability claim before he could get the health care he needed inspired him to speed up that process for other veterans.

He took a job at the SeaTac office of the Veterans Benefits Administration, the part of the VA that processes claims. He worked to streamline the determination of disability ratings for soldiers who were going through a physical evaluation board to be medically separated from service.

After he was fired, Garcia said, employees from other divisions had to cover his workload, slowing down claims processing for other veterans. When he heard on Tuesday that he would be placed on administrative leave – paid but not allowed to work – he said, "That makes no sense at all. Just let me work. My division is drowning. Let me work."

On Thursday, when he finally received the email notifying him that his firing had been rescinded, Garcia said he felt "a bit uneasy still with all of the uncertainty," and worried that he could be fired again as part of the reduction in force.

"I honestly just want to work again so I can help my division out," he said. "Co-workers and managers keep asking when I'll be back."

'The federal government does not exist to employ people'

In a court filing on Tuesday in response to a federal judge in Maryland, a VA official suggested that the affected employees would remain on administrative leave until the court cases are resolved, because "reinstatement of removed employees to full duty status

would impose substantial burdens on VA, cause significant confusion, and cause turmoil for the terminated employees," especially if an appeals court reverses a district court ruling.

Lisa Marshall Manheim, a professor at the University of Washington School of Law, said the court orders may prompt the Trump administration to revise its approach to firing federal workers. Similar to the government's multiple attempts to ban travelers from Muslim-majority countries from entering the United States during Trump's first term, she said, the administration could rescind its mass termination of probationary employees while looking for a more legally defensible way to accomplish its goal.

While the administration appears to be complying with the court orders, Trump and his allies have escalated attacks against federal judges over the past week. On Tuesday, the president called for a judge who ruled against him to be impeached, drawing a rare rebuke from Chief Justice John Roberts. Musk, in posts on X, has called judges "evil" and claimed that the judiciary branch's blocking of a president's executive orders amounts to "tyranny."

David Super, a professor at Georgetown Law School, said that although there are legal ways to reduce the federal workforce, the Trump administration so far hasn't pursued that path.

"There is a planning process required for RIFs," he said, using shorthand for reductions in force. "If they have, in fact, gone through that and they have found that there are some positions they don't need, then they are in compliance. But my suspicion, because they keep using very large, very round numbers, is that it's the numbers that are driving the process rather than what they actually need. And if that's true, then they're not complying with the law."

Super pointed out that Congress has appropriated enough funds for the VA to support its existing workforce through the end of September. If the Trump administration refuses to use those funds to pay VA employees, that could constitute an illegal "impoundment" and draw a separate legal challenge.

"This administration seems very determined not to comply with federal personnel laws," he said. "And there will likely be further questionable actions and further injunctions before it all gets sorted out."

Meanwhile, the VA is moving ahead with a plan to fire far more employees than it did in February. In a March 4 video message, Secretary Collins said he intends to reduce the workforce to 2019 levels, before Congress passed a major expansion of VA benefits for veterans exposed to burn pits and other sources of toxins.

That would require more than 70,000 layoffs, based on the numbers Collins provided, slashing the workforce by 15% and laying off nearly half of the workers the VA has categorized as nonessential.

"We regret anyone who loses their job," the secretary said. "But the federal government does not exist to employ people. It exists to serve people."

Orion Donovan Smith's work is funded in part by members of the Spokane community via the <u>Community Journalism and Civic</u> <u>Engagement Fund</u>. This story can be republished by other organizations for free under a Creative Commons license. For more information on this, please contact <u>our newspaper's managing editor</u>.

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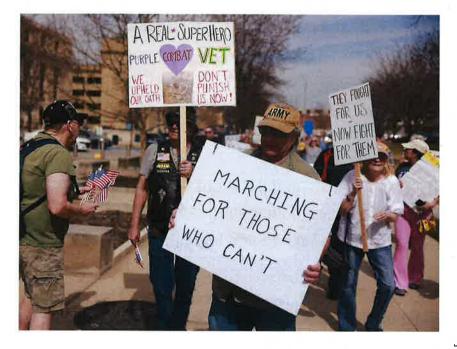
Active Person

'I cannot guarantee complete confidentiality,' VA therapists ordered to tell veterans



By Katia Riddle

Published April 11, 2025 at 4:58 PM EDT



Jeremy Hogan/SOPA Images / LightRocket Via Getty Images

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Veterans gathered in Indianapolis and in places across the country on March 14 to protest the Trump administration's staff and budget cuts to the Department of Veterans Affairs.

Panic, fear, uncertainty, and anger.

Those are the emotions mental health clinicians who work for the US Department of Veterans Affairs describe as they prepare for the VA's mandatory return-to-office directive. Some are being summoned to offices as soon as Monday, April 14. Representatives from the VA say they are planning to have the back-to-office effort completed by May 5.

For this story, NPR interviewed ten clinicians in VA locations around the country, theajcrity & durbane because they were afraid of losir



delays for reporting to an office.

