

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
ON
"ASSESSING VA'S RESPONSE TO THE COVID-19 PANDEMIC: 90 DAYS LATER"

JUNE 11, 2020

Chairman Takano, Ranking Member Roe, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the Department of Veterans Affairs' (VA's) response to the COVID-19 pandemic. PVA's members are all veterans with spinal cord injuries or disorders (SCI/D), including multiple sclerosis and amyotrophic lateral sclerosis, and are at high-risk from the virus. The vast majority of PVA's members depend on VA for a significant part of their care. Thus, VA's ability to meet the challenges of responding to the pandemic are crucial to their long-term health and quality of life.

Throughout the pandemic, PVA has engaged directly with our members to ensure that their unique health care needs are addressed. PVA has conducted surveys of our members to determine their needs, held webinars, and developed materials to address their concerns which are available at pva.org/covid-19. Early on, the top concern for our members was whether they would be able to get the health care they need, when they need it. They were also concerned with what would happen to them if their caregiver were to become ill and whether they would be able to get medications refilled or renewed in a timely manner.

As states begin the process of reopening, PVA members' top reported concern was whether they would be able to go to their VA or community provider for health care. The second highest concern for members was the rescheduling of their routine health care appointments that had been canceled due to the pandemic. The third highest concern was whether they would be exposed to the virus if they go to their health care provider for routine care. Remaining concerns were being able to resume normal community activities, needing masks and gloves to safely go out, and obtaining testing for the virus.

The feedback from our surveys, as well as information from our chapters and PVA members, has been critical to informing our ongoing conversations with the leaders of VA's Spinal Cord Injury System of Care. PVA has established a strong feedback loop

with the system's leaders around the country. This connection has been invaluable in our efforts to raise issues about the needs of individual veterans and concerns across the system during the COVID-19 pandemic. PVA's partnership with VA's SCI/D system is critical to ensuring that our members receive the care they need whether it is needed due to a COVID-19 diagnosis or simply routine care that helps them to remain healthy.

Based on the experience of PVA's members during the pandemic, we address the following concerns:

Testing: VA tested most of the veterans who were inpatients in its SCI/D centers and SCI/D long-term care facilities. This aggressive effort led to the early identification and treatment of those with the virus and minimized the risk of further exposure to the remainder of this extremely vulnerable population. What is not known is how many veterans who are on VA's SCI/D registry but not inpatient or living in VA facilities have been tested. Members continually express interest in being tested for the virus and its antibodies.

VA has stated that testing for the coronavirus at its facilities is based on many factors, including the severity of symptoms, pre-existing illnesses or conditions, possible exposure, and other criteria. In sum, it appears that VA health care facilities are testing veterans who meet criteria provided by the CDC. Unfortunately, a fog of uncertainty exists as to the availability of testing for veterans who do not meet these conditions. Testing information on VA's webpage remains relatively unchanged since the early days of the pandemic. Since the department's testing capacity has expanded, it is reasonable to assume that larger numbers of veterans can and should be tested beginning with those in vulnerable populations.

Additionally, as services like elective surgeries resume, a COVID-19 test will likely be required prior to these procedures. However, veterans with SCI/D often do not have adequate means of travel and they are at high risk of complications from COVID-19 should they be exposed to the virus. The VA Boston Health Care System recently implemented a Mobile COVID Testing Unit so a team of clinicians can visit veterans in their homes to perform COVID-19 testing. We believe that this is a good solution and would like to see this service expanded to all VA medical centers.

Personal Protective Equipment (PPE) Availability and Supply Chain Functionality:

VA's Emergency Cache Program stockpiles a standard supply of drugs and medical supplies across the VA system. However, like many of the nation's health care systems, the COVID-19 pandemic put tremendous demands on the VA supply chain. Not long after the COVID-19 outbreak began, VA's Office of the Inspector General found that nearly two dozen VA facilities surveyed had inadequate supplies and would run out within weeks.

