S. HRG. 116–483

VA'S RESPONSE TO COVID–19 ACROSS THE VA ENTERPRISE

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

DECEMBER 9, 2020

Printed for the use of the Committee on Veterans' Affairs

Available via the World Wide Web: http://www.govinfo.gov

U.S. GOVERNMENT PUBLISHING OFFICE

45–421 PDF WASHINGTON : 2021

SENATE COMMITTEE ON VETERANS' AFFAIRS

JERRY MORAN, Kansas, *Chairman*

JOHN BOOZMAN, Arkansas	JON TESTER, Montana, *Ranking Member*
BILL CASSIDY, Louisiana	PATTY MURRAY, Washington
MIKE ROUNDS, South Dakota	BERNARD SANDERS, (I) Vermont
THOM TILLIS, North Carolina	SHERROD BROWN, Ohio
DAN SULLIVAN, Alaska	RICHARD BLUMENTHAL, Connecticut
MARSHA BLACKBURN, Tennessee	MAZIE K. HIRONO, Hawaii
KEVIN CRAMER, North Dakota	JOE MANCHIN III, West Virginia
KELLY LOEFFLER, Georgia	KYRSTEN SINEMA, Arizona

CAROLINE R. CANFIELD, *Republican Staff Director*
TONY MCCLAIN, *Democratic Staff Director*

C O N T E N T S

WEDNESDAY, DECEMBER 9, 2020

SENATORS

WITNESSES

APPENDIX

VA'S RESPONSE TO COVID–19 ACROSS THE VA ENTERPRISE

WEDNESDAY, DECEMBER 9, 2020

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:33 a.m., via videoconference and in room SD-G50, Dirksen Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Boozman, Cassidy, Tillis, Sullivan, Blackburn, Loeffler, Tester, Brown, Blumenthal, Hirono, Manchin, and Sinema.

OPENING STATEMENT OF CHAIRMAN MORAN

Chairman MORAN. Good morning, everyone, and welcome to the hearing on the Department of Veterans Affairs response to COVID–19 pandemic. All who are here, welcome, and those who are joining us by technology, we are glad to have you as well.

As we know, this Committee has seen numerous times the challenges that have been faced. We, as Senators, have seen lots of challenges in our Nation. But we know, and especially we know that veterans are not unfamiliar with adversity. Adversity provides us an opportunity to evaluate vulnerabilities in our systems, reflect on what has worked, and to make improvements for the future. Unfortunately, the future is still with us. COVID has not disappeared, as many of us thought or hoped it would after a few months.

As we discuss the Department's pandemic response thus far today I hope to hear what the VA has learned in a number of areas. The VA faced challenges relating to the administration of both benefits and disability compensation and pension exams as well as the provision of timely quality health care. Just like other health care providers, the VA had to work through closures due to the virus and difficulties acquiring vital personal protection equipment. While the VA continues to work diligently at local levels on behalf of our veterans and while also fulfilling its fourth mission, VA hospitals and clinics still face difficulty procuring supplies, finding availability for veterans' appointments, and making certain that veterans in rural areas had adequate access to health care.

Many veterans living in rural areas in my State are hours away from any VA facility. Due to this, I am particularly interested in the VA's progress regarding broadband agreements to support increased utilization of telehealth to reach some of our most vulnerable veterans. We provided the VA with great latitude in the

CARES Act, and I am anxious to make certain that the VA is using those capabilities to benefit our veterans.

Dr. Stone, as you know, the challenges related to COVID–19 are not over. I thank you for your work to date. I thank you for your work as we look into the future, and we want to help ensure that you have a robust opportunity to serve our veterans and that we have a frank conversation today about those efforts, under your leadership, to continue caring for our veterans.

At the beginning of the pandemic, the VA chose to suspend veterans' access to Community Care Networks under the MISSION Act, which the VA did not have the authority to do. While VA claimed the suspension was done in the best interest of veterans, it failed to actually give veterans a say in the decisionmaking process. This completely contradict the MISSION Act, which specifically places veterans and their providers at the center of health care decisionmaking processes.

Another justification the VA gave for suspension was the providers in the Community Care Networks were not accepting patients. However, during an October hearing of this Committee, both Optum and TriWest testified they had ample community providers at the time that were willing to treat veterans.

Today I want to discuss how the VA can best leverage Community Care Networks to maintain continuity of care during the crisis as well as better ensure local access to care. While this pandemic and the demands that it has placed on the VA was unanticipated, Congress is still expecting the VA to work toward fully implementing the MISSION Act.

With several vaccines pending, FDA emergency use authorization, another critical component of our conversation today, is VHA's preparation for the proper distribution of COVID–19 vaccines in the coming weeks. It is important that we work together to smooth the rollout of these vaccines, and I look forward to hearing the VA's strategy to reach veterans nationwide.

During this pandemic, I worked with my colleagues to expand authority and resources for veterans experiencing and at risk of homelessness. This population is especially vulnerable to COVID–19, and members of this Committee, myself included, would like to learn about how VHA's recent initiatives to decrease the number of veterans experiencing that homeless condition.

Dr. Lawrence, today's hearing is also an opportunity to discuss work the VBA is now conducting to address C&P backlog that has accrued due to COVID–19 limitations, both through internal VA exams or as a contractor.

While we have also learned that those exposed to burn pits during military service are likely to be more susceptible to COVID–19, however, claims for these veterans are still denied at extremely high rates. My colleagues and I, along with the VSOs, are focused on tackling the many policy issues associated with health care and benefits for veterans who experience toxic exposure during military service. This hearing will allow us the opportunity to examine the many provisions we have passed to ensure the GI Bill continues during the pandemic, to make certain veterans' and their dependents' education is not overly disrupted.

Additionally I am concerned by the rate of unemployed veterans and veteran spouses, and I look forward to hearing how VA is working with its agency partner across a Federal Government to mitigate veterans' unemployment.

The VA has made great strides this year, and I thank them for that, but the VA has also made some decisions that are concerning as to how they will impact veterans and families during this stressful and uncertain time.

Finally, as the Presidential inauguration quickly approaches, it marks a period of transition for this coming year. Our country will continue to face COVID–19 pandemic, a challenge of significant magnitude and consequence, much of which is still unknown, and we must make certain that all entities of our Federal Government can continue to work together to solve these problems. We must make certain that no matter what the future holds, there will be no lapse in care or benefits for our Nation's veterans.

Mr. Tester, the Ranking Member, I now yield to you for your opening Statement.

OPENING STATEMENT OF SENATOR TESTER

Senator TESTER. Well, thank you, Mr. Chairman, and I think this will be the last hearing of this Congress for the VA Committee, and with that in mind I want to point out that time flies when you are having fun. At least time flies, and this year has not been particularly fun. But Mr. Chairman, you have done a marvelous job over the last year keeping myself informed and running the VA Committee, and I want to thank you for what you have done and look forward to working with you and all the members on the Committee next Congress.

What is interesting when I listen to Senator Moran's, Chairman Moran's comments, is that many of the things that he brought up in his opening Statement I will bring up in mine. And so I guess there is bipartisan concern on a lot of different fronts here.

But I do want to thank Dr. Stone and Dr. Lawrence for being here. I know the pandemic, which has stretched on for nearly a year, and experts are saying the worst is yet to come, has hit the VA, just like it has hit everybody. You guys run the largest integrated health care system in the country, and during the coming weeks you will have the dual responsibility of caring for sick veterans while distributing a coronavirus vaccine. Once that vaccine is deemed safe and effective, you will be distributing it to veterans and staff across this Nation.

The FDA officials plan to meet tomorrow to discuss emergency use of the Pfizer vaccine. My understanding is that the initial dose can be shipped within 24 hours after receiving FDA authorization. So with the first vaccine shipment potentially days away, I am troubled that VA has yet to publish a comprehensive plan detailing how it will allocate and distribute the vaccine to frontline workers, high-risk veterans, and other users of the system. Dr. Stone, I need to know what is causing the holdup of the final plan and what can be done to help things along.

I am particularly concerned how the VA will reach staff and veterans in rural locations, where the coronavirus is spreading rapidly and overcrowding local hospitals. Whether it is a VA nursing home

in Miles City, Montana, or Washington, DC, veterans and staff need to know there is a vaccine plan in place that will reach everyone, regardless of where they live or work.

However, in my State I know there are no pharmacies currently—no VA pharmacies, I should say, currently equipped to receive or store the Pfizer vaccine, if approved. So I need to know a lot more about VA's plan for an equitable and safe distribution of COVID–19 vaccine, and how veterans and VA staff in Montana, and in other rural areas across our country, will be vaccinated against this deadly virus.

I also want to know how the VA intends to educate staff and veterans on this vaccination plan. These folks need to know what to expect, when to expect it, and how the VA will notify them when it is their turn. And in the months it will take to get everybody vaccinated, VA's management of PPE, bed space, staffing, and more will continue to be important as this pandemic stretches on. Dr. Stone, it will be important for us to hear about the most challenging aspects of the next few months and what is currently keeping you up at night.

I want to say thank you to VA staff, especially the frontline workers, who continue to serve our veterans throughout this crisis. I am also pleased to hear that the transition process is taking place at the VA. I very much appreciate the leadership team sharing their knowledge, and everybody, as far as that goes, their knowledge and insight with the incoming administration. Now more than ever, a smooth transition is critical. The incoming administration must know the toll this crisis is taking on delivery of health care and benefits to veterans everywhere. So I ask—and I know you will—continue to work closely with the transition team in the days ahead.

Just in closing I just want to echo the Chairman's Statements. I want to thank both witnesses that are here today for their commitment to veterans. I know it is real. Look, we have disagreed at times and we are going to continue to disagree at times. But the bottom line is, I think, that you folks have my respect for what you have accomplished during your tenure at the VA. With that, Mr. Chairman, I will kick it back to you.

Chairman MORAN. Senator Tester, thank you, and thank you for your comments about working together, and I thank you for the relationship, the friendship, and the efforts, as colleagues on this Committee, that you have worked with me and I have worked with you in order to advance a cause we both share as a huge priority in our times, as a United States Senator, and I join you in commending and thanking Dr. Stone and Dr. Lawrence for their efforts, their work, their commitment, and their dedication to veterans of our country. I am very grateful to know both of you and I am very grateful for your service in care of other veterans, and I appreciate you being here.

I would conclude my comments by indicating this is probably our last hearing of the year in this Committee, and it is certainly Caroline Canfield's last hearing as staff director of this Committee. Caroline came to my office as my military legislative assistant, and when I became Chairman she agreed to serve as the staff director for this Committee. She is a significant component of our ability to

accomplish things on behalf of Kansans and Americans. She is highly professional, knowledgeable, and dedicated to cause, and works hard each and every day on behalf of this Committee and on behalf of the veterans we all choose to serve. So I take this as an opportunity to thank publicly Caroline and wish her well.

I am almost always annoyed when my staff departs me and leave our office, but when they are returning to Kansas it is hard for me to complain. I understand that urge and that draw. And so Caroline, personally, for me, and for our team, and for the members of this Committee and their staff, thank you for your work on our behalf. Caroline, thank you.

We will now turn to our witnesses. I am only checking to see which one of you have the joy of going first. Dr. Paul Lawrence, Under Secretary for Benefits at the Department of Veterans Affairs; Dr. Richard Stone, Executive in Charge for the Veterans Health Administration at the Department of Veterans Affairs. Thank you for both being here today. We will provide, on the clock, 5 minutes for each of you to deliver your remarks for your testimony today before our Committee.

And so, Dr. Lawrence, you are now recognized for those five minutes. Thank you.

STATEMENT OF PAUL R. LAWRENCE

Mr. LAWRENCE. Chairman Moran, Ranking Member Tester, and other members of the Committee, I will focus my remarks on the performance of the Veterans Benefits Administration. I will provide information about the three areas you requested in your invitation.

First, compensation and pension claims. Since Fiscal Year 18, we have completed an average of 1.4 million claims per year. We complete these in about 100 days. We carefully monitor claims over 125 days. These are referred to as the backlog. In December 2019, due to aggressive management and improved technology, we reduced the backlog to the lowest ever in VBA history, 64,000.

The effects of COVID–19 became clear in April 2020. On April 2nd, VHA stopped in-person C&P exams. Following their lead, we ordered contract medical examiners to stop in-person exams. We granted benefits using existing medical records, but without these in-person exams our completion of C&P claims slowed down and the backlog grew.

In response to the need for in-person C&P exams, I appointed one of our most senior leaders to focus solely on this. In-person C&P exams restarted on June 8th. Today we are completing approximately 27,000 exams each week. Nonetheless, having stopped the exams for so long, the inventory of exams, normally 140,000, has grown by an additional 210,000.

Another key bit of evidence we need to grant benefits is the veteran's military records. We get these from the NPRC in St. Louis, which is operated by NARA. With COVID–19, they stopped providing these records. NPRC reopened in September 2020. We worked with them to allow 50 VBA employees into the facility to get the needed records. On November 5th, NARA greatly reduced operating hours in response to local conditions. We continue to work with them to obtain needed records, but our record retrieval has slowed.

On July 31st, the backlog of claims was about 200,000. It has remained at about that level since then, indicating that we are processing at the rate we are receiving them and at the rate they are aging over 125 days. Our challenge and focus today is to reduce the C&P backlog to the pre-COVID–19 levels. Our plan is to do that by the end of Fiscal Year 21.

Second, education. We completed the reset of the Colmery technology implementation on December 1, 2019. This enabled the accurate payment of the monthly housing allowance. For spring 2020, using the new technology and other process improvements, we completed the GI Bill original claims in 18 days and supplemental claims in 7 days, well below our targets of 24 and 14 days.

In March 2020, schools shifted to online learning. We implemented the new laws protecting the monthly housing allowance, work-study and extension. We raised awareness through multiple emails to more than 800,000 students, school certifying officials, and State approving agencies. On November 1, 2020, we completed implementing the information technology solutions for the remaining sections of the Colmery Act.

With that said, education services IT systems are at their technical capacity and lack the ability to meet the demands and service expectations of GI Bill students and stakeholders. I ask for the opportunity to talk to you further about our plans to replace these antiquated systems with modern, commercially approved approach.

Third, veteran readiness and employment. We have been modernizing VR&E since 2018. Through this modernization, VR&E implemented systems to enable telecounseling pre-COVID–19. Plus, when it was needed, we had it in place already and increased its usage. We successfully implemented the provisions of the new laws to support VR&E beneficiaries, including continued payments, extensions, and the ability to restore benefits.

In summary, I want you to know that I have personally heard from veterans during COVID–19. In March, I started conducting telephone town halls with veterans in each State. I have conducted 107 town halls, covering all 50 States, plus a dedicated one for each of the major VSOs. I have connected with over 5 million veterans. I have fielded and answered questions from 1,600 veterans.

Engagements in the town hall with military sexual trauma survivors led directly to increasing our emphasis on getting them assistance and benefits. We have increased resources focused on MST, increased our team's training, and streamlined our processes. Engagement with family members and spouses about survivor benefits also led to action.

We have increased outreach to non-veteran family members so they can learn about benefits before the veteran passes. We have engaged with the States to prevent pension poachers, those who would charge family members to help with their benefits when such help is available free of charge.

This firsthand experience has energized me and the entire team at VBA to get our veterans their benefits faster and better. And to do this we know we need to work together with the VSOs, the State Department of Veterans Affairs, and most importantly, the Congress.

Thank you. I look forward to your questions.

Chairman MORAN. Dr. Lawrence, thank you. Dr. Stone.

STATEMENT OF RICHARD A. STONE

Dr. STONE. Good morning, Mr. Chairman, Ranking Member Tester, and members of the Committee. I want to thank you for the opportunity to discuss the incredible work that VA has done to combat the COVID–19 pandemic in our facilities, in our communities, and in service to America's veterans.

The COVID–19 pandemic has challenged our Nation in ways we never could have imagined, and health care in the VA and across the United States will never be the same. Health care workers, including our VA staff, have rightfully emerged as the heroes of our response effort, as they are on the front lines of our battle against this deadly invisible enemy. I am privileged to work with the incredible men and women of the Veterans Health Administration, who serve our veterans every day. Our health care workers' dedication, their resilience, and their innovation in the face of uncertainty and unprecedented challenges, should inspire all of us.

Procedures we now consider routine were revolutionary only a few months ago and were implemented only through our employees' hard work and knowledge. Teams of experts work to reshape our facilities' physical structures as well as our policies and procedures to keep our patients and our staff safe.

Personally, I have learned so very much from this experience, which I consider one of the most challenging periods of my personal and professional life. First and foremost, I learned that as a senior leader I must embrace vulnerability, I must submit my decisions to constant re-examination, and I must not hesitate to admit when new and better information requires us to change course.

Over the past 11 months, I have tried to do exactly that and I have encouraged my senior leadership team to do the very same every single day, because the lives of veterans and our colleagues are at stake. This has allowed us to respond with unprecedented agility to evolving challenges.

COVID–19 has shown the Nation the capabilities of the VA. We have continued to pursue all of our missions, first and foremost of which is caring for veterans, but we have also continued education and training for medical practitioners and our leadership in research, including participating in Operation Warp Speed.

Our fourth mission, backing up the American health care system, continues to be a significant part of our response to the pandemic, and until this year we have performed our fourth mission primarily through local and regional responses to hurricanes and other natural disasters. This is the first time in our organizational history that we have mobilized at scale. We have sent PPE, subject matter experts, and personnel to almost every State and territory in response to State and Tribal requests. Our process for keeping VA nursing homes safe has been replicated across the country to protect America's most vulnerable citizens. It is my hope that one of the lessons to come from this pandemic will be that the VA is willing and is capable of being at the center of the Nation's response to future disasters.

