

Date: August 23, 2021

From: Deputy to the Deputy Under Secretary for Health  
Performing the Delegable Duties of the Under Secretary for Health

Subj: COVID-19: Travel Update for Veterans Health Administration (VHA) Staff

To: Veterans Integrated Service Network (VISN) Directors (10N1 – 23)  
VISN Chief Medical Officers  
VISN Chief Nurse Officers

1. This memorandum provides updated guidance to Veterans Health Administration Central Office, VISN and VA Medical Center (VAMC) leadership regarding VHA sponsored travel and official employee leave for VHA travel. This guidance reflects the impact of the COVID-19 delta variant spreading rapidly across the United States.
2. Previously approved travel scheduled for August, September, and October of 2021 should be closely monitored and reassessed for safety. [Forecasts from the CDC](#) predict that COVID-19 cases will continue to rise at least through the end of September (the end date of their model) towards peaks seen this past Winter. Local facility leadership should determine if travel should be cancelled or postponed on a case-by-case or in total. Staff safety is paramount when such decisions are made. Local Infectious Disease and Infection Preventionists can provide expertise and recommendations as needed.
3. As of today, all future travel will now require SES-level approval. Prior to providing approval, leadership should consider local COVID-19 rates, trends in employee and Veteran COVID-19 infection rates and exposures, and review COVID-19 status of the geographic location of the requested travel. Information on county-level COVID-19 can be found on the Centers of Disease Control and Prevention (CDC) [website for transmission rates in communities](#).
4. The Safer Federal Workforce [COVID-19 Workplace Safety: Agency Model Safety Principles](#) states that employees who are not fully vaccinated must adhere to Government-wide travel restrictions. At this time, only employees that are fully vaccinated will be authorized for travel.
5. Travel to support mission critical activities that provide health direct care such as support for the DEMPS program should continue as necessary.



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