



Veterans  
Healthcare  
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Institute

Strengthening Care for Veterans and the Nation

# VA System Under Severe Strain Due to Staffing Shortages + Care Outsourcing

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This spring, the American Federation of Government Employees (AFGE), in collaboration with the National VA Council and the Veterans Healthcare Policy Institute (VHPI) surveyed Department of Veterans Affairs (VA) employees about the privatizing impacts of the VA MISSION Act of 2018 and other initiatives on their ability to deliver quality care to veterans. More than 2,300 employees completed the survey. All were AFGE members—roughly one-third of them served in the military.

Their feedback reveals a series of mounting challenges, many related to unsustainable work demands. Dedicated employees are feeling understaffed and overworked. They're also concerned that the continuing outsourcing of care to the private sector is negatively affecting veterans' health.

Many expressed specific concerns about the VA Human Resources Modernization project, launched during the Trump Administration and continued under VA Secretary Denis McDonough. Their comments add to [previous survey data](#) that highlight the fact that the HR overhaul is exacerbating staffing shortages. Respondents also detailed counterproductive program closures, which have created care delays and accelerated the unnecessary outsourcing of care.

Respondents reported a deep commitment to veteran patients. Yet many were shaken by Secretary McDonough's recent recommendations to close dozens of facilities and units as part of the Asset and Infrastructure Review Commission, another MISSION Act mandate. Some are reconsidering their careers at the agency.

Respondents work at both the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA). VHA employees include physicians, nurses, physical therapists, plumbers, groundskeepers, and dozens of other occupations spanning both clinical and support positions. Specifically, 32 percent of respondents were nurses, 3 percent were physicians, and 25 percent work in other non-administrative roles. The remaining 23 percent served in various administrative and other support jobs. All answered dozens of multiple-choice questions. Hundreds offered additional written comments.

AFGE and VHPI will be releasing a detailed report drawing largely on this data later this year. Ahead of that publication, we present the survey's major findings:

- 1. Despite dealing with serious and preventable challenges, the workforce remains deeply committed to caring for veterans and fulfilling the VA's many missions.** “I believe, as a combat veteran, that change starts with staying in the fight,” one explained.
- 2. Nonetheless, the VA workforce is experiencing increasing burnout and job dissatisfaction due to chronic underfunding and understaffing.** Sixty percent of respondents reported losing key resources, especially staff, over the last four years. Nearly 90 percent said their facilities needed more frontline staff. Seventy percent said they needed more administrative/ support staff. Sixty-four percent said that there are vacant positions for which no recruitment is taking place. A respondent at one facility reported 48 physician vacancies. At another, a staff of 12 full-time outpatient psychiatrists has been whittled down to one. “I have been working for over a year without any 15 minute breaks due to low staffing,” reported a third.
- 3. Fifty percent reported that beds, units, or programs have been closed in their facility due to staffing and budget shortages, even when there is a patient demand for such services.** One facility closed four inpatient units. “Over half of our hospital beds are closed due to staffing,” explained another. “They even shut down our oncology ward and are doing chemo on acute care wards. Surgeries have been postponed because of lack of beds due to staffing.”
- 4. More than 20 percent of VA respondents have partially shifted their work to monitoring and coordinating private sector care.** Forty percent said they have less time to deliver direct patient care and support services because of outsourcing duties.
- 5. Healthcare is becoming less integrated as more care is delivered in the private sector.** More than 30 percent of respondents said that despite efforts to seamlessly coordinate private care with VHA services, staff often don't get back patient medical records from the community—a serious issue that has been previously documented. “The care in the community program has failed miserably,” one respondent said. “Veterans have waited almost a year for basic services such as a colonoscopy. And follow-up is non-existent.”
- 6. The VHA's Human Resources Modernization Project, which was ostensibly designed to improve both working conditions and quality of care, is failing.** Forty percent of respondents said the modernization project has increased delays in hiring. Facilities are hemorrhaging staff, with too few being replaced. “We have yet to hire a psychologist to replace the one who left last fall,” one respondent said. “We had a contract psychiatrist, but he left, and we now have to cover his caseload, too.”