I learned during my service in the Army that while there is no substitute for experience, learning from others enhances each per-

son's capability and our capacity to respond to challenges. We are facing a public health event unlike anything medicine has confronted in more than 100 years. In response, we are listening to our frontline workers, to our supply chain managers, to our logistics personnel, and to our facility engineers about how to keep our staff and veterans safe. By deferring to their expertise, we can rapidly craft policy and procedures that are effective in responding to COVID–19 pandemic, and should be replicated by the rest of this Nation.

On November 9th, we released our first COVID–19 response report. This report is a continuation of our pledge to share best practices and lessons learned with other government agencies and the private health care system, while the country fights this disease. It provides an extensive look at the complexity of our response. It also provides an unvarnished view of the challenges that we needed to address to fulfill our mission. The report is available to the public on our website, and we expect further addendum reports to document our evolving response to this pandemic, but most importantly, to document the resilience and dedication of our employees to serving veterans and the Nation.

Finally, I would like to express my appreciation to each VHA employee for their tireless effort in serving veterans and members of the community.

Mr. Chairman, this concludes my testimony, and I want to thank you for the opportunity to testify before this Committee today.

Chairman MORAN. Dr. Stone, thank you. We have three votes at 11:00, which is a challenge for us. I know I am going to be here until the end, but to try to accommodate my colleagues I am foregoing my round of questioning, at least initially. I will ask, toward the end, and therefore I recognize Senator Boozman.

SENATOR JOHN BOOZMAN

Senator BOOZMAN. Thank you. I am all wired up now.

Thank you, Mr. Chairman and Ranking Member Tester, for holding this hearing. I cannot imagine a more important topic that we could be discussing right now, taking care of our veterans during one of the most trying times in our generation regarding health care.

I have had the opportunity to visit with our frontline workers in Arkansas at the VA. They are doing a tremendous job, and I just want to publicly thank them for their dedication, their steadfast service throughout this time, and again, them being representatives of the entire system. So I thank them, and I thank you all for the great work that you all are doing.

The pandemic has led to a backlog of over 200,000 new disability claims at the VA. I know you were making great progress prior to this and getting things up to snuff, getting the backlog down, but unfortunately, due to COVID, we are back to very high numbers. In addition to not being able to conduct C&P exams in person, the National Personnel Center is operating at minimal capacity. These two things are going to continue to exacerbate the C&P backlog problem that has been building since March.

Dr. Lawrence, understanding you would like to outsource more C&P exams from the VHA to contractors, what is your plan to en-

sure a high-quality exam and hold contractors underperforming accountable? Dr. Stone, are you concerned about contractors providing C&P exams not specializing in MST, PTS, and brain injury symptoms from being able to accurately evaluate veterans with these underlying issues? Can either of you share the analysis and data with me and my colleagues that informed you to increase the outsource of C&P exams from the VHA to contractors and the data that suggests this is the best approach as we go forward?

Mr. LAWRENCE. Let me start with this one, Okay? We were authorized by Congress to expand nationwide with the contract C&P exams in 2017. It was focused on the convenience, the access to our veterans, and the like. We measure, we give a survey to every veteran in terms of their satisfaction with the process, not just the exam itself but the arrangement for the appointment and any followup.

The surveys indicate that about 92 percent have a positive experience with us. I do get complaints and I do investigate some of those. Where we can compare the quality of care in two special focus reviews, between VHA and the contract medical examiners, the contract medical examiners came out slightly ahead. It is a concern for us the quality of the exams, but so far we have seen that they are very strong and very good, and they are available.

We are working directly with the contractors to expand their capacity and locations, for our homebound veterans and the like, to make sure we can get as many of those going so we can reduce the claims backlog. Again, this was the same team that was working with us pre the pandemic, when the backlog was at the lowest level ever in our history. We anticipate that we will have the backlog of the C&P exams, which the inventory right now is normally 140,000. It is at 350,000. We will have that down to 140,000 by July, and we think that will set us at a good pace to deal with the claims backlog, which we will have done by the end of the fiscal year.

Dr. Stone, I will ask you to jump in on the medical question, please.

Dr. STONE. Senator, VHA will remain part of the delivery of comp and pen exams. In the first 6 weeks of this year we did over 26,000 exams. Now you asked a question about our satisfaction with quality of the exam. The data we have is the same data that Dr. Lawrence has on veteran satisfaction with the contracted exams. However, we are required——

Senator BOOZMAN. How about, and I do not mean to interrupt, but we are going to have votes. How about the lack of knowledge in some of these various areas? Is that a concern?

Dr. STONE. It is a concern, and we are required, in six separate areas, to provide exams. One of those includes if there is a major psychosis or a veteran is hospitalized or if a veteran was a former prisoner of war, are three of the areas that require us to continue to work in this area, and to provide consultations to VBA in areas where they feel that they need our expertise.

Senator BOOZMAN. Thank you, Mr. Chairman, and again, thank you all for your hard work. I know that these are extraordinary times.

Chairman MORAN. Senator Boozman, thank you. Senator Tester?

Senator TESTER. Thank you, Mr. Chairman, and my questions are going to be really focused on the vaccine distribution. And so, Dr. Stone, you are kind of going to be on the Budweiser hot seat for a little bit here.

We anticipate a coronavirus vaccine is going to be distributed very soon, in the next few days—approval for that distribution, I should say. You guys have the largest health care system in the country. You have got a lot of frontline workers. There are lot of veterans across this country. And I am concerned that the VA will be behind the curve.

Why do I say that? You know, the CDC, the States, even IHS have all released public vaccine plans. To my knowledge, the VA has yet to do so, and, quite frankly, this is going to be an undertaking that we have never seen before in this country, and the VA is a big part of that undertaking.

So can you just explain to me, what is stopping the VA from putting out a vaccine plan right now? And please do not tell me that you have not talked about this, because I know better. I think I know better than that. So why hasn't there been a plan put out? Why can't we be more transparent about what the staff and the veterans need to expect?

Dr. STONE. Senator, I appreciate the question. Our vaccine plan is with the CDC, and that vaccine plan is still dependent upon our ability to move the Pfizer vaccine, which requires a –70 degrees Fahrenheit refrigeration and freezing, across the Nation. We have 37 sites prepared to accept the vaccine.

We submitted an order for 73,000 doses last week. Those doses will be distributed after the emergency use authorization is obtained, or at least that is what we are anticipating that will occur at the end of this week or through the weekend. We do anticipate that that shipment will occur across the Nation, and then it will depend upon whether we can secondarily ship that –70 degree vaccine further. That decision has not been made by CDC, which is why you have not seen our really robust vaccine distribution plan.

Senator TESTER. You have 37 sites. Are those up for public—do people know where they are?

Dr. STONE. Yes.

Senator TESTER. Do we know where those sites are, No. 1?

Dr. STONE. Yes, sir.

Senator TESTER. Okay. And the No. 2, have you been in contact with the staff at those sites to let them know what the expectations are going to be once this vaccine reaches those sites?

Dr. STONE. Every single medical center has done a sandbox testing, where they walk through the distribution of the vaccine right up to the point of actually administering the vaccine in a simulation. We also have 188 sites that will be able to accept the Moderna vaccine, and those sites, we actually submitted for 122,000 doses of that, and we look forward to receiving those in the not too distant future. The big advantage of that vaccine is its ease of transportation. But please remember, each of these vaccines will require two doses, at 21-and 28-day intervals. Therefore, tracking of the veteran and the employee who receives them is going to be a herculean effort.

Senator TESTER. So I am assuming that the 37 sites for the Pfizer vaccine, there will be more than that in the end, or is 37 where you are going to be and you are going to use Moderna to fill out the other part?

Dr. STONE. We have additional 36 freezers that are coming in for –70 degrees.

Senator TESTER. More than the 37? So you will have 73 in total, Doctor?

Dr. STONE. Exactly.

Senator TESTER. Okay. That is good. So you said that you are going to request 73,000 doses of the Pfizer vaccine, and 120,000 of the Moderna, something about that. How quickly do you anticipate those are going out, No. 1, and No. 2, is that adequate? Can you handle them, No. 1; can you handle the distribution, No. 1; and No. 2, is an adequate amount for the largest health care system in the nation?

Dr. STONE. It is not an adequate amount, and this will be a long process for us to reach all 7 million veterans who we believe will want vaccination from us, as well as all 400,000 employees of the agency.

We do anticipate, sir, weekly distribution, and it remains to be seen how robust that weekly distribution will be.

Senator TESTER. Okay. I have got some other questions for the record. I will let you go now. Thank you. Thank you both. We will talk to you soon.

Chairman MORAN. Thank you, Senator Tester. Senator Cassidy.

SENATOR BILL CASSIDY

Senator CASSIDY. Thank you all. Thank you, Gentlemen.

Dr. Stone, you and I both know that it is going to be extremely important to track who has been vaccinated. If there is something, for example, that allows somebody to go on an airplane without wearing a mask because they have been vaccinated, there has to be some way to get that information.

The States all have a Federal Government, taxpayer-funded immunization system, the IIS, the Immunization Information System. I am told that the VA has not integrated into that. So, theoretically, a veteran can get a Pfizer vaccine outside the VA, come to the VA and desire to have the second vaccine, and you have to go through the process of figuring out what they have as opposed to logging on. We can go through the ramifications.

Does VA plan on getting within the IIS, and can you give me an idea of why we are not, and then—and try and keep your answers brief because I have a couple more questions, please.

Dr. STONE. The answer is no, our intention is not to tie into the IIS. We have tied through an API into the CDC website. That tracking site allows us to order the vaccine. So our primary connection will be the CDC, and we will submit data on the utilization——

Senator CASSIDY. So if I can, the IIS, though, allows epidemiologists to figure out how many people in a community have been immunized. It allows rapid access of a university to see if somebody has been immunized. The CDC, although involved with this, does not—obviously it is the State that does it. Why would the VA not

be involved with the IIS since it is such an important public health tool as well as important for the individual?

Dr. STONE. So what my epidemiologists have told me is that the States are connecting the CDC site to obtain our data. Now I am completely open to re-examining that decision and taking a look at whether we should connect to the 50 States and territories separately, in addition to our work that we have committed to with the CDC.

Senator CASSIDY. Okay. I was not aware. We will track that down. I understand, though, that you are sharing deidentified data. Is that correct?

Dr. STONE. That is correct.

Senator CASSIDY. So if you are sharing deidentified data, it could not be used to integrate into the IIS. I am not quite sure how we are really serving the veteran as well as we could if, when the veteran goes to graduate school and is required to give proof, instead of logging on as they would if they were vaccinated some place else, pulling down their record and showing it to them, instead they have to call the VA and get the kind of rigamarole of getting records transferred. Why wouldn't we do the IIS?

Dr. STONE. I am completely open to re-examining the decision. It was my understanding that IIS was connecting to the CDC websites using the same APIs we are.

Senator CASSIDY. But you wouldn't be able to download deidentified data. That is the only issue. And IIS has identified data, which allows me to download my records and hand them to somebody, should I need it for employment.

Dr. STONE. Senator, my first priority has been to make sure that I complied with every requirement to get adequate supplies shipped to us, and this is a methodology in which we demonstrate our need for future vaccine, and so that has been the first priority. If IIS is something we should connect with for good care of the veteran, we will certainly do so.

Senator CASSIDY. That is great.

Second set of questions. I see that State veterans nursing homes are not being inspected, and VA does not have a plan to inspect them until November 2021. Now I am not quite sure but I know that—and, by the way, CMS is doing inspections of nursing homes, and so it seems like this could be avoided. I have been told by other agencies that some of these essential services are not being executed because union contracts basically keep the union workers from having to go out and do things if the union objects.

Is the reason the VA is not coming up with a plan to inspect these State-run veterans' homes because of union contracts or is there another reason why?

Dr. STONE. Sir, I heard this yesterday. This is absolutely incorrect information. We remain active in our inspection of nursing homes. We are active today in 100 State veterans' homes. We inspected veterans' homes in the last quarter.

Now, our work is at substantially reduced because of safety, in many of these communities, and just like the Joint Commission has moved to virtual inspections we have been working our way through virtual inspections. I do recognize the fact that a contract with a vendor has come to an end and we are renewing that con-

tract, or recompeting that contract at this time. That may be where this information came from. But it is completely unacceptable to me that we would not be in the State veterans' homes, actively participating as partners, to make sure that they are providing appropriate care to America's veterans.

Senator CASSIDY. Well, I am out of time so thank you, and thank you both for your service. I yield back.

Chairman MORAN. Dr. Cassidy, thank you. I recognize Senator Blumenthal.

SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. Thank you both for being here. Thanks, Mr. Chairman, for organizing this very, very important hearing.

Before I go to my questions about the vaccine I want to first again express my condolences to the two individuals who perished at the VA facility in West Haven—I hope you are familiar with that tragedy—Euel Sims, a longtime employee of the VA and a veteran, and Joseph O'Donnell both died as a result of an explosion at the VA facility on November 13th. And I have been to the facility and I have talked to Al Montoya, the director. He has told me there is an investigation. I extend my condolences again to their families and loved ones. I would like to know how soon we can expect a completion of that investigation.

Dr. STONE. Senator, I appreciate the fact that you went out there the day of explosion, or within 24 hours, and the Secretary and I were there within the next 24 hours, and we walked the facility, we walked the area. This is a tragedy that is just unacceptable.

That investigation is not in our hands. It is in OSHA's hands as well as NIOSH as well as the State inspector's.

Senator BLUMENTHAL. The VA is not conducting its own internal investigation?

Dr. STONE. That investigation is being done as part of our safety investigation, yes, and I anticipate the results of that to coincide with the release of the other Federal and State investigations.

As you know, this was a steam line that exploded, and we are going through all of the pieces that led to that, and we will release that in as transparent a manner as is possible.

Senator BLUMENTHAL. I am told that VA officials were informed by other employees and possibly by Mr. O'Donnell and Mr. Sims of maintenance problems at the facility. Are you aware of those reports?

Dr. STONE. I am aware that there are maintenance issues at that facility. It is an old building. You actually spoke of that in your comments. It is an old building. But please remember that this was distant from the actual care facility. It actually was in the basement of a maintenance facility. And I am not aware of that area, where those valves were turned, even was repaired that day. This was a blunt line that finished in that basement area, and I just have to wait for the steam engineers to come back and talk to us about what——

Senator BLUMENTHAL. But you were aware of prior reports about potential problems that were unaddressed?

Dr. STONE. No, I was not.

Senator BLUMENTHAL. Would you be surprised to learn that employees actually complained about the life-threatening safety issues in maintenance of that facility?

Dr. STONE. When I spoke to the VISN director and the medical center director, they did not relate to me any life-threatening maintenance issues that had not been addressed.

Senator BLUMENTHAL. Let me ask you about that facility, because I think we would agree that it is aging and aged and needs to be, in effect, rebuilt. Would you agree?

Dr. STONE. Yes.

Senator BLUMENTHAL. And would you agree also that this incident should lift that construction to the very top of priorities for the VA in its capital projects?

Dr. STONE. I will tell you that managing 6,000 buildings, the average age of which is over 50 years, I believe that we are absolutely committed to the West Haven community, to our partnership with the universities that are there and our staff that come from those universities, and to the robust number of veterans that we serve there. You have my commitment that that will be at the top of the list as we move forward. As you are aware, we have $350 million worth of construction scheduled for that site in the 24 months. If we can possibly move that forward or accelerate that you have my commitment to do it.

Senator BLUMENTHAL. I appreciate that. I would like to followup with you and make sure that those very encouraging words are turned into reality, because I think that this tragic explosion is a sign that we simply cannot allow this facility to continue to age and threaten the employees who work there, and as I said, the day of this disaster, in no way does the age of that facility reflect the first-rate, world-class care that VA personnel are providing to veterans. They are doing their jobs, day in and day out, with supreme excellence and caring. And so I commend your very dedicated workers, employees, doctors, nurses, clinicians, all of the staff at that facility, because they are working under very difficult circumstances.

One last question for you. Among the sites that have been indicated for either the Pfizer or the Moderna vaccines, is there a public list?

Dr. STONE. Yes, there is, and we will make sure that your staff has it.

Senator BLUMENTHAL. Can you tell me whether Connecticut is one of those sites?

Dr. STONE. I do not believe it is on the initial list, but in your catchment area there are two sites that will receive the Pfizer vaccine. The question is, is it in the State of Connecticut? I do not believe the initial five sites are within the State of Connecticut.

Senator BLUMENTHAL. Where is the nearest to Connecticut?

Dr. STONE. Massachusetts.

Senator BLUMENTHAL. In which part?

Dr. STONE. I think in Boston.

Senator BLUMENTHAL. And that is the nearest to Connecticut for any vaccine?

Dr. STONE. I think that will be the initial delivery. But I would have to really—we have executed 83 contracts for dry ice to enhance our ability to distribute this around the system. I just do not

know, until this weekend, when we get final distribution criteria from CDC and FDA.

Senator BLUMENTHAL. Well, I am going to ask that Connecticut be included as one of the sites that the dry ice be provided, and my staff will be in touch with you about this issue. Thank you very much.

Chairman MORAN. Senator Blumenthal, thank you. With the gracious cooperation of Senator Tillis I am going to recognize Senator Manchin. We are not going by presence. We are going by seniority, because of the nature of the Senators who are distantly participating. Senator Manchin.

SENATOR JOE MANCHIN

Senator MANCHIN. I want to thank my dear friend from North Carolina. I appreciate you, buddy.

Anyway, Dr. Stone, the VA has set, in the Infrastructure Review Act, AIR, something I strenuously opposed—I think you all know that—it creates a commission in 2022 to close down VA facilities across the country. I am very supportive of reducing waste and other inefficiencies in the VA system, but I have been against Washington cutting back on health care access to veterans, especially in rural areas, in rural areas like my State of West Virginia, which is entirely rural, in the Appalachian, and fear that may happen.