In a memo obtained by NPR, regional leadership at one VA facility offered a script for its therapists to read to patients. "Before we begin our session, I want to inform you that I am currently in a shared office space," reads the script. "While I will do my utmost to maintain your privacy, I cannot guarantee complete confidentiality."

These directives come after the VA indicated it would cut about 80,000 staff in a massive restructuring effort. A widely circulated leaked memo, first obtained by the Associated Press, outlines the effort. In a video addressing the cuts, VA Secretary Doug Collins suggested the agency would eliminate waste and that the "the days of kicking the can down the road are over." He offered reassurance that VA benefits would not be impacted and that the VA "regrets anyone who loses their job."

Telehealth hires

Many VA therapists were hired on a telehealth basis and point out that there simply is not space for them to work at VA facilities. They are anticipating confusion and congestion around issues such as parking, bathroom use and adequate kitchen facilities to reheat their lunches.

But the primary concern for therapists is whether they will be able to deliver quality care to their patients in an environment without confidentiality.

In emails and meetings, VA managers described to VA mental health staff "pod" working environments, where clinicians work with headphones in a call-center like configuration to provide telehealth. In one recording obtained by NPR, a manager in a teleconference meeting acknowledged that it was inevitable therapy sessions would be overheard and exhorted people not to share any confidential information.

Supervisors working from "a shower"

"We won't be able to provide private sessions," says one licensed clinical social worker, who asked to be identified by a middle initial, L., for fear of retaliation. Guaranteed privacy between patient and doctor is a fundamental tenet of quality mental health care, totected by federal advicem...

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A group of 20 House Democrats signed a letter to VA Secretary Doug Collins vocalizing their outrage on this issue. They describe one scenario in which a social worker supervisor has been ordered to return to work "sharing a 100-foot shower with another supervisor," to provide case management and clinical supervision. "We're sure you can agree," they write, "this sort of arrangement is hardly conducive to delivering the quality of care veterans deserve."

VA response

VA representatives have repeatedly insisted that federal privacy laws will be upheld. In an email response to questions about these issues, VA spokesperson Peter Kasperowicz reiterated an accusation that employees who are sounding alarms are motivated by a desire to "phone it in."



Chip Somodevilla / Getty Images / Getty Images

A person walks into the Department of Veterans Affairs' headquarters a block from the White House on March 6. President Trump and Elon Musk's DOGE effort targets about 80,000 jobs to be cut from the VA.

Kasperowicz wrote that these continuing concerns are "fear mongering from the media," and wrote that "the small number of employees who are desperate to avoid returning to the office will do more to drive away staff and patients than VA's commonsense return-to-office policy ever will."

VA care, he said, would continue uninterrupted and the "VA will ensure that employees /e^a workspace that is appropriate for the work they do." Live Radio - News & Inform... But therapists say they do not see logistically how this is possible.

L. worried the disclaimers therapists are being encouraged to use at the start of sessions would not withstand legal scrutiny, as consent for information sharing needs to be granted in writing.

"Therapists will either cancel the session themselves," L. says, "and risk being reprimanded, or their patients will cancel."

L. forsees longer waiting times for veterans seeking care as a result and points out that veterans are at disproportionate risk for suicide than those who have not served. Wait times are already bad. Often, he says, his clients "have been waiting months and months – many of them with severe mental health issues, including suicidal thoughts."

Dates changing at the last minute

The VA is one of the biggest providers of mental health care across the US.

In emails shared with NPR, some clinicians were told they would be returning to the office May 5, some were granted exemptions, and some were told to report to work April 14 – though these dates were also subject to change. One document obtained by NPR outlines steps for managers.

"This memo provides a framework to inform a standardized approach to terminating remote and telehealth agreements," it reads.

Many clinicians expressed bewilderment about why certain workers were on the list of mandatory returns and others are not. Others were evaluating the possibility of working from their cars or finding space in a bathroom stall to conduct therapy sessions.

Some workers were asked to participate in rearranging furniture in order to accommodate group seating arrangements. Tasks like "rolling tables to podded rooms as temporary desks," or "rolling away excess furniture," were on a to-do list, obtained by NPR.

"Distress across the board"

Now Playing Live Radio - News & Inform... The American Psychological Association issued a statement criticizing the policy and raising concerns about compliance with federal privacy laws.

"Providers are facing difficult choices between violating ethical standards regarding patient confidentiality or facing disciplinary action for non-compliance with return-to-office mandates," reads the statement. It goes on to warn that the policy "could compromise access to care and confidentiality standards that are key to effective mental health treatment."

Under President Biden, the PACT act allocated nearly \$800 billion to expand VA care and benefits for veterans exposed to toxins. The current efforts aim to reduce staffing numbers to the levels VA had before this legislation. It is not clear how VA would reduce staff to 2019 levels and still fulfill its legal requirements under the PACT act.

Many clinicians described their recent experience as a kind of emotional warfare, and noted the irony of compromising their own mental health while trying to provide mental health care for others.

