

E VH _ Episode _ 1

[00:00:00] **[GUEST JILLIAN WEBER]** This is about strengthening the health of the public as a whole, the whole community, the health of a system, because we're all as strong as our weakest link.

[HOST SHAWN LIU] Welcome to ending Veteran homelessness. Your first-hand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office. I'm your host, Shawn Liu. If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the national call center for homeless Veterans at 877-424-3838. Trained counselors are standing by to help, 24 hours a day, seven days a week.

That number again is 8 7 7 4 2 4 3 8 3 8.

We're recording this episode in mid-March 2022. And it's been just over two years since the declaration of the COVID 19 national emergency here in the U S we've seen over [00:01:00] 79 million cases of COVID-19 nearly 1 million deaths. And yet, there's a palpable sense that we're turning a corner?

Mass mandates are being lifted, hospitalizations are down, case and death rates are decreasing, and nearly 81% of people over age five have received at least one dose of the COVID 19 vaccine. But it feels like we've been here before, with the end of the pandemic and being in sight only to be hit with another new COVID-19 variant.

However, if we're truly turning a corner, it does feel like it makes sense to take a moment to take stock of the last two years. Especially in the context of how the pandemic has impacted some of our most vulnerable neighbors – Veterans experiencing homelessness. Over the last two years, people experiencing homelessness Veterans and non-Veterans alike have been at heightened risk.

When the country was told to shelter in place, people experiencing street homelessness didn't have a place to shelter. When the country was told to socially distance [00:02:00] people experiencing sheltered homelessness, couldn't do this in congregate living settings. When the country was told to work from home, myself included, people experiencing homelessness, didn't have access to smartphones and computers with internet connectivity to do so.

And when vaccines finally became available, getting them into the arms of the people who didn't have the means to visit a vaccination site was also a challenge. So, on what is basically the two year anniversary of the COVID-19 pandemic here in the US. I think that there's no one better to talk to about how VA and our country responded to Veteran homelessness during the pandemic than our very own Dr. Jillian Weber.

Dr. Weber is the Homeless Patient Aligned Care Team or HPACT National Program Manager with the VHA Homeless Programs Office. She has broad program responsibilities that include operations and management of clinical training, research education, and day-to-day activities of the HPACT program.

She's an active member of multiple national nursing organizations, including the Ohio Nurses [00:03:00] Association, and works as an adjunct professor teaching both undergraduate and graduate nursing. And for the last two years, Dr. Weber has also served as the homeless programs, offices co-lead for the COVID-19 response.

Jillian, welcome to the show.

[GUEST JILLIAN WEBER] Hi, thank you so much for having me here today.

[HOST SHAWN LIU] This is going to be great for such a kind of a heavy topic. I'm really, really glad that you're able to be here with us. Before we dive into talking about. The pandemic in the last two years, could you share a little bit more about yourself and your background. Specifically, how you got into VA?

[GUEST JILLIAN WEBER] When I was in nursing school, I was doing a clinical rotation at my local VA medical facility. And almost right away, I knew that I really enjoyed working with the Veteran population. I enjoyed the system and caring for these individuals. They all had really unique stories to tell. The patients, the Veterans themselves were just a unique group and always thankful, always kind.

And I really enjoyed my experience there. I knew almost instantly [00:04:00] within that rotation that I really wanted to work within the VA system as a registered nurse. That happened pretty quickly. And as soon as I finished nursing school, I applied to the local VA medical facility for a position. And I actually reached out to the nurse manager and the nursing administration there. I did my clinical rotation there and kind of kept badgering them a little bit because I was really, really interested in working there and I was waiting to hear

back. I was a little bit persistent, let's say, and I eventually did. I actually started as a student nurse tech, so I hadn't passed my nursing boards yet because there's, there's a little bit of a time lag between when I graduate from nursing school to be able to sit for, for licensure.

I spent about a month working as a student nurse tech before I transitioned into a registered nurse position.

[HOST SHAWN LIU] That's fantastic. I also, I really, really appreciate the persistence. That's definitely come through whenever you and I have worked together on things.

You are the National HPACT Program Manager, and I know that's probably an, and [00:05:00] this particular show, we throw out a lot of acronyms and I know that one in particular, even for those in the homeless services sector, probably won't know what HPACT stand for.

Can you tell just really, really quickly what is, and why it's important? And I think it's interesting because it feels like your role as the HPACT Program Manager really set you up to be a critical subject matter expert once the pandemic started.

