

**STATEMENT OF
RICHARD A. STONE, M.D.
ACTING UNDER SECRETARY FOR HEALTH
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS**

February 24, 2021

Good afternoon, Chairman Tester, Ranking Member Moran and distinguished Members of the Committee. Thank you for the opportunity to testify today about the Department's response to the Coronavirus Disease 2019 (COVID-19) vaccine rollout. I am accompanied today by Mr. Ralph Gigliotti, Director, Veterans Integrated Service Network (VISN) 19, Dr. William Patterson, Director, VISN 15 and Dr. Jane Kim, Chief Consultant for Preventative Medicine.

In December 2020, the Food and Drug Administration issued Emergency Use Authorizations for two vaccines, one manufactured by Pfizer-BioNTech and the other by Moderna, for the prevention of COVID-19. The Centers for Disease Control and Prevention (CDC), with guidance from the Advisory Committee on Immunization Practices (ACIP), issued recommendations for use and for phased allocation of vaccine when supply is limited. Immediately after, VA began offering vaccine at VA facilities.

VA COVID-19 Vaccine Distribution Plan

In September 2020, VHA chartered a team to plan for the availability of a COVID-19 vaccine as early as October 2020. This team, composed of key offices within VHA to include National Center for Health Promotion and Disease Prevention, Pharmacy Benefits Management Service, Ethics and Logistics and Office of Healthcare Transformation, working with CDC, developed a comprehensive plan to ensure availability of a COVID-19 vaccine across the VA system as they become available. The distribution plan addresses vaccinations for Veterans, staff and other Federal partners including a framework for identifying the population(s) at highest risk from COVID-19 to receive the vaccine. This risk stratification aligns with the ACIP's and CDC's recommendations for allocation of COVID-19 vaccines.

VA's plan is based on five core ethical pillars: safety, maximizing the benefit of the vaccine, equity, fairness and transparency. VA offered the vaccine to health care personnel as they are essential to continuing to care for patients throughout the pandemic and Veterans living in Community Living Centers and spinal cord injuries and disorders units where the risk of severe illness and death due to COVID-19 is highest.

VA's COVID-19 Vaccination Plan provides a framework for facilities in administering their local vaccination plan, but specific logistics and processes vary by

facility. VA facilities are reaching out to Veterans when they are eligible, and Veterans are encouraged to use the [Keep Me Informed](#) tool to sign up for updates about VA vaccination in their area. VA's ultimate goal is to have enough vaccine to vaccinate all Veterans and health care personnel who want to be vaccinated.

Administration of COVID-19 Vaccines

As of February 11, VA has administered over 1.5 million doses of the COVID-19 vaccine. This includes over 1 million doses to Veterans, 458,000 doses to VA employees and over 6,100 to our sister Federal agencies, mostly the Department of Homeland Security (DHS). VA is reporting that information publicly on the Department of Veterans Affairs COVID-19 National Summary: <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>. In January, through an interagency agreement to support DHS's COVID-19 vaccination program, trained VA medical professionals at certain VA medical centers began vaccinating DHS employees using DHS's CDC vaccine allocations. Twenty-one facilities are currently offering DHS vaccinations. Overall, VA is currently providing vaccines at more than 215 sites nationally, with plans to expand to additional sites as vaccine supplies increase.

In collaboration with each of VA's 18 VISNs, VA's Pharmacy Benefits Management Service determines vaccine allocations for each VISN within VA's total allocation from the Department of Health & Human Services (HHS). VA's current vaccine allocation is distributed to VISNs pro-rata, with the basis for the current pro-rata allocation being the proportion of Veterans who fall in CDC Phase 1b, the majority of whom are 75 and older Veterans. The numerator is Veterans who have had VA health care in the past 12 months in each VISN who are 75 and older. The denominator is all Veterans who have had VA health care in the past 12 months in our entire system who are 75 years and older. HHS follows a pro-rata approach to allocate vaccine to Federal entities, states and jurisdictions. VHA also utilizes a pro-rata approach for distribution of our allocated supply to sites across the country based on the number of Veterans who are in CDC Phase 1b, which is the phase where the majority of our sites are currently.

To provide the vaccine to as many Veterans as possible, VA planned mass vaccination clinics at VA facilities across the enterprise. In Salisbury, North Carolina, VA administered nearly 500 vaccines to Veterans aged 65 and older or those who have high-risk conditions. In West Palm Beach, Florida, nearly 600 Veterans were vaccinated by appointment. Lexington VA Medical Center held a 3-day mass vaccination event and administered vaccine to over 4,000 Veterans who were 50 and older. Most recently, the Montana VA administered vaccine to nearly 9,500 Veterans in Great Falls, Montana. Additional mass vaccinations will occur across the enterprise as supply allows.

In response to our leading the Nation in consumption of vaccine doses, VA received an increase of about 16,000 doses of the vaccine per week and recently also received an additional 200,000 doses that have been distributed as well. We anticipate using all of those doses as they arrive, and our current vaccination plan has the

capacity for delivering between 300,000 to 600,000 doses each week, so we are ready to accommodate and deliver larger quantities when they are manufactured.