That is why I introduced a bill with Senator Rounds, also from the very rural State of South Dakota, to eliminate the AIR Act commission. I am hearing worrying reports of efforts to accelerate the AIR Act timeline, which is alarming, given that we are in the middle of a pandemic, and that would not be the right time to do it.

So my question would be, the pandemic has made it clear the valuable role of the medical centers, the VA medical centers, not only for our veterans but for national stockpile of emergency supplies and responses, in other words, our national security. Do you all see the harm that might be shortsighted if they would start closing, or even going down that pathway?

Dr. STONE. Senator, I am unaware of any effort to accelerate the AIR Commission, but I do believe that we need a fundamental recapitalization of the VA system. I mentioned previously to Senator Blumenthal that our average age of our facilities is over 50 years. We need to be recapitalized, and that includes acknowledging the lessons learned of this pandemic. And the lessons of this pandemic is we are the safety net to this system and we must acknowledge the fact that rural hospitals in America are not stable, are going out of business at unprecedented rates, and we must be that safety net.

Therefore, what I thought was a review looking at where veterans truly were, has expanded now to acknowledge the fact that we will need small facilities in remote areas of this country in order to serve a potential future pandemic as well as to serve America's veterans.

Senator MANCHIN. Either one of you could answer this, or both of you answer. The Pfizer and Moderna vaccines need to be transported and stored in extremely cold temperatures. I think we are

all concerned about how we are going to get into the most rural areas. Having a State that is entirely rural, and my friend from North Carolina, his State is extremely rural in certain areas, we are thinking that we might not have the facilities to do that, and to be able to do that, and get the vaccines transported in a safe manner. What precautions, and how are you all working with that to make sure that basically when these vaccines are distributed that we are able to handle those in these rural areas if we do not have the accommodations? So either one. Dr. Stone?

Dr. STONE. So as I mentioned previously, we have sandboxed the entire process to make sure we can handle them safely. Please remember, Senator, that we are in the midst of our influenza vaccine distribution and have given over 1 million doses of the influenza vaccine. So our ability to move these around the system is well tested as part of our pharmacy program.

The difficulty here is refrigeration, and that is what I talked about in –20 and –70 degree freezers, to move these around. This morning, before we began here, I had a conversation about our ability to obtain a short-runway aircraft to go into rural areas, that we could bring small amounts of vaccine into those rural areas where there are 20, 30, 50, or 100 veterans. I believe we are going to need to have that kind of creativity and innovation in order to deliver this effectively and quickly.

Senator MANCHIN. The last question, very quickly, is internet access. You know, telehealth, all of that has been hard to come by in rural areas because we have no internet service, and then also getting reimbursement for travel. That has been a big thing with our veterans in rural areas. Has that been looked into and how they can basically be able to access that or expedite that, as far as access to the travel expenses?

Dr. STONE. Let me answer the first portion of that, the internet. There are really some weaknesses in the internet system in America——

Senator MANCHIN. We are working on it.

Dr. STONE [continuing]. and we have been trying hard. We worked hard in Kansas with some of the small providers to see what we could do to enhance that. It has been a pretty frustrating area, but we are hoping for the help from FCC to really work that, and hoping for your help.

Senator MANCHIN. We have a COVID package, with more help for that too, and it specifically spells out, in veterans, how we can help them in those vulnerable areas. How about on expenses. Are there other ways, since internet is not able to get their reimbursement, or get their expenses?

Dr. STONE. And yes, we are examining that, and I have been assured that we have put methods in place to get people's reimbursement for travel and to make sure that is being done properly.

Senator MANCHIN. Very helpful. Thank you.

Dr. STONE. Thank you, sir.

Chairman MORAN. Senator Tillis. Thank you.

SENATOR THOM TILLIS

Senator TILLIS. Thank you, Mr. Chairman. Gentlemen, thank you for being here. Thank you for your past and current service.

If we could go back to the vaccines, you said there are 37 sites, you are going to plus up 36 more for 73. I am kind of curious. I am curious—did the original 36 sites already have the ultracold storage, or did you pre-position them? What was the rationale for the geographic location for the first 37 sites?

Dr. STONE. We moved them around. Most of those are used in the research community. Some of that research is not being done where there are large numbers of veterans.

Senator TILLIS. So are you all creating like a hub-and-spoke sort of framework to where we should be concerned less with where they are physically and more with whether or not they are optimized for distribution out to other facilities? Was that the underlying strategy?

Dr. STONE. That is exactly the strategy, Senator.

Senator TILLIS. Okay. So the 36 would plug any holes or create more—or the 36 additional, to create more hubs.

Logistically, after the vaccine goes to the hub, how long does it—mechanically, so in Senator Blumenthal's case, Boston—I used to live in Boston. It is not too far from Connecticut. You have a need in Connecticut, so how does that work? First you have got the prioritization. You have stratified at-risk VA employees, at-risk veterans. You are going to determine that you need to surge a certain amount of vaccines to Connecticut. So logistically, have you all worked out how long it is going to take from the time that you have a stockpile in Boston to the time that you can get it to any part of Connecticut, if that is the priority need?

Dr. STONE. CDC has not approved secondary transportation beyond the initial delivery site.

Senator TILLIS. Okay.

Dr. STONE. Once we have that, that can be moved using dry ice that should last for a number of days for transportation.

Senator TILLIS. Okay.

Dr. STONE. Once that is then unfrozen, it then has to be diluted, and once that is done it has to be used within 6 hours.

Senator TILLIS. Okay. Do you think that—are there any areas of concern with the 37 hubs that are in place, the 36—over what timeframe will the 36 hubs be put into place?

Dr. STONE. Within the next 2 weeks.

Senator TILLIS. Okay. So you are going to be—that underlying infrastructure is going to be tracking roughly to what we hope is the availability of the Pfizer vaccine. So I guess the thing I am—with that 73 hubs, are there any areas where we are serving veterans where you are concerned that logistically you do not have geographic coverage for the points of distribution, or do you think that those 73 sites cover the points of distribution?

Dr. STONE. No, I do not think it is going to cover the entire nation in the way that it should, and I think I am going to need the Moderna vaccine and the 200 sites that I will have from the Moderna in order to reach the rural veteran.

Senator TILLIS. I think it would be very helpful for the members if you could report back, as a question for the record, what areas of vulnerability we have. And it is not for a desire to serve them. It is because of the logistical challenges. But I think that would be helpful so that we are tracking that, more or less a coverage map

for the distribution of the vaccine, and then Moderna, which is still cold storage but not super-cold storage.

You know, you mentioned how—I watched both of your opening Statements in my office, and, Dr. Stone, I think you mentioned how, you know, things that seemed extraordinary decisions that you made over the course of the challenge of COVID has now become standard operating procedure, you know, in terms of the ways you are doing things differently. How many of those are authorized under emergency conditions that we need to make sure stay in place, because they should become part of standard operating procedure?

And because I am running out of time, Dr. Lawrence as well, I guess what I would like to hear from you all is what more does Congress need to do, either through authorities or through resources, to make sure you can continue to sustain what I think is a remarkable success story in the way that you all have dealt with it. You are not perfect, but if I were to match you up against most major health care systems I would say you are doing as well or better than the vast majority of them, and I appreciate you doing that.

So if you could just maybe, for the purposes of the Committee, talk about what more we need to do, as followup authorities or followup resources, to backfill maybe depletion of accounts, just because of what you have had to do to respond to COVID. That will be my last question.

Dr. STONE. Senator, thank you, and I appreciate this question because I think we will need more resources. I think under the CARES Act you gave us $17.4 billion for the health administration. We have committed right about $8 billion of that. I think we will consume the rest of it through the remainder of this fiscal year.

But I do believe there is a lot we cannot see about vaccine distribution, and I think we are still probably three to 4 weeks ahead of the peak of what we are going to see in this escalation of cases across the Nation.

One of the authorities that has been absolutely essential to us is the fact that the Office of Personnel Management gave us authority to waive many administrative requirements that have allowed us to hire over 66,000 employees. Should we expire in those authorities, it will make it very difficult for us to sustain this work force in the manner that we have. So that is one area where I would ask you to think about as we go forward.

And, Dr. Lawrence, I will leave it to you.

Mr. LAWRENCE. Yes, Mr. Chairman, if I might have a minute here. I know we are at time.

We need to provide better service to our GI Bill students, the changes in the conditions and the laws. We put forward a request for $240 million to give them more modern systems so that when they call we know who they are, when they ask for computations of information we do it instantly, and we have all the data to not only service them but as well as to do oversight. So we put forward a pretty clear request to get better IT systems for our education service business.

Senator TILLIS. Thank you.

Chairman MORAN. Senator Tillis, thank you. Senator Hirono.

SENATOR MAZIE HIRONO

Senator HIRONO. We are having some technical difficulties and so the questioners and the responses are frozen, so I will do my best to proceed. I see that I—yes, I just froze.

So let me start with Dr. Stone. You have been asked a number of questions. I see that I just got—Okay. You have been asked a number of questions regarding the vaccine distribution. I would like to know whether, at a time when transparency and communication with regard to vaccine distribution is critical to the hundreds of thousands of veterans all across our country and our territories, is your current vaccine distribution plan, including where the sites are, what the priorities are, are those on a website? And also, is there information on frequently asked questions on a website right now, and if not, are you going to put together such a website so that the veterans can understand what kind of distribution program they are going to need to follow?

Dr. STONE. Yes. We did post our frequently asked questions, and we have not posted our sites for distribution yet until we get approval from the CDC, and I anticipate that this weekend. But I do have, in front of me, and I am happy to leave with the staff the listing of all 23 VISNs and what the locations are, as we anticipate it at this time. But I will firm that up over the weekend and they will be posted on our websites, where those sites are.

We did also communicate via text to over 20 million distribution of the fact that we will be contacting veterans as we go forward and as the vaccine is made available.

Senator HIRONO. Well, I am hearing you say that you will put together a very user-friendly website that will explain the priorities for the vaccinations, with as much specificity as you can, because the communication and transparency of your program, your vaccine distribution, is going to be critical. So I am very interested to see what your website looks like.

I know that, again, Dr. Stone, you are very familiar with what happened at the Yukio Okutsu State Veterans Home, and I do appreciate VA sending a team out there to help with the situation, the tragedy there, where 27 people who lived there lost their lives. And you made some recommendations as to how this home should proceed. Are you ensuring compliance with the recommendations made in the report that was generated by your team?

Dr. STONE. Yes, we are.

Senator HIRONO. Are they in compliance?

Dr. STONE. I would have to get an update at this point about that site, but it is my understanding that they were very cooperative and very supportive of coming into compliance. As you know, for a number of weeks we put personnel into that State veterans home in order to assure that, and every report that I got while they were there was that they were in compliance. I cannot comment, as I sit here today. I just have not had a report in the last few weeks.

Senator HIRONO. Are you also engaged in proactive communication with other VA facilities so that something like what happened at Okutsu is not repeated in other facilities that take care of veterans?

Dr. STONE. Unfortunately, Senator, as you know, this has been repeated in other areas around the country. In every single site, now more than 100 of the 157 State veterans homes owned and operated by the States, they have welcomed us into those homes, and we have actively worked to make sure that veterans' health and safety is assured to the best of our ability.

We have also been in hundreds of private nursing homes around the Nation, that have invited us in to provide training for their personnel as well as to comment on how to operate COVID-positive and COVID-negative——

Senator HIRONO. I am sorry, Doctor. Your response got frozen, but I just have one more question.

Telehealth has really been in increasing use in the VA system. Are there any authorities that you need to enable you to expand your telehealth capabilities? Do we need to take further Federal action to enable you to do that?

Dr. STONE. We just posted some regulations that will allow us to mimic what is done in the Department of Defense with Federal supremacy. What we do recognize is that the State licensure of some of our health care professionals is causing some difficulties in our current authorities when we distribute personnel as part of an emergency DEMPS deployment or deliver using your analogy across States.

Senator HIRONO. I am sorry. Your response just froze so I could not hear what you said. We will need to followup with you, because if there are any barriers to—sorry. We are having technical difficulties, so we will have to get back to you with regard to any barriers to your ability to have telehealth be a way to respond to the veterans' needs. Thank you, Mr. Chairman.

Chairman MORAN. Senator Hirono, thank you. Your difficulties exhibit the difficulties we have with technology. Senator Sullivan.

SENATOR DAN SULLIVAN

Senator SULLIVAN. Thank you, Mr. Chairman, and thanks for your leadership on this Committee. I appreciate it and all that we are getting done here.

Dr. Stone, Dr. Lawrence, I am going to ask some questions for the benefit of veterans listening who may not have caught you full opening Statements. I know the VA is working with the CDC on finalizing plans for distribution of the COVID–19 vaccine, and I understand that the vaccines will be distributed at two site locations per region, as determined by that VISN regional office.

Can you go into detail about how those locations will be decided, what the prioritization is for receiving a vaccine among veteran population, and how do you plan to coordinate with States and other agencies to deliver to a wider population? I have, of course, a strong interest in Alaska, where we have a large veteran population, particularly in rural areas, where health care infrastructure is limited and traveling to major, you know, cities like Anchorage or Fairbanks is not always so easy.

Dr. STONE. Senator, the initial distribution is dependent upon the presence of the refrigeration that will accommodate the vaccine.

Senator SULLIVAN. I am sorry. Say that again.

Dr. STONE. The initial distribution was based on the presence of refrigeration that would accommodate the vaccine at the appropriate temperature and then was matched to the concentration of veterans in that area.

Senator SULLIVAN. So not to interrupt but that is kind of a 0 for 2 for me, because in our rural areas we have a lot of veterans but it is pretty sparse, and we do not have—we have very limited refrigeration or even medical facilities. So I guess that is the challenge then, correct?

Dr. STONE. So I would look for the distribution into the Alaska area with the Moderna vaccine. We have –20 degree freezers there. And then we are going to need to do a secondary distribution of that vaccine, and if you heard my earlier comments I think we are going to need aircraft to do that.

Senator SULLIVAN. Okay. Well, it would be helpful. I am sure Alaska is not the only State similarly situated. I am sure there are other big rural States—we are the biggest rural State—and with so many veterans perhaps maybe offline, not as part of this hearing, my team and I can make sure we are coordinating well. I have been doing this with General Perna and others. We have so many unique challenges in Alaska that a lot of other States do not have, given the size and the weather and challenges like that.

How about, how well do you think it is going in terms of your integration and coordination with other Federal agencies, say, DoD, and States? And I am not just talking Alaska. Of course I would be interested in Alaska, but whether it is Kansas or any other place, Arkansas, how do you think that is going?

Dr. STONE. You know, early in this process and in this response the Secretary called every Governor in the Nation and spoke to, I think, more than 46 of them.

Senator SULLIVAN. Good.

Dr. STONE. That contact opened a methodology that we now have supported 47 different States in providing VHA services personnel or consultation, or even PPE, to support the States across the way. So I think that is going very well.

I think that this is a herculean effort that nobody has done for 100 years, and even when the Sabin and Salk vaccines were released I think there is a—I can remember—I am old enough to remember my parents taking me and driving to get the vaccine. We are going to have some difficulties reaching rural areas, but you have our commitment that we will work diligently until every veteran is delivered this vaccine and we assure the safety of the population that is enrolled with us.

Senator SULLIVAN. Good. I appreciate the hard work you guys are putting into this, you know, the Secretary on down.

Let me ask one final question. How is the VA coordinating with IHS to make sure that the native veteran and non-native veteran populations served in those hospitals through the VA Tribal Sharing Agreements are accurately accounted for in the VA's vaccine distribution plan? You have some overlap there in some ways could be good. I think overlap is good, but falling through the cracks would be bad.

Dr. STONE. Our allotment is not part of the IHS allotment.

Senator SULLIVAN. Yes.

Dr. STONE. We expect IHS to receive an allotment and we have expressed to their leadership that we are more than happy to come in and support them, should they need support-——

Senator SULLIVAN. Good.

Dr. STONE [continuing]. in providing this. We also have over 100 agreements with individual Tribes that operate their own systems, and we extend the same, and extend it today, we extend the same commitment that we will come and help if they need support. Every day my deputy, Steve Lieberman, sits with FEMA and HHS, looking at requests for support in an effort to assure, at the highest levels of VHA, we are responding appropriately and as agilely as possible.

Senator SULLIVAN. Great. Thank you. Thanks for your hard work on this very important issue. Thank you, Mr. Chairman.

Chairman MORAN. You are welcome, Senator Sullivan. You are such a diligent advocate for Alaska and its unique nature. This is the first time, though, I ever heard you complain that you have lack of refrigeration.

[Laughter.]

Senator SULLIVAN. Well, you notice I mentioned Kansas too.

Chairman MORAN. Yes, I appreciate that as well. Thank you.

Senator SULLIVAN. I did not mention North Carolina, though.

Chairman MORAN. Senator Sinema. Senator Loeffler?

SENATOR KELLY LOEFFLER

Senator LOEFFLER. Thank you all for being part of this important hearing. I just wanted to followup on my colleague's question, particularly related to rural areas, and I apologize if this question has already been asked. So really it is along the lines of telehealth. Obviously, Congress has granted the VA the authority to form agreements with telecom companies to make sure that they can access tele-mental health services. As the pandemic forced people across the country into isolation, obviously it is so important that we assure the at-risk veterans receive the mental health care that they need. Obviously, connectivity and access in regard to telehealth is so important for every veteran, but particularly those in rural and otherwise underserved communities, that my colleague just mentioned.

Dr. Stone, can you provide us an update on how the VHA is utilizing this important authority?

Dr. STONE. Senator, I can, and I appreciate the question. At this time we are delivering mental health services at about exactly the same rate as we were before the pandemic began. What has changed is that the vast majority of that is being done using either video technology or telephone technology. The receipt of that has been extraordinary on behalf of veterans, with very high levels of satisfaction, being able to stay in their home and receive those services.