[GUEST JILLIAN WEBER] Yeah. HPACT is a program that's been around for about a decade now, and it's really designed to address those unique needs and distinct challenges that homeless Veterans face really both, not just accessing health care, but also engaging in health care - comprehensive long-term care. And the model really works to address some of those unique needs. So, thinking about reducing barriers to care, the program itself offers open access walk in times where Veterans can just walk in and receive care in that moment, particularly as they may have high needs or high acuity needs.

At that point in time, it also works to integrate [00:06:00] wraparound services in kind of like a one-stop shop approach. Veterans can come in and they can see their primary provider. They can see their social worker. They can see their mental health provider. They may be able to get a shower and access to other hygiene services as well.

It's really about reducing those barriers that Veterans face and engaging them in services and long-term and setting up that home-based service as we call it the medical model home. But it is their home base in terms of accessing other services, being referred to other services that they can always come back to the HPACT.

And of course, it's about prevention – providing them with health screenings, medications, vaccinations, all of those pieces and parts of their health care.

[HOST SHAWN LIU] What I've always loved and admired about HPACT was that it's a really fascinating and very concrete example of the system changing itself to be more accessible to the population understanding and accepting the actual barriers of that population.

It's fantastic. And what I also know is [00:07:00] that, in homeless services, so many of us, myself included, come from a mental health or behavioral background. And this is really emphasizing the critical role that medicine plays and primary care plays in providing homeless services. And again, my understanding was that it really tee'd you up nicely to help lead our COVID-19 response because so much of what homeless services had to focus on at the start of the pandemic was not behavioral health, but medical health, actual health, public health.

Can you talk a little bit about what your role has been like with the Homeless Programs Office during the start of the pandemic? I just want to acknowledge that today as we're literally recording it's March 17th. I personally remember that the world really started shutting down March 16th, 2020. That was a Monday. So many of us, myself included, started telework. That was a really, really big watershed moment. And I know you joined many in our office of really stepping up to help lead the national response. [00:08:00]

So, can you share a little bit about what your role has been with the Homeless Programs Office and managing our response for COVID 19 and what your focus has been over the last two years?

[GUEST JILLIAN WEBER] Sure. And I think you make a really great point in terms of the shifting, right? The shifting of kind of the environment and the focus COVID really did that for us. And as you said, about two years ago, and I can remember in February 2020 – pulling some information, particularly from some of our other federal partners, the CDC and on COVID we didn't know very much, right?

Like there was so little information. We didn't know much about the virus itself and particularly in terms of transmission and how this would affect in the outcomes for Veterans and for all of us, for all persons. There really was a lot of shifting of priorities shifting of information because we've in homeless services has been focused on that social piece in terms of housing and mental health piece. But this was really a big shift in terms of like looking at this from

physical health and medical care and medical services. And [00:09:00] I think one of the biggest pieces of this is to shifting more in towards safety and an understanding infection control and infection prevention.

So going back to basics: washing hands, covering mouths for coughs, and sneezes. And then of course, as we know, this has progressed from, as you said, March 2020 through summer 2020, and into the fall into wearing masks, social distancing, making sure that we're staying six feet away from others, avoiding large crowds, because we know the SARS-COV-2 virus, as we learned throughout this time period is droplets.

And then as we cough, we talk, we shout – any of those, any of those exercises, the droplets can be spread into the air and cause infection for other people. The farther away we stay from individuals, the better and less likely we are to breathe those droplets in and to develop the disease of COVID-19.

It was a big shift. And within that as well, we have all this new evidence, right? Emerging science, all these new studies. And we're just learning [00:10:00] things left and right. The information overload, the vast amount, like the sheer volume of information. Sifting through all those pieces was a big challenge and continues

But that first year, it was overloaded. We were extremely overloaded with information. Everyone was the public was. Us here in the VA. We're thinking about the changing guidance for workplaces, for schools, all of those different factors. And then on top of that, not just guidance that's published, but the media as well, turning on the news in the morning and hearing multiple stations and different things coming across with a radio station when you're driving to work or whatever that outlet might be. It was really challenging to kind of sift through those pieces and make sure that we're providing the most clear, consistent, and up to date information for staff and for our Veterans and making sure that it's disseminated appropriately.

We've been through a lot, right? Like in the last two years, we've all been through so much. We went through not [00:11:00] really understanding anything about this virus to learning a lot, to seeing patients and Veterans and everyone be extremely affected. We've watched numbers increase in decrease kind of like an ebb and flow.

