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October 2, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Dear Secretary Wilkie,

On the heels of your recent trip to Montana, I respectfully request your plan to resolve various issues of access to care and benefits that are most pressing to Montana veterans and their families. And given your lack of direct engagement with Montana veterans during your trip, I would like to relay some firsthand accounts of the current challenges facing these folks so the Department of Veterans Affairs (VA) is better prepared to meet their needs. Particularly during this pandemic, it is vital that veterans feel their concerns are not only heard, but also addressed by VA. And while some of these issues preceded COVID-19, many have been aggravated by this global health crisis and need your immediate attention.

Unreasonable Wait Times for VA and Community Care for Veterans

Wait times for VA care and community care facilitated through the Montana VA Health Care System (VA Montana) continue to be a chief concern among veterans in Montana. Even accounting for COVID-19 setbacks, veterans have historically wait too long for care. August 2020 Patient Access Data shows that 15 percent of appointments at the Billings Community-Based Outpatient Clinic (CBOC) and 21 percent at the CBOC in Helena have a more than 30-day wait time. Veterans waiting for specialty care at the Plentywood CBOC currently wait 59 days for care. Last year those veterans waited just over ten days for specialty care. These numbers are clearly trending in the wrong direction. Another example is the 27 days veterans are waiting for specialty care at the Great Falls CBOC, which is nearly quadruple the seven day wait time from this time last year. Please explain specifically what you are doing to address these long wait times for care.

In addition to unacceptable wait times for outpatient care at certain VA Montana facilities, the wait time for inpatient treatment for Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD) has been a problem since before the COVID-19 pandemic. In the summer of 2019, the wait time for PTSD and SUD inpatient care was seven weeks. Seven weeks is an unthinkable amount of time for a veteran to wait who needs urgent care and support. What is VA doing to address this issue and reduce the wait times for these especially vulnerable veterans? What alternative options are VA providing to veterans in need of inpatient treatment, but facing months-long waits at VA?

In 2019, President Trump signed legislation that I co-authored into law, the *VA MISSION ACT*. That bill sought to streamline veterans' access to care in the community and help veterans dealing with long wait times or long driving distances to access care. However, recent data from VA shows that Montana veterans are waiting, on average, 21.9 days for VA to get through its internal red tape before an appointment is scheduled on their behalf in the community. The national average is not much better – 20.3 days. This completely defeats the purpose of the *MISSION Act* to provide veterans timely access to community care. What is VA doing to address this issue in Montana?

Staffing

According to the July 2020 VA Montana clinical vacancy report, the issue of long-term, unfilled HUD-VASH staffing vacancies remains a consistent problem that has gone largely unaddressed. HUD-VASH caseworkers are limited to the number of vouchers they can manage, which means a staffing shortage results in these vouchers going unused and the housing they would provide unavailable to veterans. These vouchers are especially vital during this pandemic as they provide socially-distant and quarantine-ready housing for a population particularly susceptible to contracting and spreading COVID-19. The caseworker position that serves Native Veterans in Browning, Montana has been unfilled for most of the last two years. Veterans in Missoula have also dealt with long-term caseworker vacancies and frequent turnover. Unused HUD-VASH vouchers result in unhoused veterans. When prompted about the issue, VISN 19 human resources staff mentioned that the position is not listed on the health care system's Hard to Recruit/Retain List, making it ineligible for special hiring resources like the Education Debt Reduction Program. If greater than a year-long vacancy, directly resulting in continued veteran homelessness, does not put the position on VA's urgent staffing list, I don't know what does. What is VA doing to improve HUD-VASH caseworker hiring in Montana? Does VA need even more support from Congress to provide further hiring authorities or incentives to fill these positions?

Growing Claims Backlog

In the last six months, the Department has eliminated the 48-hour rule and removed Disability Benefits Questionnaires from its website despite protests from veterans, Veteran Service Organizations (VSOs), and Congress. These decisions have greatly reduced the voice veterans and their representatives have in the claims process. The reduction in access and information veterans and their representatives have in this process will undoubtedly result in errors, further increasing the wait time for accurate claims decisions and unnecessarily overburdening veterans in the appeals process. Montana veterans and VSOs have reached out to me noting they have already been negatively affected by these decisions. How does VA plan to account for the errors in claims that will arise from limiting veterans and their advocates' access to a pre-decisional claim?

The COVID-19 pandemic has also had a major impact on the claims backlog. In May, I raised the issue of the lack of communication around the temporary suspension of Compensation and Pension (C&P) Exams around the country. While these measures are meant to keep veterans safe, VA must look into alternative options to veterans having these exams in person so an already bad situation is not made worse. As I mentioned in my letter to you on May 12, 2020, VA must also communicate clearly to Regional Offices and veterans regarding VA policies for C&P exams in their area so that veterans are not needlessly confused during this already difficult time.

With the current pending claims backlog sitting at more than 460,000 claims with 205,000 of those claims pending for more than 125 days, what measures is VA implementing to reduce the claims backlog?

COVID-19 Response

As the winter months approach, it is vital that VA facilities in Montana and around the country are prepared to address not only COVID-19, but also the flu. At the beginning of the pandemic, many facilities reduced their services and in-person staffing to help combat community spread and promote social distancing. Even then, facilities reported not having enough Personal Protective Equipment (PPE) for their staff and patients. In what is bound to be an unprecedented flu season, as veterans and VA staff juggle both flu and COVID-19, it is imperative that VA is prepared. Do you anticipate a shortage of flu shots in Montana given the nationwide push to vaccinate individuals against the flu? How will you allocate flu shots in Montana and elsewhere if there is a shortage? How is VA communicating with veterans about their options for getting a flu shot this fall, either at VA or in the community, and how will VA track and follow-up with veterans who have not yet received one? Is the Department facing any PPE or supply shortages currently, or forecasting any shortages for the coming flu season? Has VA been receiving its full allotment of 5 million N95 masks per month from 3M, and will the contract be extended past January? Lastly, is VA prepared to exercise its Fourth Mission and help veterans in need – including homebound veterans, homeless veterans, and veterans in long-term care facilities – throughout the flu season?