The only change that we have seen is in group therapy, which the technology does not accommodate very well or maintain the level of privacy that veterans have wanted.

We have also distributed over 80,000 iPads to veterans in remote areas, and we have worked to assure all of the major carriers now have signed on to allowing us to connect to veterans without it

going against their monthly bill in the movement of data or text across their systems.

So I am really very pleased with the advances that we have made in this, and it is a reflection of the fact that the vast majority of mental health services are now using these technologies.

Senator LOEFFLER. Well, that is great to hear, and in terms of your answer showing such effectiveness I would just be curious, as a followup, to hear what you might think, how that might change. Just once we get back to normal, does that allow you to kind of have a new way to address those underserved areas and keep that engagement going at a lower cost and more accessible basis? Are there some learnings going forward?

Dr. STONE. There is, and I would suggest also that the partnership that we have with Philips, that has allowed us to develop the Project Atlas that is going into remote areas of the Nation which literally is a room that we can insert in facilities like our VSO partners, and has allowed us to deliver in remote areas where there is not even internet that is effective.

We are also in partnership with organizations like the major retailers, like Walmart, where they have developed an infrastructure that we have been able to piggyback off of and to work. And we have been down in your State looking at some remote, what we would call health care deserts, looking at how we might partner with Walmart to deliver to veterans that just do not have access to internet ability.

Senator LOEFFLER. Well, as someone who grew up on a farm and the family still struggles with that internet connectivity, I know that means so much to those in rural areas, and particularly this really urgent need for our veterans. So thank you for continuing to work on that and make sure—you know, our State is the fifth-largest for veteran populations and we have so many needs right now, so thanks for continuing your great work on that. And I will yield the balance of my time.

Senator TILLIS. [Presiding.] On behalf of the Chair, Senator Sinema will be next. After Senator Sinema we will take a brief recess pending the completion of votes and the return of the Chair. Senator Sinema?

SENATOR KYRSTEN SINEMA

Senator SINEMA. Thank you so much, Mr. Chair. I want to thank Chairman Moran and Ranking Member Tester for holding this hearing. At a time when coronavirus cases are spiking in Arizona and across the country, it is important for us to ensure the VA is well equipped to fulfill its mission. So I want to thank our witnesses for being here and for your continued efforts to provide care and support to veterans during this pandemic.

It certainly has not been easy and there have been bumps in the road, but overall we have heard positive feedback from leaders in the Arizona veterans' community about the VA's response in the State.

My first question is for Dr. Lawrence. Arizonans continue to express concerns that the VA has not taken any action to ensure that survivors of veterans who die from COVID will receive the benefits they have earned. I sent a letter, with Senator Tillis, in July, ask-

ing Secretary Wilkie to take action, and I still have not received an answer.

Many of the illnesses that make individuals more susceptible to COVID–19 are widespread in the veteran population, but there are instances where a veteran's death certificate identifies COVID as the sole cause of death, even if the veteran had service-connected illnesses that could have made them more susceptible to the virus. In these cases where those illnesses are not listed as secondary causes of death, the survivor will not receive their earned VA benefit.

So in my letter I asked Secretary Wilkie to provide guidance to VBA claims adjudicators to make this process more streamlined, including automatically seeking a second medical opinion in these instances. Given there is so much we are still learning about this virus, having an automatic second opinion would standardize the common-sense practice and take a huge burden off the survivor in an already difficult time.

I have introduced the Ensuring Survivor Benefits During COVID–19 bill to require VA to do this. My question is, can the VA do this without legislation?

Mr. LAWRENCE. So I am sorry to hear that your letter has not been responded to because I know this is something we take seriously. And like so much of what has happened during the pandemic, this is something that was not thought through. We rely on the death certificates to provide benefits, and I know that our folks—because others are identifying this too, the veteran service organizations have brought this to our attention, and I know that we are reviewing it.

I will have to check in on where the review is, and I do not want to speak out of lack of knowledge of whether this is something we can implement through our rules or whether we will need legislation. I am thinking it is our rules, but let us get back to you on the do-out on that.

Senator SINEMA. Well, I would like us to get back with each other before the winter holiday, because, of course, I am concern now that we do not have a process streamlined for survivors, and if so, if there is not going to be a process from the VA I would like to get our legislation moved forward to give you that authority to do so.

My next question is for you and then for Dr. Stone. In April, the VA announced a number of actions to help ease the financial burden on veterans during the pandemic by suspending all actions on veterans debt. The VA website announcing this action asks veterans to contact the VA to make arrangements. Other VA announcements suggest that debt relief was automatically granted.

So I wanted to ask you, was debt relief automatic for both benefits and health-related debt?

Mr. LAWRENCE. Let me start with benefits. So debt relief was automatic for new debts. For debts that were existing you were to call and arrange the payments you would like to continue on. We did not want to waive those for folks who continued to make their payments. So that is how that was done from a benefit perspective.

Dr. Stone, why don't you answer that one?

Dr. STONE. From a health perspective, Senator, we do not have authority to waive. We have delayed the collection of those debts until January, and it remains to be seen whether the economy will have been stabilized to the point that that is appropriate. But we do not have authority to waive the debt collection that will occur. In fact, we sent, this last weekend, notice to all veterans of what their current balances were.

Senator SINEMA. Well, given the case, the status of the pandemic right now, I think it is reasonable to assume that the financial situation in our country will not be significantly better in January than it is now. So I would like to followup on this, because I believe that the debt relief should be automatically granted, and again, some VA announcements have suggested it to be so. So I would like to get that clarified so we can provide certainty for our veterans.

My final question is for both Dr. Lawrence and Dr. Stone. The VHA is sending out information to veterans notifying them that these debt suspension actions expire at the end of the year. The VBA has told SVAC staff that the current debt relief policies will be in place until 60 days from the end of the national State of emergency, and yet VA's Debt Management Center has said the current debt relief provisions will end but that VA will announce a new plan shortly and notify veterans over a 7-month period.

Is VA continuing these debt suspension actions, and how and when are you notifying veterans? They need to know now.

Mr. LAWRENCE. Certainly, I agree. There is some confusion in the communication coming from the Debt Management Center. So both Statements are true. We are going to continue to suspend debts, but what the Debt Management Center is doing is writing letters to our veterans in January, telling them of their debt, and offering them three courses of action: one, pay immediately, if you will; two, talk to us about rearranging the schedule, and there is some flexibility in how long you can rearrange your debt; and three, ask for a waiver.

So that is what they are doing in January, and, again, you can see it incorporates that.

In terms of, you know, providing information to the debt services, that will not continue until October, at which point they will rearrange it. So we have talked to our debt management colleagues to clarify this. I know that they have been up to talk to your staff about this, to try to get the right information. But both Statements are true.

Dr. STONE. So let me say, on behalf of the VHA, we did communicate this last weekend. We have received large numbers of phone calls from veterans stating that they wanted to use their flexible savings accounts and wanted to assure that we were informing them of any debt that they might have. In an effort to comply with that, we sent out the notice last weekend. We also, as part of that letter—and we would be happy to get your staff a copy of it—invited any veterans that needed special assistance to contact us and we would work with them. We also made personal contact with any veteran that had a balance of greater than $2,000, many of which occurred because of long-term care facility copayments.

Senator SINEMA. Thank you, gentlemen. Mr. Chair, I see that my time has expired. I yield back, and thank you.

Senator TILLIS. Thank you, Senator Sinema.

Gentlemen, we are going to take a break. I do want to also extend my thanks to Secretary Wilkie. I think we should remind everybody of where the VA was just a couple of years ago, and 17th out of 17 Federal organizations, as the least desirable places to work. Now you have move up, I think, into about the top 5 or top 6 category. I want to thank you for the work that you have done for the pandemic response. It is not perfect but I again would say it is probably about as good as any comprehensive health care system in the United States.

And I am going to submit some questions for the record. I think it would be helpful to the members to understand the hub-and-spoke strategy, where you do think you have vulnerabilities in the rural areas and potential remediation strategies for that. I think that will be helpful for the members. I do not want to question the underlying infrastructure that you are putting into place. What we do not want to do is have a hub move to an area that is suboptimized. What I think our members want is to make sure that their constituents are covered. So I appreciate you all getting that back to us. I will submit some other questions for the record.

We are going to take a brief recess, subject to the call of the Chair, after the second and third votes are taken, which I expect to happen momentarily. So thank you all. We will be in recess.

[Recess.]

Chairman MORAN. [Presiding.] The Committee hearing will reconvene, and thank you, both witnesses, for your willingness to allow my return from votes. And pleasing perhaps to you is that we have another vote in 5, 10 minutes. So my questioning will be brief and I will not expect you, nor do I want to run one more time from the floor back here. So thank you very much for your patience. Let me ask Dr. Lawrence a few questions and then Dr. Stone a few questions.

Dr. Lawrence, although the VBA worked with its contract vendors to conduct as many telehealth and acceptable clinical evidence exams during suspension of in-person exams, there, of course, is still a backlog of exams and claims to be processed. What is the VBA's strategy going forward to continue enhancing and expanding access to telehealth and ACE exams to tackle this backlog? How do you foresee these virtual exams and the ACE exams will evolve the medical disability exam process?

Mr. LAWRENCE. We think this is one of the things the pandemic has really opened our eyes to, is how much can be done. We want to continue that as much as possible, and we are working with VHA to expand the list of conditions by which tele-C&P exams can be done.

We also want to encourage our veterans to get us acceptable medical evidence. We do not like when they go to a C&P exam and we could have looked in their records. We encourage them to get us their medical records. If they will sign a form, we will go get it in 5 days from their provider. We are very, very good at that. So we would like to do as much of that going forward as possible. We are working with the contract vendors to do that, and that is our plan.

Chairman MORAN. Is there any less accuracy related to the exam in this manner, and are there certain medical conditions or cases that would still—the preference would be to be seen in person?

Mr. LAWRENCE. Yes. So what we do is we limit the expansion of C&P to make sure we do not have the problems you are describing about accuracy. Only if it meets the criteria that you can do it well, and the answer is yes, there are many, and that is why we have to coordinate with VHA in terms of the medical protocols, things you just cannot do virtually. You can understand touch measurement, things like that, but that is right.

So we are trying to strike the right balance as much as possible, understanding it will never replace everything.

Chairman MORAN. And this discovery, this utilization of this technique will help in reducing the backlog, in the long term?

Mr. LAWRENCE. Absolutely. We want to have more capacity of our vendors, you know, in-person as well as tele-C&P. So before, obviously, you would just reschedule, we would wait, you would reschedule, we would wait. Now if we could do it online that would be great.

Chairman MORAN. Dr. Lawrence, in addition to going through a name change and rebranding this year, your testimony illuminated a lot of good information regarding the Veteran Readiness and Employment, or the VR&E, program's response to COVID through increased telecommunications. However, in July, the VA Office of Inspector General issued a management advisory memorandum to request that VBA examine overpayments by the VR&E program that were made to schools covering veterans' tuition.

Where is the VA on investigating on how to appropriately recover those overpayments? Has the VA provided the OIG with any updates on their efforts to examine and recover those overpayments?

Mr. LAWRENCE. I will have to check in on the last part of your question, how we work with OIG on this. I know we have a regular cadence with them. I meet with the inspector general every month and we talk through what is going on in both of our organizations.

Overpayments and inaccurate payments is something we take very seriously. We spent the last year working on, you know, reducing our overpayments, and the last couple of years we reduced our improper payments by $400 million. I will also check in on the status of where they are in terms of running down the processes and tightening it up, and certainly recovering the monies. So we will take that as a do-out and talk to your staff about where we are.

Chairman MORAN. I welcome your followup on those questions. Thank you.

Let me turn to Dr. Stone. Dr. Stone, the VA has undertaken civilian assistance missions in 49 States and territories, admitted 355 civilians to its hospitals, and provided over 908,000 pieces of PPE to civilian health care facilities as part of its fourth mission. I say that because I want people to know that. You would be aware of it.

My questions are, if a civilian hospital CEO or a county public health director visits with me, they think they need VA's help in responding to the pandemic in their community, what steps should they take to get that help?

Dr. STONE. They would go through their State emergency operations, through their Governor, and then it would come to us through FEMA. That can be done in an agile manner in that we quite often will begin to support a local facility as we await this to come through the State approval from the Governor and then the FEMA approval.

Chairman MORAN. The numbers that I indicated, extended the involvement of the VA and its fourth mission to civilians. Has it changed since the facts I outlined? Is something more happening today with the result of the increase than what those numbers reflect?

Dr. STONE. A couple of things have happened. No. 1, let me clarify. It is 908,000 pieces of equipment.

Chairman MORAN. I do not know what I said, but that is what my notes say, 908,000.

Dr. STONE. All right. I appreciate that, sir, and I appreciate you outlining it. But we also just this week, in New York, gave ventilators to a private hospital on a lease basis or on a loan basis, that they were out of ventilators. We have a large amount of ventilators that we have secured throughout the pandemic. So we have equipment all over the Nation that we have given to private hospitals in order to respond to this.

Chairman MORAN. Dr. Stone, my conversations with Kansas hospital CEOs, chief nursing officers, with certainly press reports, probably the most prevalent COVID–19 story in our State, in addition to the number of deaths or the number of positive cases, the spread, is the lack of hospital capabilities, particularly ICU capabilities, to meet the demands of the patients, the demands of what now COVID presents a hospital. The ability, for example, of a small, rural hospital to find transfer for a patient that needs ICU care is limited. It takes a long time. There are some who are unable to be transferred and others it is where hospital personnel in small hospitals are spending their time trying to find a bed in Kansas or outside of our State.

In exploring the challenges that those hospitals that have ICU beds generally available to patients in Kansas but do not now have the availability, in some instances, perhaps most, it is not a lack of beds. It is a lack of health care professionals, the necessary nursing and other staff. So the shortage is, in significant part, unstaffed beds, and that is due to those who work in the health care delivery system testing positive, being home, being isolated, have members of their family who are in that circumstance, students who are not in the classroom. There is a lack of professionals, the necessary people to work in the ICU.

What role, if any, can VA play in providing professionals to better staff ICU units?

Dr. STONE. Mr. Chairman, the sustainment of the medical work force across the Nation is the major weak point that we face today. That work force, as you know, in Italy and in Spain, as much of 15 percent of the work force went down from COVID and was unable to work.

What we believe is that in no way can the VA's 175 hospitals staff the 6,000 civilian hospitals in the Nation. Our best approach is to accept critically ill patients to be transferred into our facili-

ties. And as you and I are speaking this morning, I have 1,100 ICU beds that are available across the Nation.

Chairman MORAN. Available as in available beds and staff?

Dr. STONE. Yes. They are available and staffed. I also have mobile units that can be moved into areas of the Nation. We just moved from El Paso to Oklahoma City a 30-bed ICU that is mobile, that will allow us to take some of the strain off the Oklahoma City and surrounding area. I have multiple 25-bed modules that can help reduce the stress on civilian hospitals.

But we cannot be a staffing agency. And although we have tried to do that in many areas, we are just not large enough, even with 400,000 personnel to care for America's veterans, to care for the challenge that we are having with now over 1,800 veterans currently hospitalized in either acute or convalescent care in our facilities. We cannot sustain that operation and staff other facilities.

Chairman MORAN. So, Dr. Stone, let me see if I can put this in the way I would explain it to someone at home. The VA's capabilities are not to be a staffing agency, as you say. It is not to send personnel from the VA to a different hospital. But there are staffed beds available within the VA that patients could be transferred to, where they would be cared for in a VA hospital, with VA staff.

Dr. STONE. That is absolutely correct. Let me just finish the story. We also, on a med-surg basis, or medical-surgical beds, I have 3,000 empty beds across the Nation today, and then the 1,000 that are ICU beds. About 4,000 beds are available today. And the Secretary, as I mentioned earlier to Senator Tillis, has reached out to Governors in areas that are really stressed, saying that we are available and we are more than happy to enter into discussions on how to get them help for critically ill citizens that need help, even if they are not veterans.

Chairman MORAN. I read in a press report today, in a small-town paper not far from my hometown, about a patient who died with just the inability for that patient to be transferred someplace else. So it is a serious, acute circumstance. Would the process by which that can occur be what you described earlier, through FEMA, emergency preparedness, or is there a direct way to seek transfer to a VA hospital?

Dr. STONE. Yes. It needs to go through the Governor, but any medical center leader who needs help, if they call their local VA director, we will work that, and we will work as agilely as we can in order to support critically ill Americans.

Chairman MORAN. Dr. Stone, I appreciate that answer very much. I appreciate that you have the capability to respond in that way.

Let me ask, because it may be the last time, at least, this year, that you and I have an opportunity for me, at least in a setting like this, to ask you a question. I want to go back to CCN contract modifications. You know, we held a hearing, as you know, in regard to the MISSION Act, in October. During the hearing, Optum and TriWest both testified that they are voluntarily building their respective networks to meet MISSION access standards. While that is something I support, the VA has a responsibility, in my view, to modify the contracts to ensure that third-party administrators continue to meet those standards.

Dr. Stone, why is the VA either has been or it continues to be hesitant—I do not know which—to modify those contracts when the TPAs are already building out their networks to meet the standards?

Dr. STONE. This has been one of the most frustrating areas in yours and my relationship. I promised you in August I would get this fixed. It is not fixed yet. I considered it a shortcoming and I actually spoke to Optum leadership 48 hours ago, because I anticipated that you might ask me about the fact that I have not done what I promised——

Chairman MORAN. I am sorry that you know me so well.

Dr. STONE [continuing]. I would do. They are about ready to move forward with moving off of the 180-minute rule that we had previously. I have been promised by the Community Care leadership that that modification will go forward, and I am looking for a date that I can fulfill my promise to you from now more than 90 days ago.

