STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

"CARING FOR VETERANS IN CRISIS:
A COMPREHENSIVE HEALTH SYSTEM APPROACH"

January 29, 2020

Chairman Takano, Ranking Member Roe, and Members of the Committee, The American Federation of Government Employees, AFL-CIO and its National Veterans Affairs Council (AFGE) appreciate the opportunity to submit a statement for the record on caring for veterans in crisis, and the essential role that Department of Veterans Affairs (VA) police play in deescalating crises and ensuring that every veteran receives timely, comprehensive care. AFGE represents more than 700,000 federal and District of Columbia government employees, 260,000 of who are proud VA employees. The workforce we represent includes police officers working at the vast majority of VA medical facilities across the nation, and many of these officers are veterans themselves.

Short staffing of police officers and clinical staff, reduced emergency and urgent care services within the VA, and lack of permanent medical center leadership all threaten the ability of VA police officers to adequately respond to veterans in crisis. These are all symptoms of a health care system under great strain from the ever-increasing privatization of veterans' health care.

Overview

VA police officers are very often the first point of contact for a veteran in crisis at a VA medical center. Their mission is to provide a compassionate, safe response that ensures that the veteran is quickly connected to the treatment he or she needs. The veteran's mental health is the priority of the officers. In many instances, the police officer is the one who deals directly with a homicidal or suicidal individual who tries to leave the facility and is refusing to be admitted for inpatient care. As one officer stated

These officers are an integral part of both the Behavioral Emergency Response Teams (BERT) that handle crisis situations inside inpatient and outpatient facilities and the external response teams that cover the rest of the campuses. Officers may identify veterans in crisis when they seek help at a VA emergency department (ED), VA urgent care center or through outreach by VA mental health professionals or Crisis Line of call center employees. The officer then attempts to engage the veteran, deescalate and connect to clinical care by phone or in person. If needed, the VA police officer will reach out to local law enforcement to go to the veteran's home and convince him or her to come into the VA for treatment. Depending on the state and individual facility policy, the officer may also be able to impose a temporary detention order on the veteran to secure an initial mental health assessment.

Dangers of Short Staffing

VA officers have reported that their facilities have been at minimal staffing levels for years. The Department's outdated staffing policy risks the safety of the veteran in crisis, other veterans and family members and employees. If one of the officers must leave the ED to address an incident elsewhere on the campus, often there is simply not enough coverage to properly respond to another emergency involving a veteran. The larger the campus, the greater the gap in police coverage becomes. As an officer who works at one of the 39 medical centers with the greatest complexity (based on patient volume, patient risk, teaching and research, specialists and ICUs) reported, even though their staffing minimums are usually higher (4 officers per facility), they still lack

sufficient coverage when they are responding to multiple calls or need to leave the campus to have a veteran detained.

The VA Office of Inspector General (OIG)'s June 2018 report found that VA police rank seventh highest in the Veterans Health Administration (VHA) regarding occupational shortages, with 52 facilities reporting police shortages, an 18 percent vacancy rate and numerous facilities staffed below authorized levels.[1] Turnover of VA police officers is also very high; an officer reported to us that nearly a third of the officers at his facility leave every year. Reports we received from the field confirm what the OIG found in its 2018 report - that noncompetitive wages are a top cause of the inability to recruit and retain officers at the VA.

The OIG also identified a serious structural problem in its June 14, 2018 report: a lack of standardized police officer staffing models that can be utilized by medical facilities to determine the appropriate number and composition of officers. The lack of a sound staffing model forces facilities to resort to extreme short-term measures such as contracting out critical police officer functions to companies without specialized experience or training, or "borrowing" VA officers from other nearby facilities.

A number of additional factors further strain already short-staffed police forces, including large campus sizes, facilities in urban areas and high crime areas, high usage levels, large rehabilitation and homeless veteran units and EDs at maximum capacity.

Severe short staffing of clinical staff on emergency response teams further endangers veterans in crisis. Officers express frustration over the inability to access

[1] *OIG Determination of Veterans Health Administration's Occupational Staffing Shortage FY 2018*, June 14, 2018.

front line medical staff, especially during transitions from the day to evening shifts, before night staff and on call staff come on duty.

Chronic short staffing and high turnover at the leadership level is also taking its toll on the VA police force. Officers find it increasing difficult to determine where to bring concerns given constant changes in leadership at their facilities. In addition, front line officers feel that their voices are not welcome. They no longer have the ability to express their views through labor-management groups that would be convened in the past. In contrast, VHA regularly receives input and recommendations from facility level chief of policy committees, that often include officers who come from outside the VA and lack the critical hands on experience that rank and file officers could bring to the table. These committees appear to communicate with VA Central Office but not with the rank and file officers at the facility.

Sadly, Secretary Wilkie continues to appear unwilling to fill the nearly 50,000 vacancies that the VA is required to report under the VA MISSION Act. The VA must be held accountable for this chronic and harmful short staffing, which continues to erode VA's capacity every year and provide the justification for further dismantling of the VA through privatization.

AFGE urges the Committee to insist on firm deadlines for filling the unfilled vacancies in the VHA police force and other VHA positions that have been identified by the OIG. We also recommend that the VA's current mandate to report vacancies under the VA MISSION ACT be expanded to include a

breakdown by profession so that veterans and the public know which facilities have a shortage of police, clinical staff and other positions.

Training

Officers are generally satisfied with the Standardized Training they receive at the VA Law Enforcement Training Center (LETC). However, they express interest in receiving more skills training at their facilities to ensure that they are fully equipped to serve as the first point of contact for veterans with suicidal ideations and engage in successful de-escalation. For instance, while everyone gets standardized mental health training to assess immediate threats made by a veteran, the initial LETC training is only an acceptable baseline and VA leadership should consider providing more hands-on training with role playing using the Crisis Intervention Team (CIT) model that originated in Memphis and has been replicated in facilities across VA. AFGE also recommends updating the LETC training to include more training models that focus on treatment rather than arrests, consistent with VA policy that law enforcement should be the last resort.

The Danger of Closed VA Emergency Departments and Urgent Care Centers

Improvements in officer training and staffing will be of far less value if veterans in crisis do not have a designated place to go for help and comprehensive care <u>within</u> the VA. Sadly, that is exactly the direction that the VA is heading toward. AFGE has raised concerns with Congress for over a decade about the dismantling of VA health care through the closing of in-house EDs and urgent care centers. We know anecdotally that

many VA medical centers across the country have lost EDs and urgent care centers over the years but are not aware of any comprehensive studies of this trend.

VA officers have reported that the absence of a designated place in medical centers for a veteran to go to when he or she is crying out for help greatly impedes their mission to make treatment, rather than arrest, the first priority. One officer at a facility that lost its ED expressed concern that veterans in his community no longer have an appropriate place to go where they can just get "something off their chest." As he explained, when a veteran becomes agitated, he now has to be sent across town for emergency care and then back again to the VA for continued treatment. This breakdown in continuity of care can cause a great deal of stress for the veteran. Additionally, the VA officers and clinicians risk ending up with less information because the emergency care was provided outside of the VA instead of within VA's integrated system. **Therefore, AFGE urges the Committee to conduct oversight into the status of EDs and urgent care centers across VHA facilities and how their closures are impacting veterans in need of crisis intervention.**

AFGE appreciates the Committee's attention to the important issue of caring for veterans in a crisis and the role of the VA police. We look forward to working with you to address needed improvements in order to provide VA police officers with more tools to assist veterans. Thank you.