We've seen masks mandated to walk into a grocery store, the testing mandates and the testing information has changed and the different types of tests. And then waiting for tests, right? We've been through all. The vaccination piece. I

think this was one of the biggest kinds of key time point for us across the United States.

Thinking about back to December 2020, January, 2021, with vaccinations being released, particularly those early vaccines, such as the Pfizer and the Moderna, the messenger RNA or mRNA vaccines. You know, and as you previously stated, the huge challenges with that in terms of the cold storage chain and logistics of actually getting those vaccines into arms of individuals, particularly our vulnerable populations, our Veterans experiencing homelessness.

These were huge, huge milestones and challenges for us and the Homeless Programs Office, [00:12:00] and really wanting to prioritize Veterans experiencing homelessness or those at risk for homelessness, because this is a vulnerable group and thinking about where they stay, whether it be transitional housing programs, emergency shelters, or literally on the streets or abandoned buildings, and really making sure that all of that clear guidance to them - that education and provide those support and resources as best possible.

[HOST SHAWN LIU] The idea of really making sure that we're being clear, concise, and focused with the ever-changing understanding. I think a lot of people don't necessarily realize or recall because it was such a traumatic time for us. Often the prevailing wisdom and guidance and science was changing. And to be clear like this is how science works, right? We constantly update our understanding. We're just not as accustomed to all of that understanding being updated on a weekly or daily basis.

And from my own vantage point, I remember that the group that you had led – a good old fashioned incident command type [00:13:00] structure for information dissemination as if this was kind of a disaster, similar to a hurricane or an earthquake.

Can you talk a little bit about what it's like to be part of a team that is processing the real-time updating of science and then formulating guidance and messaging out to a national workforce that is really having to implement the guidance and the updating science in real time?

[GUEST JILLIAN WEBER] Absolutely. And you are correct. We've all experienced this together, right? We've all been experiences COVID has affected every single one of us in different ways, but it's something that we as homeless program, staff, individuals, Veterans, those experiencing homelessness, we've all kind of experienced this together.

But the sheer amount of volume of information coming through was overwhelming at times. I can even remember reading information in the morning and then less than eight hours later, things might have changed by the end of the day, which happened quite frequently, early on.

And even through the last year of the correspondence and information and [00:14:00] the amount of questions that the Homeless Program Office received was a very large volume and making sure that approach was coordinated was really challenging initially. But from the Homeless Program Office's perspective, we set up a chain of command in terms of receiving all these questions and information and providing the best response and clear vetted responses as well – almost like the peer reviewed process of journals and making sure that information was disseminated out clearly.

it wasn't piecemealed. It wasn't sent to different parties and different formatting. It was definitely challenging in terms of always finding the most up-to-date information. The SARS-COV-2 two virus we've been experiencing the last two years, but there's new information that has been coming out almost daily.

With that we have to kind of be adaptable and flexible and change our approach when needed. If we know that information has come out and provided us with changing an approach or changing a tactic or a best practice in terms of [00:15:00] providing healthcare, for example, you know, switching from face-to-face visits and providing more telehealth, like how do we do that?

Particularly with Veterans experiencing homelessness, that's a challenge. How do we get phones into their hands? Or how do we get resource so we can keep connected? That's been a really innovative process in terms of what can we do to make things better. And often the questions that we've received in the Homeless Programs Office really helped trigger some of the responses to like, maybe that was something that we hadn't thought of, or maybe that was an approach that we hadn't even heard of yet.

So, it was really helpful. It worked both ways. We reached out often to other federal partners, such as HUD, sometimes, or CDC, and asked about guidance or for clarification, and to make sure that we were. Absolutely a hundred percent up to date. And we had the correct response because that has been extremely important.

We've seen negative consequences of that negative outcomes in hearing it in the media, like one party said this, and then another party said this, and we don't want that miscommunication or that cross communication. We [00:16:00]

wanted to be sure that everything that we were providing was clear, concise, again in the most up-to-date and valid information that we could.

And of course, with that being said, things changed. Almost hourly. Sometimes we worked really hard to be consistent and disseminate this information that is broadly as possible as well, because we wanted to make sure that we kept the Veterans safe, that we were able to put vaccines in arms, that we were able to get them tested for the virus and able to separate them from others.

If they needed to be isolated or quarantined, those were really important and remain important part of the process.

[HOST SHAWN LIU] I completely agree. And one of the things that I remember hearing a lot, especially from the field staff that were charged with caring for our Veterans during this time that they really appreciated how responsive y'all were.