Chairman MORAN. Let me again try to put that in words that I would understand. What you are telling me is that in the near future you want to see that the contracts are modified to meet the standards of the MISSION Act.

Dr. STONE. That is correct. Now I am talking about the 180-minute rule, the 120-minute rule. There is more than a million providers in this Nation, more than are participating in Medicare, that are part of our Community Care delivery network. I think it is a robust network and I look forward to seeing how, as we come out of this COVID pandemic, it really serves the needs of America's veterans.

Chairman MORAN. I am not sure whether I like that answer or not but I will take it under advisement, and we can continue our conversation about this topic.

We sent a request for information to the VA, asking whether their Fiscal Year budget request included funding to modify the contracts. The VA responded that the budget did indeed include funding for modifications. However, we continue to receive mixed signals from the VA. Can you confirm whether or not funding for the CCN modifications, which we are talking about, were built into your budget request or not?

Dr. STONE. I have been told the same thing you have, and that is that it was built into the budget.

Chairman MORAN. So I guess my takeaway from that is that when I'm told, or if I'm told that there is insufficient money for purposes of modifying the contract, if we were to provide the money requested, that would not be an accurate explanation for why the modifications could not occur.

Dr. STONE. That is correct.

Chairman MORAN. Thank you. I am just almost done, but I want to bring a story to you, Dr. Stone, of a circumstance in Kansas, and indicate a desire for your help.

So this is at least the second time, maybe this year, the second time this year in which the VA has announced the intention of closing a CBOC in Kansas. And we have tried to be very cooperative and not—I am trying to choose my words carefully—not stand in

the way of making a good decision, if that is the best outcome for veterans.

So I would think that a normal response by an elected official is when we hear something is closing it is an immediate reaction, "Oh, you can't do that." I am of the view that if the MISSION Act is fully implemented, and Community Care is available, there are circumstances in which Community Care may provide better services to veterans than a CBOC, particularly a CBOC that struggles to have the necessary personnel, has a physician only 1 day a week, is only open several days a week.

So my indication, without conceding any point, I guess, is that I am interested in cooperating with the VA to accomplish the goal of replacing a CBOC, or eliminating a CBOC but only if Community Care Network can be built up to meet the needs of those veterans who were utilizing the CBOC.

And so I would ask just for your cooperation, your help, or suggestions of what I might do to make—I know the folks in this community have reached out to Optum, so those conversations have started. But it would be nice for me to be able, it would be useful for me to be able to assure the veterans in the area of Liberal, Kansas, southwest Kansas, that the Community Care Network will be fully capable of meeting their needs on perhaps a more continuing basis, on a more daily basis than what the CBOC was able to do.

Does that make sense to you and is that something that you can help me achieve?

Dr. STONE. Sir, you have my commitment. It makes sense to me and you have my commitment that we will work together to assure that the veterans of that area of Liberal, Kansas, are served well.

Chairman MORAN. Thank you.

Let me see if anybody has anything else.

And then my usual practice of allowing our witnesses to add or detract, take something away that you said that you wish you would not have. Anything that we should know before we conclude the hearing?

Dr. STONE. We thank you for the courtesy of the Committee, and we again arrive here today really as representatives of the 400,000 great employees of this agency who continue to do their work so beautifully throughout the pandemic.

Chairman MORAN. Doctors, you always, in your testimony, your presence before the Committee, make a point of recognizing those that work with you and for you, and I join you in expressing my gratitude for their ongoing care and concern for our veterans, and particularly during the times of COVID–19 pandemic. They have lots of challenges themselves in their own families, in their own lives, and yet they are willing to try to help care and cure and heal those that have significant challenges.

And I thank both of you once again for your service at the Department of Veterans Affairs. I look forward to continuing to work with you, and I thank you both for being here today and discussing the work that you and your Department has done during these unprecedented and challenging times. We are not out of the woods yet and we will continue to be your ally and help and try to provide constructive suggestions that would be valuable to you as we meet the needs of our veterans.

I would ask unanimous consent that members have five legislative days to revise and extend their remarks and include any extraneous material. With that the hearing is now adjourned.

[Whereupon, at 12:04 p.m., the Committee was adjourned.]

APPENDIX

Material Submitted for the Hearing Record

Senate Veterans' Affairs Committee Hearing
VA's Response to COVID-19 across the VA Enterprise

Opening Statement of Chairman Jerry Moran
Wednesday, December 9, 2020

"Good morning and welcome to this hearing on the Department of Veterans Affairs' response to the COVID-19 pandemic.

"We have faced many challenges this year due to the pandemic, but our nation is not unfamiliar with adversity.

"Adversity provides an opportunity to evaluate vulnerabilities in our systems, reflect on what's worked and make improvements for the future. As we discuss the department's pandemic response thus far today, I hope to hear what you've learned in each of these areas.

"VA has faced challenges relating to the administration of both benefits and disability compensation and pension exams, as well as the provision of timely, quality health care. Just like other health providers, VA has had to work through closures due to the virus and difficulties acquiring vital personal protective equipment, or PPE.

"While VA continues to work diligently at the local levels on behalf of our veterans while also fulfilling its Fourth Mission, VA hospitals and clinics still faced difficulty procuring supplies, finding availability for veterans' appointments and making certain veterans in rural areas had adequate access to health care.

"Many veterans living in rural areas in my state are hours away from any VA facility. Due to this, I am particularly interested in your progress regarding broadband agreements to support the increased utilization of telehealth to reach some of our most vulnerable veterans. We provided you greater latitude in the CARES Act, and I want to make certain you are using that to benefit veterans.

"Dr. Stone, as you know, the challenges related to COVID-19 are not over, and I want to ensure we have a robust and frank conversation today about VHA's efforts under your leadership to continue caring for our veterans.

"At the beginning of the pandemic, the VA chose to suspend veterans' access to the Community Care Network under MISSION Act--which the VA did not have the authority to do. While the VA claimed the suspension was done in the "best interest" of veterans, it failed to actually give veterans a say in the decision-making process. This completely contradicts the MISSION Act which specifically places the veteran and their provider at the center of the healthcare decision-making process.

"Another justification the VA gave for the suspension was that providers in the Community Care Networks were not accepting patients, however, during an October hearing before this committee both Optum and TriWest testified they had ample community providers at the time that were willing to treat veterans.

"Today, I want to discuss how the VA can best leverage the Community Care Networks to maintain continuity of care during the crisis as well as better ensure local access to care. While this pandemic--and the demands it has placed on the VA-- was unanticipated, Congress still expects VA to work towards fully implementing the MISSION Act.

"With several vaccines pending FDA emergency use authorization, another critical component of our conversation today is VHA's preparation for the proper distribution of COVID-19 vaccines in the coming weeks. It is imperative that we work together for a smooth rollout of the vaccines, and I look forward to hearing VA's detailed strategy to reach veterans nationwide.

"During this pandemic, I have worked with my colleagues to expand authority and resources for veterans experiencing and at risk of homelessness. This population is especially vulnerable to COVID-19 and members of this committee, myself included, would like to learn more about VHA's recent initiatives to decrease the number of veterans experiencing homelessness.

"Dr. Lawrence, today's hearing is also an opportunity to discuss the work VBA is now conducting to address the C&P backlog that has accrued due to COVID-19 limitations – both through internal VA exams or as a contractor.

"We have also learned that those exposed to burn pits during military service are likely to be more susceptible to COVID-19; however, claims for these veterans are still denied at an extremely high rate.

"My colleagues and I, along with VSOs, are focused on tackling the many policy issues associated with health care and benefits for veterans who experienced toxic exposures during military service.

"This hearing also allows us the opportunity to examine the many provisions we have passed to ensure the GI Bill continues during this pandemic to make certain veterans and their dependents' education is not overly disrupted.

"Additionally, I am concerned by the rate of unemployed veterans and veteran spouses, and I look forward to hearing how VA is working with its agency partners across the federal government to mitigate veteran unemployment.

"VA has made great strides this year, but VA has also made some decisions that are concerning as to how they will impact veterans and their families during this stressful and uncertain time.

"Finally, as the presidential inauguration quickly approaches, it marks a period of transition for this coming year. Our country will continue to face the COVID-19 pandemic, a challenge of significant magnitude and consequence, much of which is still unknown, and we must make certain all entities of our federal government can continue working together to solve problems. We must make certain that no matter what the future holds, there won't be a lapse in care or benefits for our nation's veterans."

STATEMENT OF
PAUL R. LAWRENCE, PH.D., UNDER SECRETARY FOR BENEFITS
VETERANS BENEFITS ADMINISTRATION
AND
RICHARD A. STONE, M.D., EXECUTIVE IN CHARGE
VETERANS HEALTH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS

December 9, 2020

Good morning, Mr. Chairman, Ranking Member Tester and other Members of the Committee. I am pleased to be here today to discuss the Department of Veterans Affairs' (VA) response to the Coronavirus Disease 2019 (COVID-19); the pandemic's effects on delivery of Veterans' health care and benefits; and VA's implementation of the various legislative packages passed by Congress to enhance VA's ability to continue supporting Veterans. We will detail our ongoing efforts regarding Personal Protective Equipment (PPE) and supporting the civilian health care system during COVID-19 as part of the Department's Fourth Mission. Accompanying me today is Dr. Richard Stone, Executive in Charge of the Veterans Health Administration (VHA).

Before discussing the actions taken for specific programs, VA wishes to note the support of our Congressional and Veterans Service Organization (VSO) partners to address challenges in these extraordinary times. VA has collaborated closely with VSOs, State Veterans Affairs Offices and Veterans' advocates to ensure continuous service, despite regional office and medical facility closures. VA also wants to recognize the continuing challenges to our Federal partners at the National Personnel Records Center and the National Archives and Records Administration. The impact of the pandemic on their operations had a cascading effect on VA's operations, although we continue to work with them on solutions.

The COVID-19 pandemic brought a health, economic and social crisis to the Nation and required a coordinated response of unprecedented scope and scale. The challenges within the response were extraordinary for every aspect of U.S. society and industry. As the Nation's largest health care system, VA confronted the need for rapid and comprehensive action to protect the health of Veterans and contribute to Federal support to the states. Meeting these challenges mandated that VA act with unity of effort and agility across the Veterans Benefits Administration's (VBA) 4 districts and 56 Regional Offices (RO) and VHA's 18 Veterans Integrated Service Networks (VISN) containing 170 medical centers.

VBA Operations

During the pandemic, VBA maintained all phases of full business operations as the agency maximized telework for its employees at all ROs across the nation. VBA expanded its virtual services to continue supporting Veterans while limiting exposure to the most vulnerable populations such as our older Veterans and those with underlying health conditions. Most in-person services are available by phone or online through www.va.gov or VA Video Connect. Veterans can also continue to get information about

benefits through several methods including online, by mail or through our National Call Center.

Compensation Service

VBA is committed to ensuring that all disability compensation claims received during the pandemic receive fair and equitable treatment. VBA has issued guidance to all RO claims adjudicators that the COVID-19 pandemic is considered a good-cause basis to grant extensions of time limits to submit claims documents, reschedule a hearing or reschedule a Compensation and Pension (C&P) medical examination. VBA has implemented liberal date-of-receipt policies for claimants who might be affected by COVID-19. Accordingly, during the pandemic, VBA will accept the postmark date as the date of receipt by VBA on any correspondence received from any claimant containing claims, information or evidence.

Medical Disability Examinations

VBA suspended all in-person medical examinations effective April 3, 2020, to ensure the safety of Veterans and examination providers. However, VBA contract examiners continued to process examination requests that could be fulfilled by using the Acceptable Clinical Evidence (ACE) and tele-C&P modalities. VBA issued guidance to field claims processors and to contract vendors to expand the use of ACE and increased, from 19 to 34, the types of examinations that are eligible for virtual completion using telehealth technology. These changes allowed VBA contractors to complete 71,406 ACE examinations and 66,387 tele-C&P examinations from April 3, 2020 through November 16, 2020.

On May 28, 2020, VBA implemented its plan to safely resume in-person examinations in phases according to local risk assessments, and by the end of fiscal year (FY) 2020, had resumed these examinations Nationwide. Moreover, despite a 2-month total suspension of in-person examinations and a multi-month phased restart, VBA contractors completed 1,063,587 examinations during FY 2020, surpassing the total number completed the prior year. VBA continues to work closely with its contractors to expand their examination capacity; resolve the excess pandemic-related examination inventory; and return to a normal working inventory of exams by the end of July 2021.

Integrated Disability Evaluation System (IDES) Operations

VBA prioritized and aggressively monitored the IDES claims process, especially the medical evaluation stage. In-person medical examinations were temporarily halted in April 2020 to ensure the health and safety of both Service members and medical providers during the COVID-19 pandemic. Since then, VBA resumed in-person examinations, with 87% of locations conducting exams allowing for the Service members to remove their PPE when appropriate during examinations as of October 20, 2020.

VBA implemented process and policy changes to enhance efficiencies in response to COVID-19. In conjunction with the Department of Defense (DoD), VBA implemented a time saving business process change to process proposed rating decisions in parallel with DoD Medical and Physical Evaluation Board actions. VBA lifted restrictions to allow telehealth examination results to be accepted for a limited number of disability claims, where medically suitable, in response to COVID-19.

In August 2020, VBA delivered Military Service Coordinators (MSC) Virtual Training for the first time because in-person training was cancelled due to the pandemic. This virtual training allowed the Compensation Service IDES Program Office to ensure all new process and policy changes were addressed with the MSCs, who are the first line contact with Service members who are referred into the IDES.

Education

Timely legislation has greatly helped VA ensure Veterans receive the support they need and that maximum protections are in place for Veterans to stay safe while continuing to apply for and receive the benefits to which they may be entitled. On March 21, 2020, the President signed into law S. 3503 (P.L. 116-128), which allows for the continued payment of resident-rate monthly housing allowance benefits for programs converted to online offerings because of the pandemic. To implement this provision, VA created tiger teams across the Nation, swiftly implementing minor system changes and establishing manual workarounds to continue to pay the resident rate to students impacted by COVID-19. On April 28, 2020, the President signed into law H.R. 6322 (P.L. 116-140), the Student Veteran Coronavirus Response Act of 2020, which added additional protections for work-study beneficiaries and those impacted by school closures or work-study shutdown beyond their end date. VA is currently working to update existing IT systems to program in the new COVD-19 legislative changes, but it will not go live until February 2021 due to funding and scheduling constraints.

To raise awareness and encourage school and student utilization of the expanded authorities available to VA to mitigate the financial impact of COVID-19, VA launched a multifaceted communications campaign that featured a significant presence on social media and inclusion in VA's "coronavirus chatbot." Additionally, in support of GI Bill beneficiaries seeking careers in high-demand Science, Technology, Engineering and Mathematics (STEM) and technology fields, VA ensured that those receiving or seeking assistance through the Rogers STEM Scholarship or Veteran Employment Through Technology Education Courses (VET TEC) Pilot Program received award letters and other benefit information electronically to ensure no interruption in their education.

Employment

VBA's Veteran Readiness and Employment (VR&E) program immediately responded to the COVID-19 pandemic by expanding the use of tele-counseling through its VetSuccess on Campus (VSOC) and IDES Counselors. Through tele-counseling, VSOC and IDES Counselors maintain contact and consistency in serving program participants. Additionally, these front-line counselors continue to conduct outreach services by hosting virtual events via video conferencing software such as Zoom, Google Hangouts and others. VR&E Service accelerated an FY 2021 Employment Service Modernization effort to address the challenges of Veteran unemployment due to COVID-19. This effort resulted in VR&E Service deploying eight National Account Managers who developed over 500 new employer relationships and over 800 job referrals to job-ready Veterans.

VA Solid Start (VASS), a collaborative effort among VA, DoD and the Department of Homeland Security, provides early and consistent caring contact to transitioning Service members for 1 year after military separation. In response to COVID-19, VBA tailored VASS content to address employment-related challenges and

provide referral options that include information about unemployment benefits for recently-transitioned Service members. In partnership with State Veterans Affairs Offices, VASS representatives are also able to refer Veterans to state-specific programs and services.

VHA Operations

Once it became evident COVID-19 was not contained in the U.S. and was spreading widely, the national response required greater focus on meeting health care demand. VHA was assertive in making their readiness known to those leading the national response as they recognized the importance of VHA capabilities to the effort.

Prior to the pandemic, VHA was in the midst of a tremendous transformation. With the onset of COVID-19, VHA acted swiftly and decisively to ensure the safety of those in our care while maintaining the same focus on experience. VHA set the example for U.S. health care in our steps to protect our most vulnerable populations and reinventing our methods of providing routine elective care. VHA staff have gone above and beyond to keep Veterans connected with their families and engaged with their care teams.

VHA's response to COVID-19 demonstrated the strength and agility of an integrated health care system geographically distributed across the U.S. and operating as a single enterprise. As COVID-19 incidences varied by jurisdiction, and despite global shortages of PPE, critical equipment and consumable items, VHA was able to sustain operations in locations experiencing high demand by cross-leveling staff, PPE and ventilators from areas with low levels of disease. Additionally, VA provided critical support in numerous communities for patients who would otherwise not normally be able to receive care through the VA health care system. VA provided long-term care support to State Veterans Homes and other Long-Term Care facilities in the form of PPE and training for PPE use and infection control methods.

This is an unprecedented and transformational time in U.S. health care, and VA is proud to be leading the way forward on behalf of those we serve. While the COVID-19 pandemic continues to cause uncertainty around the globe, VA can and will overcome the challenges before us, and we are unified in our mission to deliver excellence for the more than 9 million Veterans who entrust VA with their care. Through our Fourth Mission, VA has also carried this excellence beyond our organizational boundaries, delivering support in 47 states, the District of Columbia and Tribal communities, where Veterans and their families live and thrive.