"I'm anticipating a good deal of distress across the board," says L. "And that we will generally fail at our mission of treating veterans."

If you or a loved one is in crisis, call, text or chat the 988 Suicide and Crisis Lifeline.

Have information you want to share about the ongoing changes across the federal government? Katia Riddle is available through encrypted communications on Signal at Katia.75

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Katia Riddle is a correspondent at NPR covering mental health. She has reported extensively on the impact of events such as Hurricane Helene, Los Angeles wildfirés and the loneliness epidemic. Prior to her current role, she covered public health including reproductive rights and homelessness. She won a 2024 Gracie Award for a series on reproductive rights.

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SHOTS - HEALTH NEWS

VA officials acknowledge the need for privacy for telehealth therapy

APRIL 18, 2025 · 2:00 PM ET

By Katia Riddle



The Department of Veterans Affairs headquarters is a block from the White House in Washington, DC. *Chip Somodevilla/Getty Images*

The US Department of Veterans Affairs appears to be backing off a plan to send telehealth therapists back to offices that may lack privacy, according to a memo obtained by NPR.

Addressing widespread concerns over mental health clinicians' ability to conduct confidential sessions, officials from the VA have issued a memo saying that providers must have private workspaces "that foster trusted, confidential, and therapeutic relationships with Veterans," when they return to their offices in the coming weeks.

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SHOTS - HEALTH NEWS Trump's back-to-office order will hurt veterans, VA docs and therapists say

The memo is dated April 12, and was issued to regional directors the day after NPR's latest <u>reporting</u> on this issue, which <u>followed</u> <u>other reports</u> and <u>outcry from</u> <u>lawmakers</u>.

After speaking with mental health providers and clinicians all over the country – anonymously, as many fear for their jobs – NPR <u>previously reported</u> that many are afraid they will be unable to provide therapy in private spaces after a <u>mandatory</u> <u>return-to-work order</u> that requires them to report to a VA facility. Many are currently providing telehealth to veterans from home.

The return-to-office order comes after much consternation over an announcement from VA officials and VA Secretary Doug Collins that the agency intends to cut 80,000 jobs. Under <u>President Biden</u>, Congress passed the <u>PACT act</u>, which allocated nearly \$800 billion to expand VA care and benefits. The current efforts aim to reduce staffing numbers to the levels before this legislation, though it is not clear how VA would do so and still fulfill its legal requirements under the PACT act.

A script about confidentiality

Prior to the April 12 memo, VA management in one region circulated a script for therapists working in call center-like environments to read to their patients. "I cannot guarantee complete confidentiality," read the document.



SHOTS - HEALTH NEWS

'I cannot guarantee complete confidentiality,' VA therapists ordered to tell veterans

Confidentiality is guaranteed to health care patients through federal law, and the <u>quality of a patient's bond</u> with a provider is one of the key predictors of overall outcomes in clinical therapy.

The April 12 memo stipulates that "spaces used to deliver synchronous telehealth services should offer the same level of privacy and therapeutic environment applicable to an in-person visit in the same space."

Confusion remains

Several clinicians who spoke to NPR about this memo remained perplexed. The memo does not explicitly say therapists would be allowed to continue working from their homes, if private office space is unavailable. But the clinicians said they do not see how they would both meet the privacy requirements and return to work, where many say there is simply not enough space for things like parking and bathroom traffic, let alone adequate private spaces for therapy. Many staff were hired to be telehealth providers working off-site for all or part of the time.

Another document viewed by NPR, which was labeled "pre-decisional," implies clinicians who provide mental health care would be eligible for an exemption to the mandatory return-to-work order. It offers few details, however.

The VA did not respond to a request for comment on what the April 12 memo would mean for employees reporting to overcrowded facilities. For earlier stories, VA spokesperson Peter Kasperowicz has repeatedly said that veterans' care will continue "uninterrupted," through the return to work mandate and insisted that all facilities will be compliant with federal privacy laws. "VA will make accommodations as needed so employees have enough space to work," read a previous statement on the issue.

Some VA employees were required to return to the office on April 14, though others received last minute changes. May 5 is the current date forecasted by the VA to have employees back in person as part of a department wide <u>mandate</u> under the Trump administration and VA Secretary Collins.

A reputation for high quality care

The American Psychological Association has expressed concern for VA therapists who are unable to comply with federal privacy standards. "That's just such a fundamental way that, psychological services and psychotherapy has been conducted," says Lynn Bufka, head of practice for APA. "I think most people feel sort of like, why would we even need to say that so explicitly?" The VA is seen by many providers as the gold standard of mental health care in the United States, and many are concerned that the return-to-work order and job cuts will lead to attrition from providers or overall degradation of care for • veterans.

"From a psychologist's point of view, it's seen as a place of good training and effort to really ensure that care is quality," says Bufka. "Care that is evidencebased, that it is really meeting the needs of a population that was willing to give it everything in order for the rest of us to have the kind of quality of life that we have."

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