In August, I wrote to you regarding COVID-19 racial and ethnic health outcomes among veterans and VA data on any potential disparities. In your response, you claimed this data was not available and data that was available was not significant enough to conclude that minority veterans' positivity rates and outcomes were any different than those of white veterans. However, according to a study published on September 22, which VA participated in, Black and Hispanic veterans are twice as likely to test positive for COVID-19. Ten percent of veterans in Montana are non-white, with most identifying as Native American. VA also continues to assert to the Committee and to the media that there are no racial or ethnic disparities in COVID-19 death rates among veterans, yet has not provided any data to back up this claim. For this reason, I am requesting the following information:

- Data on COVID-19 health outcomes for Native American veterans (American Indian/Alaska Native/Native Hawaiians) nationally and in Montana specifically, as compared to other racial/ethnic groups: how many have tested positive for COVID-19? How many subsequently required hospitalization due to COVID-19 related symptoms or illnesses? How many have died from COVID-19?

- A list of all COVID-19 research studies VA in participating in nationwide. For those that have been completed, please provide the study.

- Data on COVID-19 death rates among veterans, by racial/ethnic group.

Lack of Transparency with Veterans and VSOs

VA continues to fall short in certain areas of transparency and clear communication to veterans, their families, and their advocates, especially over the last few months regarding issues that have brought a great deal of stress and uncertainty to Montana veterans in an already unsettling time.

Following VA's transition to using United Parcel Service (UPS) instead of the United States Postal Service (USPS) in certain areas on August 24, Montana veterans are already reporting prescriptions being delivered late or not at all. UPS requires a signature for package deliveries. According to the Montana Department of Commerce, more than 35 percent of Montanans do not receive mail at their home addresses, making them unable to sign for packages. Montana veterans may also not be home at the attempted time of delivery to sign for packages. In addition to timeliness and complicated issues surrounding receipt of the packages, VA's internal analyses show that UPS is actually costlier than USPS for prescription deliveries in Montana.

VA has also not been communicating clearly to veterans' families. Earlier this month, I wrote to Dr. Richard Stone, Executive in Charge of the Veterans Health Administration, requesting information and demanding VA do more to communicate with CHAMPVA beneficiaries regarding eligibility requirements and warnings regarding the potential loss of eligibility. During the COVID-19 pandemic, when access to health care is of utmost importance, CHAMPVA beneficiaries should not have to worry about losing access to health care.

Veterans and caregivers have regularly contacted my office in recent months alarmed that while they have not received bills for health care, they will still be on the hook for health care costs once VA resumes billing, following a temporary pause on paper billing due to end in December. While I appreciate VA's precautions against causing financial stress during an economically difficult time, the Department also needs to be communicating to veterans, advocates, and family members about this change and the plan regarding payments due to VA following the pandemic.

It is clear the Department still has a lot of room for progress in terms of transparency and communicating with veterans and their families. What plan does VA have for communicating with veterans and their families regarding each one of these issues and how it plans to address them?

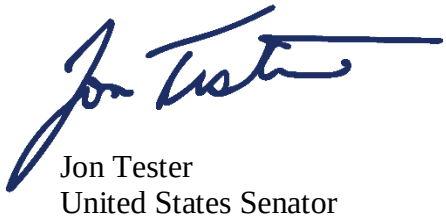
Toxic Exposure related to Agent Orange

More than forty percent of Montana's veterans served in the Vietnam Era. Montanans consistently plea for change regarding the lack of VA's coverage for illnesses scientifically proven to be connected to toxic exposure during the Vietnam War. Yet, VA refuses to expand benefits to these veterans without a Congressional mandate. I have written to the Administration multiple times demanding that Bladder Cancer, Hypertension, and Parkinsonism be added to the list of Agent Orange presumptives, only to be met with stonewalling and unexplained delays and denials. I have introduced legislation to allow veterans who served in Thailand during the Vietnam War-era the opportunity to prove their toxic exposure in order to qualify for VA benefits. VA could make this change itself, but it refuses to do so.

In addition to these barriers affecting veterans across the country, Montana veterans have recently been met with another barrier to care for illnesses that should be service-connected. VSOs and veterans in Montana have brought to my attention that they have been unable to schedule an Agent Orange Registry health exam since early August. My understanding is that VA is transitioning these exams to a virtual platform based out of Cheyenne, Wyoming, but has not provided a timeline or any instructions as to how veterans should expect to access these services. Can you provide an update on this issue? What has VA communicated to veterans seeking these appointments regarding the transition? Why has VA chosen not to expand health care benefits to Vietnam-era veterans with illnesses with proven ties to toxic exposure who meet the same parameters as set for other veteran groups?

This is certainly not a complete list of the difficulties confronted by Montana veterans. Many of these issues were not adequately tackled by VA before COVID-19 and have thus been exacerbated, in some cases exponentially, by this health crisis. But now that you have visited Montana and hopefully seen some of these challenges in-person, I expect you to take a serious interest in solving them – not just for Montana veterans, but for all veterans. I look forward to your response.

Sincerely,



Jon Tester
United States Senator