Fourth Mission

VA accepted 98 missions from the Federal Emergency Management Agency (FEMA) to protect Veterans and non-Veterans alike. VA deployed thousands of staff members to outside facilities to show them the steps we took to keep patients safe. VA shared medical equipment with health care facilities that were stressed and took hundreds of non-Veteran patients into VA facilities.

VHA entered the response with considerable experience deploying personnel in support of state requests to FEMA. During VHA's response to the COVID-19 pandemic, the Mission Assignments grew to the greatest scale and scope in VA's history. This response required deployment of VHA personnel and equipment to multiple locations simultaneously for sustained periods of time. For example, to support the State of

Hawaii during the crisis, VHA provided 19 nursing staff for support and 25 nursing staff deployed to State Veteran Homes and provided PPE including gowns, gloves, masks and other supplies.

VA has supported states in a number of ways including providing laboratory analysis of COVID-19 samples to Veterans and non-Veterans and providing humanitarian assistance and clinical staff augmentation. In support of the Navajo Nation and Indian Health Service, VHA provided medical/surgical and Intensive Care Unit beds as well as personnel and critical equipment and supplies. VA has admitted 345 U.S. non-Veteran citizens for care at VA medical centers during COVID-19. Additionally, VA is supporting U.S. Territories and continues to provide a myriad of support from equipment to alternate care sites and outreach to homeless Veterans.

VHA Path Forward

Our Moving Forward Plan Key Principles include High Reliability Organization (HRO) principles and values; prioritizing, expanding and maximizing virtual care; gradually expanding capacity with assessment of environment of care and ensuring safety; and Veteran-centric patient flow with physical distancing. As an HRO, VA prioritizes the safety of our Veterans and staff, and their safety will continue to guide our decision making. Before any clinical care is delivered, safe infrastructure and support must be in place. VA will continue to maximize virtual care options to promote physical distancing and provide increased access to care regardless of geographic location. These services have been a valuable link between Veterans and providers during this challenging time and will continue to provide Veterans with high-quality care from the safety and convenience of their homes. VA will further optimize virtual modalities of delivery for specialty care and surgical services, when clinically appropriate, and care is not required face-to-face.

COVID-19 emphasized the need for modern telecommunications systems and virtual care delivery using technology as a tool to improve care delivery. Our vision is to have a Clinical Contact Center (CCC) provide Veterans 24/7 access to virtual care services including clinical triage, pharmacy services, scheduling and administration, clinic appointment scheduling and virtual clinical visits. Every VISN will have a CCC by December 2021, with the exception of the Southeastern States Consortia (VISNs 6, 7, 8, 9 and 16) who will centralize at the consortia level.

The Referral Coordination Initiative (RCI), launched in January 2020 to ensure timely and consistent referral management with an enhanced experience for Veterans across direct and community care, is reaffirmed as a core element of our ongoing modernization. Although COVID-19 unavoidably shifted our RCI implementation timeline, VA is as prepared as any health care system can be for the exigencies of the pandemic, and we intend to continue to drive RCI forward with focus and precision.

Conclusion

COVID-19 has shown the Nation the capabilities of VA. Serving Veterans is our mission. VA is committed to providing high-quality benefits delivery and health care to all Veterans during these unprecedented times. VA continues to monitor conditions to determine the safest and most beneficial actions that we can take to protect both Veterans and our employees while continuing to provide the health care, benefits and services during this pandemic. Your continued support is essential to VA fulfilling this

mission. This concludes my testimony. My colleagues and I are prepared to respond to questions you may have.

CONGRESSIONAL TESTIMONY

STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

HEARING ON

"VA'S RESPONSE TO COVID-19 ACROSS THE VA ENTERPRISE"

DECEMBER 9, 2020

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO
80 F Street, N.W., Washington, D.C. 20001 (202) 737-8700 www.afge.org

Chairman Moran, Ranking Member Tester, and Members of the Committee,

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to submit a statement for the record on today's hearing titled, "VA's Response to COVID-19 across the VA Enterprise." AFGE represents more than 700,000 federal and District of Columbia government employees, 260,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees. In our comments on how the VA has responded to the COVID-19 Pandemic, we discuss how VA policies and practices have impacted the health and safety of the frontline workers who provide health care and other critical services to our nation's veterans. We hope that you find our recommendations constructive, and we stand ready to work with the members of the Committee to make necessary and productive changes.

Overview

Since the start of the COVID-19 pandemic, AFGE has received a tremendous number of reports from front-line health care workers facing unprecedented risks to themselves and their families while trying to care for veterans. Amidst the widespread chaos at almost every VA medical center, the only consistency appears to be inconsistency.

With few exceptions, management policies and practices for Personal Protective Equipment (PPE), leave, staffing, telework, testing, and hazard and incentive pay, have been unpredictable, uneven, and arbitrary. Contrary to the public assurances made by Secretary of Veterans Affairs, Robert Wilkie, VA medical facilities still do not have adequate masks, respirators, gowns, hand sanitizers, testing, and other medical resources essential for the safe treatment of patients or to control the spread of this deadly virus.

PPE Supply Chain and Inventory Management

On May 28, 2020, at a hearing of the House Appropriations Military Construction, Veterans Affairs and Related Agencies Subcommittee, the Secretary's admission that each VA facility only has a two-week stockpile of PPE was troubling, but not surprising. Unfortunately, not much has changed since then. The VA released a report on October 27, 2020, titled "Coronavirus Disease 2019 (COVID-19) Response Report," which covers the period from the beginning of the pandemic through June 30, 2020. In the report, the VA concluded in relation to PPE supply chain issues that "[w]hile the supply chain issues (external and internal to [the Veterans' Health Administration (VHA)]) were major, VHA's interim mitigating actions succeeded in providing sufficient supplies and equipment to meet all demand for care and Fourth Mission responses." The report went on to say "[i]t is recommended that VHA modify the VHA Supply Chain Modernization Plan by incorporating elements of supply chain contingency resilience and accelerating transformation of management practices."

Despite being released less than two months ago, this report doesn't cover any of the actions the VA has taken, or failed to take, since June 30, 2020, and does not inspire confidence that the VA has made the changes necessary to prepare itself for either the current spike in COVID-19 cases nationally or the high possibility of another surge over the upcoming winter months.

AFGE remains deeply concerned that the VA's medical equipment supply chain has been severely weakened by the absence of coordination, transparency, national guidance, and consultation with frontline workers and their labor representatives. PPE acquisitions and distribution have been left largely to each medical center. These medical centers were not provided sufficient guidance from the VA Central Office (VACO), received insufficient recommendations from the Centers for Disease Control (CDC), and have failed to fully utilize

the extensive expertise and experience of VA contracting officers and frontline employees who experience firsthand the risks of working during this pandemic.

As a result, local procurement officers have been forced to compete for known PPE supplies instead of working together. At the same time, the VA's outdated inventory system has not allowed for the accurate tracking of PPE inventory levels. There is still no centralized system in place for facilities to exchange information about best practices and reliable suppliers, or to ensure reasonable pricing.

At the VA specifically, every VA employee who works at a medical facility needs adequate PPE; not just those who work in COVID units and "hot zones." Every employee can on short notice find himself or herself in a high risk situation even if his or her official duties are not within a "hot zone" because of a reassignment to a short staffed area, or an unexpected medical emergency involving a COVID-positive patient.

Too often, the PPE needs of critical support personnel are overlooked. These include entrance screeners, medical support assistants who do patient check-ins, housekeepers cleaning COVID units, maintenance workers disposing of trash, food service, canteen workers interacting with large numbers of employees and veterans, and logistics warehouse workers frequently interacting with commercial companies making deliveries. The VA must ensure that all VA personnel have the necessary PPE to keep employees and the veterans they treat safe.

AFGE questions why medical facilities continue to ration PPE and are slow to replace worn equipment despite reported increased inventory. We are also deeply troubled by reports that some managers hoard PPE or save PPE for colleagues who are not at risk, while forcing front-line employees to go without or plead for more protective PPE and replacements of worn out

PPE. Specifically, nurses at numerous facilities working in certain COVID-19 units are not automatically issued N-95 masks at work, and in some instances only receive them when a patient they are treating reaches a certain severity of illness. The VA should provide a N-95 mask and other appropriate PPE as employees begin their shifts to protect both the employee and the veteran.

PPE purchasing and distribution decisions at VA medical facilities are too often arbitrary. The shortages and uncertainty about future inventory resulting from supply chain weaknesses exacerbate the problem.

For these reasons, AFGE supports legislation that will increase the supply and proper distribution of PPE and other medical equipment through fuller utilization of the Defense Production Act (DPA), combined with vastly increased oversight and transparency of DPA activities. The country urgently needs a comprehensive strategy for ensuring adequate production and distribution of PPE and other medical equipment necessary to fight COVID-19 for all workers who need them.

AFGE strongly urges lawmakers to enact the PPE provisions in H.R. 6800, the "HEROES Act," and other pending legislation including the final version of the National Defense Authorization Act that enhance DPA authority, require the President and the next administration to work with a team of federal agencies to carry out DPA activities, require extensive Congressional oversight through regular executive branch reports to Congress, and ensure transparency through public reporting requirements. More broadly, a strong federal supply chain is essential to ensuring that every federal and private sector worker receives the PPE he or she needs to perform their duties safely.

Other needed workforce protections and benefits

Presumption of Illness

As we continue to navigate this crisis, it is important that frontline employees who risk daily exposure to COVID-19 receive adequate resources and protection. AFGE urges Congress to amend the Federal Employees Compensation Act (FECA), the law that governs workers' compensation for federal employees, to provide an automatic presumption of workplace illness for employees who contract COVID-19 through the performance of their duties.

As VA employees are required to interact with the public, with individuals who are quarantined, and those who have been diagnosed with COVID-19, there should be a presumption that the employee contracted the virus at work. Enacting H.R. 6800, the "HEROES Act" would create a workplace presumption of illness will that allow federal employees who have contracted the virus in the performance of their duties to make a FECA claim without facing a potentially lengthy denial and appeals process, and help these workers receive the care and services they need.

Maintaining Proper Staffing Levels

AFGE learned from members shortly after the pandemic was declared that the normal staffing ratio at one facility was one Registered Nurse (RN) for every two COVID-19 patients. In that same facility the ratio has tripled to one RN for every six patients. This is both a result of the virus spreading at a rapid rate, and a significant number of RNs being on leave as a result of contracting COVID-19 or needing to quarantine. Additionally, it has been observed that other medical professionals who are not normally assigned to direct patient care have been put on the front lines.

With the virus continuing to spread and the nation facing an unprecedented year-end surge, the VA must take steps to increase the number of RNs and other essential frontline health care personnel to effectively take care of veterans and protect the workforce. Doing so will allow employees who are normally in direct patient care to return to their critical duties.

Pandemic Pay

AFGE supports COVID-19 premium pay for VA employees who are taking care of America's veterans and exposing themselves to the virus. While certain VISNs and medical centers have allowed for special pandemic pay or special pandemic awards, neither Congress nor the VA have required or directed a uniform system to help frontline healthcare workers. Due to this lack of centralization and uniformity, local directors and managers have been given extraordinary discretion to give awards, which has produced uneven results.

Unfortunately, a study conducted by AFGE and other unions showed a wide range in the amount and type of pandemic compensation given out in different facilities around the country. Many facilities awarded no special pay or awards, effectively creating a system where an employee's determination of pandemic pay is solely decided by the discretion and generosity of their supervisors. We have received reports of grossly unfair pandemic pay policies, such as supervisors with no patient contact receiving pandemic pay while frontline employees got none or select nursing assistants and licensed practical nurses receiving varying amounts of pandemic pay arbitrarily. We were disturbed to receive a report from a facility that contractors hired to take the temperatures of patients entering the facility were given pandemic pay, while VA employees working in COVID-19 units received nothing. Similarly, at another facility, some employees did not earn the same amount of pandemic pay as their colleagues because they contracted COVID-

19 while on duty and had to quarantine. This is unconscionable. AFGE calls on Congress to conduct oversight of the consistency and fairness of the VA's administration of pandemic pay.

Telework

AFGE strongly supports the use of telework generally and fully supports all efforts to allow VA employees to telework whenever possible during the COVID-19 pandemic for the safety of employees, veterans, and the public. In the VA, the benefits of telework have already been demonstrated at the Veterans Benefits Administration (VBA), where claims are being processed at a higher rate since employees have been required to work remotely, compared to before the pandemic when VBA put up restrictions making it more difficult for employees to be granted the ability to telework. In VHA, the use of telework has not been used to its maximum availability. This is particularly true for administrative work that does not require in person interaction with patients such as third-party collections and Office of Community Care consults.

AFGE commends the VA for expanding the use of telehealth and telemental health during the pandemic and urges it to continue to expand its telehealth capacity. The VA's telehealth and telemental health systems have long been models for the rest of the country. The Department should be provided the resources to continue to expand veterans' access through the provision of more tablets and other needed technology to veterans for access to remote health care services. We strongly urge the Committee to continue prohibiting Community Care Network providers and other contractors from providing telehealth and telemental health services and instead, use VA-provided virtual care to expand access to its world-class care wherever possible. AFGE was pleased to learn that since the start of the COVID-19 pandemic, the VA has changed its policy to allow exams for 29 specific conditions to take place virtually, and we urge the Department to continue to expand that authority for the safety of veterans and employees.

VBA IT Capacity

The technological issues plaguing VBA have been thrown into sharper relief during the COVID-19 Pandemic. When VBA developed its system to allow employees to perform their duties remotely, it was not built to support the entirety of the claims processing workforce performing their duties from home simultaneously. It has become a regular occurrence for VSRs and RVSRs on the east coast to log in every morning and get logged out of the system in the afternoon when their counterparts on the west coast start their day. Despite this obstacle, VBA claims production has increased during the course of the pandemic compared to pre-pandemic levels. Nonetheless, VBA must invest more money into its technology to remedy problems that allow employees to both protect themselves and better serve veterans.

Temporary OSHA Standard

One of the simplest steps that the federal government could take to protect workers, including frontline VA healthcare providers, from contracting the COVID-19 virus is to have the Occupational Safety and Health Administration (OSHA) issue an Emergency Temporary Standard (ETS). If the Secretary of Labor were to issue an ETS, all employers, including the federal government, would be required to meet a federally mandated and enforceable standard to protect employees from contracting the COVID-19 virus. As the government has yet to implement an ETS despite the clear need, AFGE supports S. 3677, the "COVID-19 Every Worker Protection Act of 2020." This legislation would require the government to issue an ETS, as well as prevent employers from being able to retaliate against workers who report infection control problems in the workplace. AFGE also supports the provision of H.R. 6800, the "HEROES Act," which would also require OSHA to implement an ETS.

Labor Voice/Stakeholder Engagement

In order to ensure adequate PPE, testing, commonsense leave policies, and other policies that ensure the safety of veterans and workers going forward, VA leadership should work with employee union representatives to accurately assess workforce and staffing needs.

Every day, VA frontline employees and the veterans they serve feel the harsh effects of the Secretary's insistence on silencing the voices of the VA workforce and their labor representatives. From the outset of this pandemic, AFGE and other unions representing VA frontline workers have been shut out of the agency's response teams at both the national and local level. All our requests to help the VA effectively respond to COVID-19 have been rejected, despite direct pleas to the Secretary and the much-appreciated requests to the Secretary by Members of Congress. The Secretary's unwillingness to listen to the frontline employees who deliver the care, and their representatives, is a stark departure from the labor-management partnerships that allowed the VA to fulfill all its missions during hurricanes, epidemics, and other past national crises. The Secretary should be urged to take the simple, cost saving and productive step of increasing dialogue.

We stand ready to work with the Committee and the incoming administration on all the steps needed to protect veterans and the VA workforce as the nation continues to cope with COVID-19 and proceed to new stages of reopening. Thank you.

VA'S FOURTH MISSION

VA's "Fourth Mission" is to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts. You can learn more about VA's Fourth Mission at https://www.va.gov/about_va/

The following is a summary of VA Fourth Mission activity as of November 20, 2020 in response to COVID-19. This summary provides updates by state for Mission Assignments, Community Engagement and Outreach: resources provided to the community including Personal Protective Equipment (PPE), other equipment and COVID-19 testing to support VA's Fourth Mission.

VA has provided PPE of greater than 908,000 pieces including gowns, gloves, masks, face shields, Powered Air Purifying Respirators (PAPR), goggles, shoe covers and other resources in support of the Fourth Mission. Those resources include hand sanitizer, hair bouffants, coveralls, spot coolers, air scrubbers, negative air machines, HEPA filters and filter screens, laundry support, test kits and testing support, no touch thermometers, dressing kits, bandage scissors, under pads, sanitizing wipes, stethoscopes, oxygen concentrators, CARDIOHELP Kits, mountable plexiglass isolation stations, over-the-door isolation stations and webcams for use with existing equipment to state and local facilities.

As part of the Fourth Mission humanitarian support, VA has admitted 355 United States non-Veteran citizens for care at VA Medical Centers (VAMC) during COVID-19.

VA's support to individual states varies daily due to the fluctuation of requirements issued by the state or the facilities we are supporting. The numbers below represent either the request that was initially issued by the requesting government agency, or the rough order of magnitude of the levels of staffing being provided over a given period but may not be exact on a given day. Some entries may be closed and are indicated as such.

Personnel

VA deploys personnel to support other VAMCs who have been impacted by COVID-19 as well as provide support to state and community nursing homes. To date, VA has deployed personnel to more than 49 states and territories. The state and community support to non-veteran beneficiaries is provided as part of VA's "Fourth Mission", to assist the nation in times of emergencies and disasters. The VA has supported these mission assignments with direct patient clinical care, testing, education and training.