# Survey Data

**Q1: Has your VA facility lost resources (money, staff, beds, buildings, budgets, etc.) in the last four years?**

**YES 60.5%**

**NO 17%**

**N/A 22.5%**

**Q2: Does your facility need more frontline clinical staff?**

**YES 88%**

**NO 4%**

**N/A 8%**

**Q3: Does your facility need more administrative/support staff?**

**YES 70%**

**NO 23%**

**N/A 7%**

**Q4: Are staffing shortages leading to more veterans being sent outside the VA to non-VA care?**

**YES 69.5%**

**NO 12%**

**N/A 18.5%**

**Q5: Has any part of your time been shifted to coordinating or monitoring non-VA care?**

**YES 22%**

**NO 52.5%**

**N/A 25.5%**

**Q6: Compared to four years ago, how much time today do you have to deliver direct patient care and support services?**

**MORE TIME 13.5%**

**LESS TIME 40.5%**

**NO CHANGE 19%**

**N/A 27%**

**Q7: Are veterans referred to non-VA care, even if they state they are willing to wait and get care at the VA?**

**YES**

**22.5%**

**NO**

**31%**

**N/A**

**46.5%**

**Q8: Have you seen an increase of non-VA care that could be done in VA?**

**YES**

**51%**

**NO**

**15.5%**

**N/A**

**33.5%**

**Q9: Over the last four years, have there been closures of programs, units, clinics, beds, or other services in your facility?**

**YES**

**50%**

**NO**

**24%**

**N/A**

**26%**

**Q10: Are there vacant positions at your site for which no recruitment is taking place?**

**YES**

**78%**

**NO**

**5%**

**N/A**

**17%**

**Q11: Has the Human Resources Modernization process at your facility increased or decreased the time it takes to hire a new employee?**

**INCREASED**

**42%**

**DECREASED**

**18%**

**NO CHANGE**

**26%**

**N/A**

**14%**

**Q12: Have you experienced instances where interested candidates were lost to competing offers because of delays in the HR hiring process?**

**YES**

**78%**

**NO**

**5%**

**N/A**

**17%**

# A Sample of Written Responses

“Sixteen nurses left the emergency department over the last two years and only five have been hired.”

“It is not currently possible to get an outpatient echocardiogram at our VA due to a shortage of echo techs. These are all being referred to the community.”

“We don’t have staff to support high admission rates for our programs, so we have to refer out more often.”

“With increased staffing at VA, care could be done here. With current staffing levels, it’s not possible without people working off the clock.”

“My job is patient care but due to lack of staff my duties are more focused on scheduling and calling veterans.”

“I love the veterans, but the work environment leaves much to be desired.”

“You can only ‘Do more with less’ for so long.”

“The care in the community program has failed miserably. Veterans have waited almost a year for basic services such as a colonoscopy. Follow up is non-existent.”

“We are not able to comply with the close observation policy for mental health patients, due to lack of staff. In addition to being unsafe, it is unethical that we are expected to follow policies without the necessary resources.”

“We have lost specialty services and have lost two acute medicine units. Our urgent care hours were also decreased which forced veterans to use the local ER when they would prefer to come to the VA urgent care.”

“In the private sector, many people (including me!) need to wait four to six months to see a specialist. VA gives itself 28 days! Why do we do this?! We could probably see most patients within two months, which would still be much faster than in the private sector.”

“New hire onboarding is a complete disaster. There is no timeliness to the process.”

“We have been onboarding staff for nearly two months. We have lost multiple applicants because they have accepted other jobs in the time it takes HR to get back to them.”

“Our staffing levels are critically low in several work sections, to include Specialty Care RN’s, MSA’s [medical support assistants], Cardiac and Electrophoresis RN’s, the OR, the Lab, Technologists and Pathologists, and on and on.”

“The Mission Act has gutted the system and slowed vital care for veterans. I was ashamed in a previous role to have to offer a veteran community care when our next opening was just over the line by one day. The community care appointment was two months out, got cancelled, then the veteran had to wait another 30-plus days to return to our clinics. This is a disgrace.”