In late January 2021, VA flew doses of the Moderna vaccine from the Montana VA Health Care System as part of a pilot program to provide vaccines to Veterans living in rural parts of the country. For this pilot, leaders at the Montana VA and VISN 19 worked to contract a charter flight to Havre, Montana while accounting for the special cold-chain requirements for distributing the vaccine. The initial pilot was successful, and lessons learned from that event were applied to the next rural vaccine event: a charter flight to Kalispell, Montana that occurred on February 3, 2021, and delivered vaccines to over 416 Veterans. Additional sites for flying in vaccines are being evaluated in Alaska and the Pacific Northwest. VA continues to explore several avenues for ensuring vaccines are delivered to rural Veterans where access and driving can be difficult.

To support those caregivers of Veterans participating in the Program of Comprehensive Assistance for Family Caregivers, VA offers COVID-19 testing and vaccinations to eligible family caregivers. Approximately 24,000 caregivers are eligible for COVID-19 vaccination in coordination with the Veteran they serve. VA used existing authorities to offer COVID-19 vaccination to primary and secondary caregivers enrolled in the PCAFC in order to protect this vulnerable population of Veterans and the caregivers who serve them. Some of these COVID-19 vaccinations may be offered in the home setting by clinical staff who perform clinical visits in-home to homebound Veterans and caregivers enrolled in PCAFC. Although current legislative authority does not allow vaccination of non-Veteran caregivers of homebound Veterans who are not enrolled in PCAFC, these caregivers are encouraged to pursue options for COVID-19 vaccination available through their local state or jurisdiction. More than 12,700 Veterans in VHA's Home Based Primary Care Program have received at least 1 dose of COVID-19 vaccine as of February 17, 2021, reflecting VHA's commitment to bring vaccination to these Veterans during the pandemic. These caregivers are offered appointments when their Veteran becomes eligible to receive the vaccine in accordance with the CDC guidelines and VA's phased risk stratification framework. Veterans and their caregivers can get the latest information and sign up to receive updates on [VA's COVID-19 vaccine webpage](#).

VA is working hard to offer the vaccine to all Veterans receiving VA health care. All enrolled Veterans are eligible for vaccination when their local VA facility has sufficient vaccine supply for their risk group. The agency is focusing efforts on the allotment of vaccines we have received for enrolled, eligible Veterans who are listed in our highest risk categories. Veterans who are not yet receiving care through the VA health care system are encouraged to enroll now. In order to enroll, Veterans must meet certain eligibility requirements under current law, which may include income limits. Currently, VA does not have the legal authority to expand enrollment with the sole purpose of administering the vaccine. Additionally, while VA does have the legal authority to vaccinate Veterans who are not eligible for VA health care, the law requires that VA must receive reimbursement. However, VA is prohibited from charging any

individual for receipt of the vaccine based on VA's agreement with CDC for vaccines. We look forward to working with Congress and discussing the best path forward to ensuring we are able to vaccinate as many Veterans as possible.

Access for Minority and Rural Veterans

In order to reach our most rural Veterans, VA identified logistical challenges and concerns among rural populations from VHA staff and previously solicited responses from Veterans. VHA reviewed available data on factors driving rural Veterans' health decisions, reviewed ultra-cold storage capacity, conventional cold storage capacity, refrigerator capacity and population enumerations for staff and Veterans for larger facilities that were potential sites for receipt of initial -70C and -20C vaccine shipments in vaccine administration hubs and determined average and maximum drive times from hub VHA facilities to smaller VHA facilities and Community Based Outpatient Clinics in rural areas. VHA identified locations with conventional cold storage capacity and ship-to status as first sites to receive -20C vaccine product, including many smaller facilities serving rural Veterans, developed distribution guidance to facilitate transportation of vaccines to rural areas and also updated policy to increase flexibility for use and storage of vaccines at smaller sites.

VA focused early on planning to ensure equitable access and distribution of vaccines to racial and ethnic minorities disproportionately affected by the COVID-19 pandemic. VA held listening sessions with minority Veterans in October 2020 and identified key concerns and themes include the need for meaningful, trusted, science-based information; access to vaccine at VA clinics, not just at main facilities; and trusted sources of information including primary care providers, other members of the VA health care team and other trusted Veterans. VHA collaborated with the CDC and Federal partners to coordinate and leverage strategies and materials designed for minority reach.

Perhaps most importantly, in many VAMCs, VA staff and providers are calling Veterans they serve to provide information about and schedule appointments for vaccination. This may help overcome barriers such as vaccine hesitancy and difficulties signing up on-line for vaccination that may be particularly large in minority communities. Consequently, we have not seen racial or ethnic disparities in vaccination so far. For example, among Veterans cared for by VA who are aged 75 and older, a group currently prioritized for vaccination, 25% of White, 28% of Hispanic, and 30% of Black Veterans have been vaccinated.

Conclusion

Veterans' health care is our mission, and we are committed to providing high-quality health care to all our Veterans during these unprecedented times. I am so proud of our efforts in response to COVID-19 and our distribution of the vaccine. This is an extraordinary example of what VHA is and what we will continue to be in the future.

Your continued support is essential to providing this care for Veterans and their families.
This concludes my written testimony.