The assignments vary in skillsets, geographic locations, and length of time for the support.

State Veterans Home (SVH): **938**
Community Nursing Homes (CNH): **952**

VAMC: **1,394**
Indian Health Service (IHS) & Navajo Nation: **200**
Non-VA Hospital**: 77**

STATE SUMMARIES

Alabama

Mission Assignment(s):
- Completed:
  - Provided Staffing Support to the Bill Nichols SVH

Other Support:
- Equipment/Supplies:
  - Birmingham VA Health Care System (BVAHCS) has provided PPE including gowns, gloves, face shields and goggles.

- Community Engagement and Outreach:
  - Local facility leadership has been in contact with all 4 SVHs to help. BVAHCS is in contact with the Alabama SVHs which includes 4 SVHs and 1 Domiciliary, daily throughout the pandemic to determine the needs of each SVH. One Alabama SVH requested a consultative visit. Six clinical staff members and the Public Affairs Officer travelled to the SVH and provided a written summary with recommendations that could also be helpful for the other SVHs.

Arizona

Mission Assignment(s):
- Completed:
  - Navajo Nation support—Tuba City: Med/Surg Nurses (RNs), Emergency Room RNs and Intensive Care Unit Nurses (RNs)
  - Provided staff augmentation to:
    - Northwest Hospital, Tucson AZ
    - Santa Cruz Valley Regional Hospital, Green Valley, AZ
    - Summit Hospital, Show Lo, AZ
    - TMC Healthcare, Tucson, AZ
    - Yuma Regional Medical Center, Yuma AZ
  - Provided Indian Health Services with 5 Med/Surg and 3 ICU beds at the Albuquerque VAMC.
  - Navajo Nation Nursing Support to Chinle, AZ; Crownpoint, NM; Kayenta, AZ; Shiprock, NM; and Gallup, NM.
  - Provided beds at the Southern Arizona VA Health Care System.
  - Provided support to Indian Health Services in Whiteriver, 7 Med Surge Registered Nurses (RNs), 10 ER Nurses and 3 ICU Nurses and 2 Area Emergency Managers

Other Support:
- Equipment/Supplies:
    - PPE including gowns, gloves, masks, and swab kits for testing.

Arkansas

Other Support:
- Testing Support:
    - 7,563 tests performed for Arkansas Department of Health as of August 10, 2020 (Active Mission)
    - 507 tests performed for SVHs.
    - Conduct COVID-19 screening daily for SVHs.

California

Mission Assignment(s):
- Current:
    - Regional Response Coordination Center (RRCC) LNO: Regional Level Activation – Activate VA to FEMA RRCC

- Completed:
    - Nursing Home Staff: Four (4) 6-person teams to provide nursing consultation support to long term care (nursing home) facilities in Los Angeles County region
    - Provided California with short term acute care (Med/Surg) and/or intensive care (ICU) beds, in support of FEMA response operations
    - Provided necessary staff and support with processing of biological samples for COVID testing and analysis for patients and staff of California SVHs up to 200 tests per week

Other Support:
- Equipment/Supplies:
    - PPE including gowns, gloves, sanitizing wipes, and hand sanitizer.
    - Test kits

- Testing Support:
    - 1,739 tests processed for State Veterans Home

Colorado

Other Support:
- Equipment/Supplies:
    - Provided PPE including masks, gowns and hand sanitizer
    - Provided 40 Nasopharyngeal Swabs to Mesa County
    - CARDIOHELP Kits for treatment at community site

- Cloth face masks to community homeless shelters

- Outreach and Engagement:
  - 7/14/20: Participation in Tri County Health and North Central Health Coalitions and Anschutz Medical Campus Security Council
  - Community Blood Drive scheduled for 7/23/20
  - June 28 through July 3 VA personnel visited the Utah Navajo, Mountain Ute, and Veterans group to discuss how VA can support their COVID-19 efforts through the VA 4th Mission

- Testing Support:
  - Provided testing kits and testing support SVHs in CO
  - Communication with the Ute tribe regarding request for COVID-19 testing and staff support to perform the testing

Connecticut

Mission Assignment(s):
- Completed:
  - New Haven Homeless Outreach: 3 clinicians

Other Support:
- Equipment/Supplies:
  - Webcams for use with existing equipment

- Community Engagement and Outreach:
  - Homeless Veteran outreach

Delaware

Mission Assignment(s):
- Current:
  - Providing up to five (5) nursing staff to perform training and education on infection prevention methods and mitigation strategies for the Delaware DPH

- Completed:
  - 10 nurses supported 78 CNHs in Delaware

Florida

Mission Assignment(s):
- Completed:
  - Florida Nursing Home Augmentation: Fifteen 6-person clinical Support Teams. VHA Teams have assisted at 82 LTC facilities with an estimated 8,863 patients

Other Support:

- Equipment/Supplies:
  - PPE and including gowns, gloves, masks, face shields and shoe covers to long-term care facilities.
  - Other supplies including thermometers, hand sanitizer, sanitizing wipes and stethoscopes to long-term care facilities.
  - Truck drivers and bulk trailer support to Pensacola, FL
  - 5,496 Testing kits and swabs

- Testing Support:
  - 10,838 tests processed for SVHs, CNHs, Regional Medical Center and domiciliary

- Community Engagement and Outreach:
  - Held a Director's Veterans Engagement Board
  - Monthly Community Veterans Engagement Board
  - Bi-Monthly Director's Veterans Advisory Board
  - Ongoing communication with Congressional stakeholders
  - Weekly communication with SVH staff about COVID status within their facilities
  - Provided up to 37 short term acute care (Med/Surg) and/or intensive care (ICU) beds for non-COVID and COVID-positive patients who are not eligible for such benefits

Georgia

Other Support:

- Equipment/Supplies:
  - Provided PPE including masks, surgical gowns and boot covers to SVH in Milledgeville

- Community Engagement and Outreach:
  - Augusta CNH support: Georgia War Veterans Home admissions
  - 120 pounds of groceries distributed to 250 Veteran families on a monthly basis during our Mobile Food Distributions (MFDs) at the Atlanta VA Clinic (AVC)
  - 75 pounds of groceries delivered to 150 Home Bound and HUDVASH Veterans on a monthly basis. The groceries were donated to VA Voluntary Service (VAVS) from several organizations and delivered to the Veteran families following safe distancing/no contact drop-offs
  - In support of the American Red Cross, Atlanta hosted a blood drive in July 2020

Hawaii

Mission Assignment(s):

- Completed:
  - Completed on-site assessment in the Yukio Okutsu SVH in Hilo, Hawaii for an infection control
  - Provided 19-person medical team and or other personnel to support medical facility operations in Hawaii
  - Provided Yukio Okutsu SVH in Hilo, Hawaii medical personnel: Nurse Leader Team Lead (1), Infection Control RN (1), Nurse RN (1), Nurse Educator RN (1), Employee Health RN (1), Safety and or Industrial Hygiene (1), Housekeeping, Supervisor (1), Logistics Supervisor (1), Licensed Practical Nurses (5), Nursing Assistants (4), Area Emergency Manager (1), Timekeeper (1), Geriatrician or Infectious Disease Physician on a as needed basis sourced from VAPIHCS

Other Support:

- Equipment/Supplies:
  - Provided PPE including gowns, gloves, masks, PAPRs, face shields, hair covers, and shoe covers to SVH in Hilo
  - Other supplies provided include disinfectant and germicidal wipes, disinfectant spray, and office supplies

Idaho

Mission Assignment(s):

- Current:
  - VHA supporting State lab testing
  - Providing ventilators to Idaho Falls Community Hospital
  - Supporting nursing home operations in Idaho

Other Support:

- Equipment/Supplies:
  - Provided 3,150 test kits

- Testing Support:
  - As of October 21, 2020, processed 18,187 external tests for ID

Illinois

Mission Assignment(s):

- Completed:
  - Provided Mobile Pharmacy Unit and staff
  - Provided IL Nursing Home up to 60 skilled nursing care (nursing home) beds at the Edward J. Hines VAH, Illiana HCS (Danville)
  - Illinois Beds: 45 Med/Surg and 15 ICU beds

Other Support:

- Equipment/Supplies:
  - PPE including 21, 600 masks and gowns to SVHs

- Community Engagement and Outreach:
  - Community NH support
  - Virtual Town Halls conducted via Facebook
  - Communication to Veteran community about telehealth
  - Media: COVID-19 pandemic accelerated shift toward telehealth, Hines VA Hospital doctor says: https://abc7chicago.com/hines-va-hospital-veterans-covid-19-dr-jeffery-oken-health/6318841/
  - Tele-Town Hall for patients held on August 13

Iowa

Mission Assignment(s):
- Completed:
  - Des Moines/Iowa City Beds: 20 ICU or Med/Surg beds
  - Marshalltown SVH Staff: RN (4); LPN (16); NA (27)
  - Provided Iowa SVH (Marshalltown) up to twenty-one (21) Registered Nurses (RNs) OR Licensed Practical Nurses (LPNs) OR any combination thereof, per day

Other Support:
- Equipment/Supplies:
  - PPE including gowns
  - As of August 18, 2020, have provided 100,000 surgical masks to SVH

- Community Engagement and Outreach:
  - Iowa City held a Townhall 4/16/2020 via Zoom
  - Iowa City held a Town Hall via Zoom with several Representatives and Veterans Service Organizations
  - Central Iowa held a Tele Townhall 4/29/2020
  - Central Iowa held a Tele Townhall 5/5/2020
  - Iowa City held a Zoom Townhall 6/23/2020 Representative Ernst and Secretary of Veterans Affairs Robert Wilkie attended

Kansas

Mission Assignment(s):
- Completed:
  - Four ventilators provided for support of inpatients at Southwest Medical Center in Liberal, KS

Kentucky

Mission Assignment(s):

- Current:
  - Provided staff and resources to assist the Kentucky Department of Veterans Affairs with process of biological samples for COVID testing and analysis for patients and staff for the Radcliff Veterans Center and Eastern Kentucky Veterans Center

- Completed:
  - Providing 4 RNs, 5 LPNs and 9 nursing assistants to the Thompson Hood SVH

Other Support:
- Equipment/Supplies:
  - PPE including gloves, gowns and masks to SVHs in Mississippi and Kentucky
  - Provided test kits to SVH in Kentucky (KY)

- Testing Support:
  - Testing of Veterans and staff in CNH in KY
  - Processed test kits for SVH in KY

- Community Engagement and Outreach:
  - CNH support

Louisiana

Mission Assignment(s):
- Completed:
  - Shreveport, LA beds: 2 ICU and 20 Med/Surg beds
  - Provided 4 Certified Nursing Assistants, 4 Licensed Practical Nurses, 2 Registered Nurses at the Southwest LA SVH
  - Provided 7 registered nurses to support vulnerable residents/patients at the Iberia Medical Center in New Iberia, Louisiana
  - Provided 4 Housekeeping Aids and 1 Supervisor to the Northwest Louisiana Veterans Home in Bossier, LA
  - Providing New Orleans - 5 beds (3 Med/Surg and 2 ICU), Alexandria - 5 Med/Surg Beds and Shreveport - 4 Med/Surg beds

Other Support:
- Equipment/Supplies:
  - PPE to include gowns and face masks sent to the Southeast Louisiana War Veterans Home in Reserve in Louisiana
  - PPE including isolation gowns, gloves, surgical masks, N95 masks, face shields, shoe covers, thermometers, hand sanitizer, and disposable stethoscopes in support of SVH
  - Thermometers provided to Barksdale AFB

    - Loaned 20 ventilator circuits to a hospital, which will be returned when supply arrives

- Testing Support:
    - Processed test kits as needed

- Community Engagement and Outreach:
    - Four Town Halls via Facebook Live

Maine

Other Support:
- Equipment/Supplies:
    - iPads to support telehealth

Maryland

Mission Assignment(s):
- Completed:
    - Provided up to 45 nursing staff to support the Charlotte Hall SVH

Other Support:
- Equipment/Supplies:
    - PPE including masks distributed to McVets Veteran Home in Baltimore
    - VAMHCS provided 15,600 gowns, 3,600 gloves, 136 masks, and 5 Air Mate PAPRs setups to Charlotte Hall SVH

- Community Engagement and Outreach:
    - The VA Maryland Health Care System (VAMHCS) has held seven (7) Veterans Service Organization and Congressional Staff Meetings about COVID-19 since February 2020.
    - The VAMHCS has held 18 Employee Town Halls about COVID-19 since February 2020.
    - The VAMHCS will release the latest edition of Veterans' Health Watch in September 2020 about COVID-19. The cable show is broadcast on cable stations throughout Maryland.
    - Regularly post content on the VA Maryland Health Care System's Facebook and Twitter pages reiterating operational messaging to external stakeholders.
    - Post good news stories, and suicide prevention, PTSD and virtual care videos recorded by VA Maryland HCS subject matter experts with the VA Maryland Health Care System.
    - Host monthly VSO and Congressional Stakeholder meetings to discuss the VA Maryland HCS's response to COVID-19 with the stakeholders. Provide information they can share with their constituents.

- Recorded and posted six video messages from the Director of the VA Maryland HCS, to patients and employees informing them about safeguards in place throughout the health care system during the COVID-19 pandemic, including operational changes and important telephone numbers and websites.

Massachusetts

Mission Assignment(s):

- Current:
  - Regional Response Coordination Center (RRCC) LNO: Regional Level Activation – Activate VA to FEMA RRCC

- Completed:
  - Provided 5 RNs and 5 CNAs at both Hunt Nursing Home in Danvers and Charlwell Nursing Home in Norwood.
  - Testing at the Chelsea Soldiers Home
  - 30 beds for residents/patients of Chelsea and Holyoke Soldiers' Homes

Other Support:

- Community Engagement and Outreach:
  - Congressional updates with Boston and Bedford
  - Daily calls with Town of Bedford
  - CLC Family Town Halls
  - CLC Family Hotline held daily for 2 months
  - Mini Management Advisory Council participation
  - VSO update calls
  - Weekly Newsletter to families
  - Operation Mail Drop to encourage the community to support our Veterans and staff

Michigan

Mission Assignment(s):

- Completed:
  - Provided Ann Arbor/Detroit beds: 35 Med/Surg and 15 ICU.
  - Provided Mobile Pharmacy Unit

Other Support:

- Equipment/Supplies:
  - PPE including gowns and isolation gowns to SVHs

Minnesota

Mission Assignment(s):

- Current:

  - Providing 5 ICU and 5 Med Surge beds in the Minneapolis VAMC for COVID-19 (second MA)
- Completed:
  - Long Term Care Facilities Support: up to 50 Nurses
  - Beds: approximately 8 ICU and 10 Med/Surg beds at the Minneapolis VAMC
  - Provided 5 ICU and 5 Med Surge beds in the Minneapolis VAMC for COVID-19

Other Support:
- Equipment/Supplies:
  - PPE to include N95 masks
  - Test kits to SVH in Minneapolis

- Community Engagement and Outreach:
  - St. Cloud held a tele town hall for the Brainerd CBOC. Network Director participated on 5/11/2020
  - Minneapolis held a tele town hall for congressional/CVSO/CAB 5/14/2020.

Mississippi

Mission Assignment(s):
- Completed:
  - SVH Training Support: PPE training and infection control measures for COVID patients and staff for all five Mississippi SVHs
  - Provided 1 Physician,1 NP, 1 RN, 1 LPN, and 1 PAO to assist the Mississippi Band of Choctaw Indians (MBCI) to support the Choctaw Health Center, various mobile testing sites (*swabbing only) at tribal locations across Mississippi (10 rural counties), and case management of COVID patients. Additionally, providing one public affairs officer to support public awareness communication assistance to target the MBCI veterans and community vulnerable populations
  - Provided SVH Staff Support: registered nurses, 2 licensed practical nurses and 2 certified nursing assistants (or similar)

Other Support:
- Testing Support:
  - Processed 1,371 tests for a SVH in Florida

- Equipment/Supplies:
  - PPE including gowns to Biloxi for 4th Mission support in Pensacola, FL
  - PPE including N95 masks and fit testing for SVH in MS
  - Laundry support to Department of Defense Naval Operations:
    - Seabee Base
    - USS Tripoli
    - Eglin Hospital

- Community Engagement and Outreach:
    - Media: VA providing COVID-19 resources and training to Pensacola nursing homes. https://www.pnj.com/story/news/2020/05/07/va-providing-resources-and-training-pensacola-nursing-homes/3085178001/

Missouri

Mission Assignment(s):

- Current:
    - Regional Response Coordination Center (RRCC) LNO: Regional Level Activation – Activate VA to FEMA RRCC

- Completed:
    - Provided up to 13 Registered Nurses (RNs) OR Licensed Practical Nurses (LPNs) OR Certified Nursing Assistance staff at the Missouri Veterans Home in Cape Girardeau, MO
    - Provided up to 13 Registered Nurses (RNs) OR Licensed Practical Nurses (LPNs) OR Certified Nursing Assistance staff at the Missouri Veterans Home in St. James, MO
    - Provided up to 18 Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) OR Certified Nursing Assistants (CNAs) Mt. Vernon SVH
    - Provided up to 18 Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) OR Certified Nursing Assistants (CNAs) Warrensburg SVH
    - Providing up to 22 staff to the Cameron SVH

Other Support:

- Community Engagement and Outreach:
    - PPE fit testing, education and training support to several SVHs
- Equipment/Supplies:
    - Oxygen concentrators and vital sign machines

Montana

Other Support:

- Community Engagement and Outreach:
    - Virtual Town Hall in Billings, Montana the week of August 24, 2020
    - Staff Deployed from VISN 19 to several locations through Disaster Emergency Medical Personnel (DEMPS).
    - Fort Harrison and Billings held state sponsored surveillance clinics held June 26.

