



U.S. Department
of Veterans Affairs

Under Secretary for Health
Washington DC 20420

March 4, 2020

The Honorable Jon Tester
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Tester:

The Department of Veterans Affairs (VA) initiated its response to the novel coronavirus (now called COVID-19) following a January 4, 2020, Veterans Health Administration (VHA) Office of Emergency Management (OEM) notification to VHA Senior Leadership of a "pneumonia of unknown origin with 40 cases showing up in China." At that time there had been no reports of human to human transmission and the illness had been reported in individuals who have/had a relationship with a fish wet market.

Since this initial announcement, VHA activated the Emergency Management Coordination Center, stood up leadership from OEM and Population Health, and initiated a high consequence infection workgroup staffed with subject matter experts to address the VA response. VA's existing plans for pandemic influenza, Ebola and Zika viruses serve as foundations for the new COVID-19 Plan.

I am pleased to provide the enclosed responses to the Committee's questions regarding the coronavirus.

Should you have any questions, please have a member of your staff contact Ms. Jennifer Janowski, Congressional Relations Officer, at (202) 461-0621 or by email at Jennifer.Janowski@va.gov.

A similar letter has been sent to the other leaders of the Senate Committee on Veterans' Affairs.

Sincerely,

Richard A. Stone, M.D.
Executive in Charge

Enclosure

VA Response to the Committee on Veterans' Affairs regarding the Coronavirus

Question 1: How is VA working in collaboration with the Centers for Disease Control and Prevention (CDC) and other Federal partners on coronavirus preparedness and response?

VA Response: The Veterans Health Administration (VHA) has daily and continuous engagement with the Department of Health and Human Services. VHA Office of Emergency Management (OEM) actively participates on all Assistant Secretary for Preparedness and Response coordination calls and through an embedded OEM Liaison Officer. VHA's daily coordination with CDC is ongoing through a VHA physician in Atlanta, Georgia, who is embedded with CDC.

VHA activated the Disaster Emergency Medical Personnel System (DEMPS) and deployed 11 Nursing Assistants to Travis Air Force Base to support the screening of all repatriated American Citizens. VHA OEM assets have been provided for the repatriation event at Travis Air Force Base, including one Multi-Use Vehicle for use as a Command Post space for the Incident Management Team (IMT) and two Area Emergency Managers to support repatriation and IMT efforts. Currently, VA is planning for a second wave of DEMPS deployment.

VHA is collaborating with the CDC on surveillance of Emergency Department flow.

Question 2: What is currently known about the risk 2019-nCoV poses to health care workers? How is VA communicating with its facilities to ensure providers remain healthy and safe?

VA Response: COVID-19 is transmitted person-to-person via respiratory droplets. The exposure risk for health care workers can be mitigated through the appropriate use (donning, doffing, disposal) of personal protective equipment. Currently, for COVID-19, the CDC requires standard contact and airborne precautions for health care providers. VHA has provided VA health care providers with CDC guidance on appropriate personal protective equipment (PPE). VA staff received training on the correct use of this equipment by local facility safety and infection control staff including fit testing for N95 face masks. All information on this topic and others related to COVID-19 are available on the High Consequence Infection (HCI) SharePoint Site - accessible to all VHA employees. National calls, leadership communications, and information exchange within various VA communities (i.e., providers, nursing, infectious disease, occupational health) are conducted daily and include reminders and reinforcement of the correct use of PPE.

Question 3: How is VA communicating with patients about steps to prevent coronavirus and how to access testing and treatment if coronavirus is suspected?

VA Response: VA has built a public facing Web site for the novel coronavirus disease/COVID-19 (<https://www.publichealth.va.gov/n-coronavirus/index.asp>). Currently, this Web site provides the reader with information about VA's commitment to protect and care for Veterans, what precautions to take to prevent COVID-19, a review of the symptoms experienced by individuals with the disease, and guidance to call VA first before visiting a VA facility. During the period of February 3, 2020 through March 1, 2020, there was a total of 29,195 visits made to the Web site. Many Veterans rely on caregivers and when in the hospital, are visited by family and friends. VA is working on communications to these audiences, to ensure the continuation of care for the Veteran, and to ensure that those who are ill do not expose the Veteran.

Question 4: Is VA providing standardized training and guidance to Department facilities so that providers are equipped to safely assess and treat any potential cases of coronavirus?

VA Response: Yes. VA continues to provide all staff current information on personal protection when interacting with suspected and confirmed cases of COVID-19 infection. The HCI workgroup is providing daily updates to the HCI SharePoint site through a daily national call covering COVID-19 and calls to targeted audiences. For example, the most recent call was for staff interested in influenza and hand hygiene that focused on the epidemiology of COVID-19 and an overview of VHA's ongoing efforts including the use of home isolation, quarantine, and non-pharmaceutical interventions; the call had more than 500 users with 90 percent rating the information useful to their job.

Question 5: Do all VA facilities have proper equipment and supplies necessary to treat any potential or confirmed cases? Does VA have access to the rapid testing kits for diagnosing coronavirus?

VA Response: VA does have the proper equipment and supplies necessary to treat Veterans before the volume of suspected cases passes capacity. VA will use home isolation and quarantine, the approach used by the CDC for symptomatic or high-risk individuals. VA will receive the rapid testing kit as they become available from the CDC. Until that occurs, each VA facility will work with local public health departments to secure testing for suspected cases.

Question 6: Do VA facilities have dedicated, sterile space for isolating potential or confirmed coronavirus cases? And if no such care environment is available, does each facility have a plan for where the patient should be sent and how?

VA Response: Yes. VA does have negative air pressure isolation rooms that meet the CDC criteria for isolating COVID-19 infected patients. Each facility will determine on a case-by-case basis where a Veteran will be housed during isolation and quarantine for COVID-19. Each facility has an emergency plan developed with the community to address these types of scenarios.

We continue to refine our national numbers for isolation beds. As of today, we have 894 beds across the enterprise with approximately two thirds occupied for non-coronavirus issues.

Question 7: Does VA need any additional resources or action from Congress to help with coronavirus responses and preparedness?

VA Response: At this point, VA does not require additional funding. VA will come back to Congress for additional funds if required to prepare for and respond to a large event that overwhelms our capacity, the projected cost of new treatments or a vaccine for COVID-19, and cost for community care if VA facilities cannot maintain productivity levels due to staffing shortages.

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