PPE has been at the forefront of the pandemic; however, despite numerous requests for information from VA concerning whether they have adequate supplies on hand, VA has not been forthcoming in response to this question. Here is what we know: VA

employees across the nation have picketed outside their medical centers to draw attention to VA's inadequate supply of PPE. PVA members have also reached out to our staff voicing concerns about the lack of PPE and VA's limiting the supply of gloves to SCI/D veterans, even though these gloves are needed to assist with bowel and bladder and wound care, along with other routine health care needs.

PVA believes VA recognizes that it must make changes to its supply chain to avoid the challenges faced during the pandemic. VA has announced that it wants to deploy regional readiness centers where they can maintain 4-6 months of PPE supplies. We support any efforts that will ensure that PVA members, VA employees, and all veterans and their caregivers have access to needed PPE supplies without needing to ration them. Perhaps the department could, once it completes its restocking efforts, provide catastrophically disabled veterans with an advanced supply of gloves, gowns, and masks *in addition* to their normally prescribed items so these veterans would have them readily on hand and will not have to search for them in the future. Congress should also consider providing emergency funding to veterans so they can attempt to purchase these items on their own if VA cannot supply them.

Self-Isolation and Quarantine Instruction: VA quickly delivered guidance to SCI/D centers about steps needed to protect against the virus. VA also reports that veterans have been contacted and given guidance regarding self-isolation and quarantine procedures. However, much of the instruction provided to individual veterans was distributed through electronic means. Communication methods should not be limited to online posting and email or text messages as older and lower-income veterans may not have ready access to these methods. VA should ensure that phone calls and letters accompany all its future electronic communications. This is extremely important because during the early months of the pandemic, some veterans believed they could not access VA care for anything other than the coronavirus. Many veterans with SCI/D are still afraid to seek even emergency medical attention for fear of contracting COVID-19. This same concern likely exists within the larger veteran population. To help combat this, VA should make sure that all clinicians who are contacting veterans with phone calls have the same talking points, so a consistent message is delivered.

VA's Future Pandemic Preparedness: At a House Appropriations Subcommittee hearing on May 28, VA reported that it had only obligated \$2.3 billion of the \$19.6 billion it received to fight the coronavirus outbreak. It is unclear what these funds were used for since information regarding these expenditures has not been made publicly available. However, in his testimony before the Subcommittee, VA Secretary Robert Wilkie expressed confidence that the full amount that Congress appropriated would be used to cover COVID-19 related expenses, to include combating a potential "second wave" of the virus in the fall.

Last week VA officials assured members of the House Veterans' Affairs Committee, Subcommittee on Health that the department has implemented new disaster preparedness plans that incorporate practices and procedures created during the pandemic. Like Congress, we have not seen the plan, but understand it includes the

use of regional depots where medical supplies including PPE will be staged so they can be readily accessed when needed. In April, department officials acknowledged that protective equipment shortages at its hospitals were caused, in part, because these types of items were being diverted to the national stockpile. Creating stockpiles of their own to prevent this problem from recurring makes sense. We understand VA is currently in the process of procuring supplies for these sites now.

PVA expects that the entire allocation of emergency funding will be subjected to the normal budgetary oversight processes to ensure it is spent as Congress intended. At the same time, we caution against incorporating any part of emergency funding into the department's annual (regular) allocation of funds. The pandemic placed additional burdens on the department that must be fully funded above and beyond the normal budgetary needs. Most important, Congress must ensure the department has the fiscal resources it needs to perform its normal daily mission *and* preserve its capability to support its Fourth Mission. Together with our Independent Budget partners, DAV, and VFW, we urge Congress to provide VA approximately \$98.4 billion in total medical care funding for FY2021 and \$100.6 billion for FY 2022 so the department can ensure future continuity of its healthcare operations.

We thank you for the opportunity to present our views on this important matter.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

Fiscal Year 2018

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$181,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.