Nebraska

Mission Assignment(s):

- Completed:
    - Provided Omaha Lab with testing support

Other Support:

- Equipment/Supplies:
    - PPE including gowns to several SVHs
    - Test kits to Kearney SVH

- Testing Support:
    - Test processing support

- Community Engagement and Outreach:
    - NWI Held Tele Townhalls 3/31/2020 and 4/22/2020

Nevada

Mission Assignment(s):

- Completed:
    - Provided the State of Nevada Department of Veterans Affairs with collection of biological samples for COVID-19 testing of patients and staff of Northern Nevada SVH. Reno VAMC is providing three trained staff members to perform testing at the Northern Nevada SVH.

Other Support:

- Equipment/Supplies:
    - PPE including N95 masks and powered air-purifying respirators (PAPR) to Las Vegas SVH

- Testing Support:
    - Staffing support for testing residents and staff at SVH.
    - Reno VAMC providing 3 trained staff members to perform testing (swabbing only, approximately 150-200) at the Northern Nevada SVH

New Hampshire

Mission Assignment(s):

- Completed:
    - Nursing Home Support- up to 29 Registered Nurses
    - Providing staff to support St. Teresa Rehab and Nursing Facility in Manchester, NH

Other Support:

- Equipment/Supplies:
    - Test kits
- Testing Support:
    - Processed tests for staff and residents of SVH

- Community Engagement and Outreach:
  - Manchester VAMC staff deployed from VISN 1 in support of DEMPS.
  - Homeless Outreach, VIST, and HBPC continue to engage veterans. Service lines engagement through telephone, Vet Text, for information about appointments.

New Jersey

Mission Assignment(s):

- Current:
  - Providing healthcare personnel and services to support vulnerable residents/patients and staff at the Menlo Park Memorial Veterans Home and Paramus Veterans Memorial Home

- Completed:
  - Provided NJ Veterans Homes Assistance: Nurses/Aides/testing supplies + services/telehealth
  - Provided 4 Licensed Social Workers
  - NJ Nursing Home Teams: Nursing home augmentation and training teams
  - NJ Beds: VHA provided 5 ICU and 15 Med/Surg at the East Orange VAMC
  - NJ Nursing Staff: 1 Nurse Educator and 1 Infection Disease Control Nurse for support of Paramus and Menlo Park Veteran Homes as needed

Other Support:

- Equipment/Supplies:
  - PPE including gowns, gloves, masks, and face shields
  - Oxygen concentrators
  - Vital sign machines
  - Testing kits
  - Nasopharyngeal transport media

- Testing Support:
  - Processed tests as needed

New Mexico

Mission Assignment(s): None

Note that Navajo Nation HQ is in Arizona, therefore FEMA lists all Navajo Nation support in Arizona.

New York

Mission Assignment(s):

- Completed:
  - NYC Beds: provided 15 ICU and 35 Med/Surg beds at the Manhattan/Brooklyn VAMC

North Carolina

Mission Assignment(s):

- Completed:
  - NC Testing: Assistance Requested: NC LTC Testing
  - NC Staff Support: provided 1 van driver, 3 Community Living Center nurses, 2 infection control nurses, 1 social work, 1 public affairs officer, 4 nurse screeners, 1 Administrative lead, 4 RNs, and 4 LPNs

Other Support:

- Equipment/Supplies:
  - PPE including gloves, gowns and masks.
  - Respiratory Protection/Fit Testing in accordance with Current: SVH policies by Fayetteville IH to three SVH staff that included infection Prevention/Control SVH staff. SVH requested COVID-19 specific Don/Doffing training from Fayetteville VAMC & sharing of Fayetteville VAMC COVID-19 protocols/processes for SVH review-modification-implementation.
  - Cepheid Xpert Viral Transport Medium swabs (SWAB/B-100) to the SVH in Black Mountain, NC and 4 swabs have been processed at the medical center.
  - XENEX Machine was provided for use for two shifts on May 11 and returned same day.
  - Test kits

- Testing Support:
  - Tested 100% of an SVH
  - Processed 5,801 test kits
  - Provided transportation using GOVs for staff to conduct the testing
  - Provided respiratory protection/fit testing to SVH in Fayetteville.
  - Provided training in infection prevention/control to SVH staff.

- Community Engagement and Outreach:
  - PAO conducts weekly meetings with Chairman of the Buncombe County Veterans Council and shares information on what the WNC VA HCS is doing in relation to COVID-19. Medical Center Director conducts calls with VSOs for plans about facility plans related of COVID-19 and the Moving Forward plan.
  - On June 22, 2020, Epidemiologist, Infectious Disease and Acting Chief Nurse Manager of the Community Living Center (CLC) will be engaging the members of the Durham Rotary Club in a virtual meeting to discuss their work performed to contain COVID-19 in the CLC.

- The Durham VA Health Care System Quick Response teams have partnered with the NCDHSS to perform COVID-19 testing in Wilson, N.C., the North Carolina Veterans Home in Kinston, N.C., and Murdoch Center in Butner, North Carolina.
- Since Feb 2020 - 9 Veteran Town Halls and 7 Stakeholder Calls with VSO/Congressional Reps and a list of internal and external communication through our communication media

North Dakota

Other Support:

- Community Engagement and Outreach:
  - Community support to Fargo. VA staff delivered meals from a community not-for-profit to homeless Veterans and non-Veterans throughout the community through an agreement with MN.
  - Virtual Townhall and stakeholder calls

Ohio

Other Support:

- Equipment/Supplies:
  - PPE including 10,000 isolation gowns to SVH
  - COVID-19 test swabs.

- Testing Support:
  - Georgetown SVH: the local health department worked with the State Health Department for all testing
  - Georgetown SVH: Provided COVID swabs and Completed: N95 respirator testing for 30 employees.

- Community Engagement and Outreach:
  - Supported effort of Greater Cincinnati Health Collaborative for transformation of Duke Energy Convention Center to hospital

Oklahoma

Mission Assignment(s):

- Completed:
  - Providing Claremore SVH 20 Registered Nurses, 6 Licensed Practical Nurses, and 4 Nursing Assistants

Other Support:

- Equipment/Supplies:
  - PPE and other equipment and supplies including syringes, catheters and other medical supplies, coveralls, spot coolers, air scrubbers, negative air machines, HEPA filters and filter screens, PAPR hoods, dressing kits,

under pads, bandage scissors, waffle mattresses and waffle cushions, bouffant caps and shower caps.
    - Fit testing kits and fit testing provided to 2 SVHs in catchment area.
    - Provided 652 test kits to support two SVHs and 1 CNH in the EOVAHCS catchment area. Sent to local lab for processing.
    - Test kits and swabs to State Veteran Center

- Testing Support:
    - Processed 398 test kits as of September 15, 2020

- Community Engagement and Outreach:
    - OKC VA Emergency Manager participates in OK Gov. Kevin Stitt's COVID 19 teleECHO and State Emergency Operations Center meetings.
    - OSU-CHS has launched a new ECHO program to keep healthcare providers updated as the situation changes.
    - Emergency Management
    - Information sharing conference call: daily at 11 am. COVID-19 briefing: Liaisons Preparedness Meeting

Oregon

Mission Assignment(s):
- Current:
    - Roseburg VAMC Beds: providing 25 Med/Surg beds
    - Portland Oregon Beds: providing 25 Med/Surg and 5 ICU beds at the Portland VAMC for non-COVID-19 and COVID-19-positive patients

- Completed:
    - OR LTC Teams: LTC Support Teams
    - Roseburg PPE Decontamination: 50 filtered face masks decontaminated daily

Other Support:
- Equipment/Supplies:
    - PPE including gowns, gloves, masks, face shields, and goggles
    - N95 mask decontamination for Mercy Medical Center
    - Virtual assessment and education at 72 facilities

Pennsylvania

Mission Assignment(s):
- Current:
    - Regional Response Coordination Center (RRCC) LNO: Regional Level Activation – Activate VA to FEMA RRCC

- Completed:

  - Spring City Nursing Home Staff: 20 RN/LPN
  - 10 Med/Surg nurses to the Southwestern Veterans Center (SWVC) Pittsburgh, Pennsylvania

Other Support:

- Equipment/Supplies:
  - PPE including gowns, gloves, masks, hand sanitizer, hair covers, shoe covers, face shields, and PAPRs
  - PPE including gloves, gowns, masks, surgical masks, face shields and hand sanitizer to support Arizona and San Antonio.
  - PPE and supplies to support Biloxi, MS including isolation gowns, gloves, disposable face shields, N95 masks, foot coverings, hair bouffants and hand sanitizer.
  - 15 Oxygen Concentrators to SE PA Veterans Home in Spring City, PA.
  - PPE and supplies including gowns, surgical masks, gloves, disposable face shields and hand sanitizer to support Oklahoma City, OK.
  - PPE and supplies including surgical masks, gloves, face shields, hand sanitizer and sanitizing wipes to support the Mission Assignment in Hawaii.
  - PPE and supplies including isolation gowns, gloves, surgical masks, N95 masks, disposable face shields, hair and shoe coverings, and hand sanitizer to support Biloxi, MS
  - PPE and supplies including surgical masks, medical gloves, isolation gowns, Controlled Air-Purifying Respirator (CAPR) and CAPR supplies, temporal thermometer, thermometer covers, and blood pressure cuff to support Missouri.
  - PPE and supplies including surgical masks, gloves, isolation gowns, goggles, and sanitizing wipes to support North Carolina facility.
  - PPE and supplies including gowns, gloves, masks, CAPR and CAPR supplies to support Roanoke, Virginia.
- Testing Support:
  - Testing of 297 residents of SVH in Pennsylvania on September 21, 2020

Rhode Island

Mission Assignment(s):

- Completed:
  - Provided RI Group Home Support: 6 RNs and 9 NAs
  - RI SVH Staff: 12 Certified Nursing Assistants

Other Support:

- Equipment/Supplies:
  - PPE including gowns
  - Testing Kits

- Provided a clinical access cart on site for telehealth

- Testing Support
  - Testing support provided to South Carolina SVH

- Community Engagement and Outreach:
  - COVID-19 Outreach Team created and comprised of GEC SW and CNH Program RN - Team effort designed for outreach to Veterans and families as an added layer of support and resource in the face of restricted visits and reduced staffing. Addressed psychosocial stressors related to the pandemic, provided active listening, education and communication bridge.

South Carolina

Mission Assignment(s):
- Completed:
  - 4 registered nurses, 2 licensed practical nurses and 2 certified nursing assistants or similar to support SVHs

Other Support:
- Equipment/Supplies:
  - To date, PPE of more than 173,500 pieces including gowns, gloves, face shields, and masks to SVH in South Carolina and Alabama
  - Provided 4,000 test kits to three SVHs in South Carolina and four SVHs in Alabama
  - Provided test kits to SVH in Florida

- Testing Support:
  - Processed 4,000 tests for three SVHs in South Carolina and four SVHs in Alabama
  - Testing support provided to SVHs in Florida as needed

- Community Engagement and Outreach:
  - Partnering with community to host 3 blood drives
  - Consultative services to contract CNH

South Dakota

Other Support:
- Equipment/Supplies:
  - PPE including masks. Black Hills VAMC distributed 50 masks to Tribal Veterans on the Standing Rock Reservation and 50 masks to Tribal Veterans on the Cheyenne Reservation.

- Community Engagement and Outreach:

- Sioux Falls and Black Hills partnered in a tele town hall with Senator Rounds 5/5/2020
- John Deere manufactured and donated 5,000 face shields to Sioux Falls VAMC

Tennessee

Other Support:

- Equipment/Supplies:
  - Disposable isolation gowns to CNH
  - 45 Test kits

- Testing Support:
  - Test kits and testing support. Nine total staff supporting 4 CNHs for testing. VAMC processing tests for CNHs of resident Veterans.

- Community Engagement and Outreach:
  - Assisted CNH to outreach with County Taskforce for future PPE. April 2020: Assisted 3 CNHs to obtain gowns, gloves and mask from Community Taskforce Stockpile
  - Outreach to 16 CNH/SVH
  - VHA admission liaisons, strategically placed at contracted homes coordinate admissions and placement determinations for Veterans in need of Long-term Care and sub-acute rehabilitation. Have conducted proactive outreach to CNHs to identify COVID-19 positive Veterans and provide supports, services, and needs to ensure safe care of patients.

Texas

Mission Assignment(s):

- Current:
  - Providing acute care (Med/Surg) and/or Intensive Care Unit (ICU) beds at multiple locations for immediate and short-term medical treatment for non-COVID and COVID-positive patients
  - Regional Response Coordination Center (RRCC) LNO: Regional Level Activation – Activate VA to FEMA RRCC

- Completed:
  - Provided the Texas Veterans Land Board SVHs with collection and processing of biological samples for COVID testing and analysis for patients and staff

Other Support:

- Equipment/Supplies:
  - PPE including gowns, gloves, shoe covers to SVH
  - Hand sanitizer and stethoscopes

  - Test kits
  - Transport media for sample collection

- Testing Support:
  - Conducted and processed tests for SVH

Utah

Other Support:

- Equipment/Supplies:
  - PPE including masks
  - VA Salt Lake City Health Care System performed fit testing of staff at 10 CNHs

- Community Engagement and Outreach:
  - AEM deployed to Utah Division of Emergency Management to assist with the creation of their Alternate Care Site in Salt Lake County.
  - Town Hall hosted

Virginia

Mission Assignment(s):

- Current:
  - Providing staff and support to SVHs

- Completed:
  - Provided VHA Medical Task Forces to assist in the assessment of infection control procedures in 852 long-term care, skilled nursing and assisted living facilities
  - Provided staff and support services to assist the Virginia Department of Veterans Affairs with collection and processing of biological samples for COVID testing and analysis for patients and staff of SVHs

Other Support:

- Equipment/Supplies:
  - Face shields and fit testing kit to Roanoke SVH (Virginia Veterans Care Center)
  - Ventilator to New Orleans
  - Provide test kits and ensure 5 test kits are on hand at all times at SVH

- Testing Support:
  - Processed tests for SVH in Roanoke
  - Processed tests for CNH

- Community Engagement and Outreach:

- Two Mental Health staff members participated in a roundtable discussion with local U.S. Representative on August 24, 2020.
- CNH support
- Hampton: Two virtual town halls weekly since March 2020
- Richmond: VSO: 2 virtual town halls since March 2020.
- Congressional: 2 virtual town halls since March 2020. The facility has accepted two donations of banners made by Veterans to thank staff members for their work during the pandemic.
- Use Social Media to inform the public about current facility status

Washington

Mission Assignment(s):

- Current:
  - Regional Response Coordination Center (RRCC) LNO: Regional Level Activation – Activate VA to FEMA RRCC

- Completed:
  - Spokane Beds: 25 Med/Surg and/or 5 ICU beds at the Spokane VAMC
  - SVH Testing Support: Testing and SVH Support

Other Support:

- Testing Support:
  - 268 test kits sent to Palo Alto
  - Testing support in Seattle via Mission Assignment
  - Provided 325,320 pieces of PPE to include gloves (over 300K), gowns, masks, face shields, and shoe covers.

- Community Engagement and Outreach:
  - Consultative support to SVH

West Virginia

Other Support:

- Equipment/Supplies:
  - Medical Surge shelter provided to Berkley Medical (Community Hospital)
  - PPE and other equipment and supplies including gowns, gloves, masks, face shields, shoe covers, disposable stethoscopes and hand sanitizer to support Maryland SVH
  - Provided disposable masks to SVH in West Virginia
  - PortaCount Respirator Fit Tester training to community medical center personnel

- Community Engagement and Outreach:
  - Veterans from the Martinsburg VAMC participated virtually in the Golden Age Games

Wisconsin

Mission Assignment(s):

- Current:
  - Provide 5 registered nurses, 5 licensed practical nurses, and 10 nursing assistants or similar to support King SVH in Waupaca
  - Providing 2 pharmacists to the Milwaukee alternate care facility

- Completed:
  - Provided Alternate Care Site Staff: 2 RTs and 2 Pharmacists
  - Provided 2 registered nurses, 6 licensed practical nurses, and 12 nursing assistants or similar to support Union Grove Veterans Home in Union Grove, Wisconsin

Other Support:

- Equipment/Supplies:
  - No touch thermometers

Wyoming

Other Support:

- Equipment/Supplies:
  - PPE to include masks and face shields donated to SVH
  - Test kits to Muskogee VAMC to support Community Living Center testing initiative

- Community Engagement and Outreach:
  - Communication with local hospital regarding any need for mental health assistance
  - 1 Veteran Town hall
  - Continued partnership with State and County Operations Centers
  - Outreach to VSO and other stakeholders
  - Meetings with Congressional office representatives
  - Veteran Update Newsletter

DISTRICT AND NATIONAL

District of Columbia

Other Support:

- Equipment/Supplies:
  - DC VAMC processed the loan of 5 no touch thermometers

- Testing Support:

  - Testing support to residents and staff of a CNH
  - Tested Veterans and staff at the US Vets Grant & Per Diem housing facility

- Community Engagement and Outreach:
  - Tiger team site visit (11 through 12 June)
  - 8 Member Tiger team established to assist State Home as consultants (Logistics, Infection Control, Safety and Nurse Management). The team assessed current status, risks, and stress points and presented recommendations after two-day visit to facility.

Puerto Rico (Territory)

Other Support:
- Community Engagement and Outreach:
  - VAHCS staff is participating in weekly virtual meetings with USVI Department of Health as well as daily PR Public Health Interagency calls. The VAHCS IMT receives daily COVID-19 status reports from PR and USVI.

National

Mission Assignment(s):
- Completed:
  - VA National Acquisition Center provided operational management of pharmaceuticals nationwide
  - NRCC LNOs: National Level Activation – Activate VA to NRCC/RRCC and other locations identified by FEMA

○