I think if I remember correctly, you were putting out COVID-19 briefs on the daily, just providing the most updated guidance as well. And just being really, really responsive to the questions in the [00:17:00] field so that our field staff across the country could really, really effectively care for our Veterans.

I want to circle back to one of the points that you raised earlier – this idea of isolation and some of the changes that needed to happen in some of our care settings to make sure that we were keeping Veterans safe.

And this is really in the context of congregate living spaces. For those who are not familiar, congregate, living spaces are essentially spaces where we're having multiple people, multiple different households, multiple different Veterans in kind of a similar area. Oftentimes it's a barracks-style or open bay area, which has been for lack of a better term, the bread and butter of emergency shelters and what we call transitional housing for people experiencing homelessness for years, decades, even congregate living spaces.

People can't socially distance in those. And so, it necessitated a lot of transitions to what we had been calling non-congregate living settings. I'm wondering if you can share a little bit from your vantage point, what [00:18:00] some of the changes have been to really shift from congregate living settings to non-congregate living settings and why that was so important for Veterans.

[GUEST JILLIAN WEBER] That's a really great point. The congregate living environment with all of the emerging evidence and science that was coming out

about COVID-19, you know, this was a really high-risk setting. We were thinking about congregate living, as you just stated. It's a lot of people sometimes in a really close quarters together, indoors.

Small spaces – so shared eating spaces, shared sleeping spaces. This really increases the risk of the transmission of the disease. We really had to focus on decompressing or spreading out those areas. And there's been some flexibilities that really helped do that. Really helped take care of that situation in terms of decompressing the shelters and providing for the safety of Veterans and those that are residing in these types of settings. The one thing was the use of hotel / motels – we were able to provide that space for high-risk Veterans. So those [00:19:00] who might be more susceptible to COVID-19 such as those with comorbidities or increased age things that we know that are higher risk factors for the disease.

And then also for those that needed to be quarantined and those that needed to be isolated – those individuals who were tested positive for COVID-19 and they needed to be separated from others so they would not spread it further – really trying to work to mitigate more disease spread and any type of major outbreak in these settings.

That was a challenge and really extremely important for safety. Also on top of providing that education on infection prevention and control. Like how do we control this virus? We know one thing that one piece in terms of decompressing the shelter – so, spreading out, making sure everybody has more space.

That comes into the six feet piece. Sleeping arrangements needed to be, it was recommended that individuals sleep head to toe rather than, you know, head, head, head so that there's more distance from if someone was coughing or had a sneeze, things like that. Another piece in terms [00:20:00] of spreading out was using the mask again.

Masks should be used in all of these high traffic areas where individuals congregate. But the other piece of this is even goes back further. Into the basics, thinking about reeducating in terms of hand-washing making sure everyone's washing their hands using hand sanitizer frequently. And then also cleaning high touch surfaces, cleaning bathrooms, cleaning door knobs, cleaning countertops, just thinking about a check-in countertop or you know, where everyone comes up to use the phones, things like that.

It was extremely important to go back to those basics, to provide that education to Veterans, to staff, to our community providers to ensure that they understand

how this disease is transmitted. Because there has been a lot of confusion about that, especially early on back thinking about early 2020, about how the disease is transmitted and just understanding basic disease transmission as a whole and what we can do – things that we have to understand and learn about in terms of disease prevention. [00:21:00] And these pieces, this information that has been disseminated, we try to go back to those basics in terms of how can we prevent an outbreak of COVID-19 in these congregate settings and what we can do, and it's information that's valid and helpful as we continue.

So, thinking about seasonal influenza and other communicable diseases and really about working to reduce and mitigate any type of outbreak of disease in these high risk settings and helping protect the safety of our Veterans who are residing there and the staff and all those volunteers or anyone who comes in and out of the facility. It's back to basics: wash your hands, cover your mouth when you cough, or when you sneeze stay home, when you're sick, stay away from others.

When you're sick, reiterating all of these requirements and this basic information that we have learned, but maybe we have forgotten or have gotten. And just providing that awareness about this information.

[HOST SHAWN LIU] The concept of back to basics is really important. I know that a lot of sectors, whether they be public or private sector organizations are really starting [00:22:00] to take stock and think about what are the changes that happened to the pandemic that we're going to keep.

But I think you're also raising... what are the things that may have been fallen by the wayside that we needed to reinvigorate and make sure that we keep during the pandemic? For our listeners benefits, we should acknowledge that by the time this podcast will air, VA will have announced the second of two Grant and Per Diem capital grants awards that are really designed to transform some of our existing congregate living spaces – some of our congregate living beds – into individualized beds, really hitting home that there were some benefits, some improvements that happened as a result of the pandemic that we think should be a part of our day-to-day operations going forward.

I wanted to check in with you Jillian, from your vantage point, especially from kind of the health care side in homeless services, what are other things that you think are going to stick around in this hopefully post pandemic world that are really beneficial to the way that we serve Veterans experiencing homelessness. [00:23:00]

[GUEST JILLIAN WEBER] I think one of the big pieces of this is thinking about prevention, thinking about prevention of disease, but also any type of future emergency. So, having that planning in place that proactive planning is extremely important. But also, in terms of focusing on health-related services, a big piece of prevention is vaccination. A proactive approach to having a primary care provider, ensuring that they have those resources available and those resources in place. It was extremely challenging in terms of getting those vaccinations into Veteran arms, especially those experiencing homelessness. It was challenging to find them.

And, as many are aware with the early vaccines, they were two doses. So, we needed to circle back and track those individuals and make sure we got that second dose into them as well. It's often a challenge to identify those individuals in the first round, but then ensuring that we have that follow-up vaccine to ensure that they are really protected and have the full dosage was extremely important.

But again, going back to the basics in [00:24:00] terms of safety – really thinking about providing safety in these congregate settings, And being safe, safe, safe across the board. And thinking about prevention, infection control. I can't say that enough. Just basic hand washing. That's been extremely important having hand sanitizer readily available.

We see this now, but if anyone can think over two years ago, if they've seen hand sanitizer in 10 different places in a facility, maybe not. And it's something that we should continue and move forward with in terms of preventing any type of spread of disease. Those are really important pieces. And just in the beginning, it seems we were really trying to catch up.

We're all kind of racing to catch up and to make sure that we had processes in place and flexibilities in place and things to meet the needs of everyone. But now having those pieces in place, having a solid plan for safety, having a solid infection prevention plan, having a plan in place in terms of decompressing the shelter and spreading this out and spreading it out.

As you said, those flexibilities and keeping those to provide for the Veterans. And it gives individuals an [00:25:00] increased quality of life as well in terms of breathing space and more personal space. I mean, for lack of a better word, I think it really makes it more attractive. And knowing that we're thinking about the safety and health of those individuals as a top priority, along with finding their housing, their co-priorities.

And understanding how health is a huge impact on housing and achieving permanent housing, which is the ultimate goal, of course, for our vulnerable Veterans experiencing homelessness.

[HOST SHAWN LIU] Jillian, before we go, I want to close with what is going to be kind of our tradition on this particular podcast.

I happen to be a huge fan of Simon Sinek, and one of his famous things is starting with why - really grounding the work in a connection to the work. So instead of starting with why, I want to close with why. And I think this is particularly important, primarily because I, myself, I'm not a Veteran. You're not a Veteran either, correct?

[GUEST JILLIAN WEBER] Correct.

[HOST SHAWN LIU] Yeah. A lot of the Veterans that I know I've worked with in the past, because we have not had the privilege of military [00:26:00] service, they want to know how we're connected to this work. Why is this particular work? Not just in health, but for the health of our Veterans critical to.

[GUEST JILLIAN WEBER] It's a pretty simple answer for me.

I believe absolutely everyone deserves access to high quality healthcare and healthcare that is fair, equitable, and really focused on the person. Everyone matters. Everyone's an individual and really focus on that person centered care and ultimately. This is about strengthening the health of the public as a whole, the whole community, the health of a system, because we're all as strong as our weakest link.

And we all come together and have this clear and strong healthcare system and ultimately increases the quality of life and reduces those negative health outcomes for our Veterans. This is really what it's about in terms of really ensuring that everyone has this access to healthcare services.

[HOST SHAWN LIU] Dr. Jillian Webber is the HPACT National Program Manager in the Veterans Health Administration Homeless Programs Office. Jillian, thank you so much for the gift of your time. [00:27:00]

[GUEST JILLIAN WEBER] Thank you.

[HOST SHAWN LIU] If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/homeless.

And if you're a Veteran who is homeless or at risk of homelessness, reach out call the national call center for homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours. Seven days a week. That number again is 8 7 7 4 2 4 3 8 3 8.

That's all for now. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home. Take care.