



STATEMENT OF

KELLY D. SKINNER, DNP, APRN, NP-C, GNP-BC, CRRN, WCC, CFCN

PRESIDENT

NURSES ORGANIZATION OF VETERANS AFFAIRS (NOVA)

BEFORE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

Assessing VA's Response to the COVID-19 Pandemic: 90 Days Later

WASHINGTON, D.C.

June 11, 2020

Chairman Takano, Ranking Member Dr. Roe, and Members of the Committee; on behalf of the nearly 3,000 members of the Nurses Organization of Veterans Affairs (NOVA), I would like to thank you for the opportunity to provide testimony on today's timely subject, "*Assessing VA 's Response to the COVID-19 Pandemic: 90 Days Later.*"

NOVA is a professional organization for nurses employed by the Department of Veterans Affairs. Our members have been on the frontlines of this global health crisis from day one.

Three months ago, our nation came to a screeching halt – businesses shuttered, offices closed, and individual states began ordering “stay at home,” restrictions for its population. As the entire United States faced an unknown contagious virus with uncertainty and anxiety, NOVA nurses were working at every Medical Center and Community Based Outpatient Clinic (CBOC) to care for Veterans and individuals in their community with COVID-19/Coronavirus.

In the early months of the Pandemic, personal protective equipment (PPE), distribution of supplies, testing, adequate staffing levels, and communication between leadership, staff and Veterans was inconsistent and confusing.

NOVA surveyed its membership and found in late March/early April that 74% did not feel PPE was adequate, with 52% replying that they did not know the protocol for distribution or what supplies were on hand, and 47% felt ill-prepared for any COVID-19 onslaught.

As the Committee is keenly aware, staffing levels within VHA were inadequate prior to the months going into the Pandemic, so survey respondents wondered if staff got sick how they would handle outside patients as VA opened its doors as part of its 4th Mission. Others commented about retired nurses taking care of patients at high risk and asking outpatient case managers to help out, and will those individuals be trained/prepared for these positions?

Testing in March was pretty much non-existent and not surprising this question on our survey- ***Is staff being tested for the virus, and if so, when, and are there enough test kits available for staff and patients?***- garnered a resounding No (80%) with comments that staff are not being tested, even if they have been exposed, to there are not enough tests for patients let alone for frontline staff. We also heard many confirm that VA is and continues to follow the Centers for Disease Control and Prevention (CDC) guidelines on testing. CDC guidelines changed throughout the Pandemic which may have added to the confusion about who should be tested.

As we moved into April, it was evident that testing throughout most of the states was scarce and contact tracing was a struggle at many facilities. It seemed that only those at high risk could be tested if testing were available. Quarantine and sick leave for those COVID positive remained a concern as numbers of those exposed increased.

Leave status within current regulations (FMLA) and the changes made under the *Families First Coronavirus Response Act* did not seem to apply to VHA employees, especially those considered “essential” to the health and well-being of patients. There are Weather and Safety leave options which may be authorized by VA Medical Center Directors to keep those exposed/infected protected. It is often granted on a case-by-case basis for employees in up to 15-day increments who have known contact and direct exposure to COVID-19 and are unable to work or telework. Weather and Safety leave is used at the discretion of the Medical Center Director and is not an entitlement. NOVA believes this, along with other administrative action concerning leave, needs to be used more consistently and with a better guidance and approval process.

As we approached May, NOVA thought it would be helpful to again survey its membership to see how things were progressing – asking similar questions with a slightly different slant, we found out that PPE had improved but most responded that they are still being required to reuse PPE – and are receiving one mask and one gown weekly. CBOCs use PPE until soiled.

When asked about testing - comments were mixed, with remarks that they had just started testing employees and that more tests are available, to “it is still not easy to figure out how to get tested.” NOVA supports appropriate additional funding for increased testing and contact tracing to slow and help stop the spread of COVID-19 to keep Veterans and other patients safe.

NOVA would also like to note that VA leadership has posted weekly positive COVID-19 data and has indicated they are planning to increase testing of employees in the near future. Dr. Richard Stone, Executive in Charge, VHA, remarked in testimony before the Senate Veterans Affairs’ Committee (6/3/2020) that VA is at around 12% for testing employees and has a “long way to go.”

One of the most important aspects of VA’s response to the Pandemic is assisting its federal partners as part of its 4th Mission, providing backup health care for veterans and civilians when called up during times of federal emergencies. The VA is expected to have healthcare expertise, emergency-ready personnel, supplies, and equipment to mobilize in disasters. The VA has helped and participated in Pandemic planning as far back as 2006, and has mobilized in previous emergencies, including Hurricanes Maria (Puerto Rico) and Harvey (Houston) and during the California wildfires.

The response to COVID-19/Coronavirus included a massive hiring initiative - to date, over 10,000 health care professionals have been hired, to include over 3000 nurses - utilizing the Traveling Nurse Corps, deploying nurses to areas where COVID surges were happening under the Disaster Emergency Medical Personnel System (DEMPS), and helping provide staff to State Veterans’ Homes/long-term care facilities amid worsening outbreaks across the country proved invaluable.

NOVA thanks Congress for including \$19.6 billion in emergency supplemental funding for VA as part of the *Coronavirus Aid, Relief, and Economic Security Act (CARES Act)*.

This has helped to hire new staff, provide overtime pay, and purchase supplies needed for those caring for Veterans and other COVID patients. The bill also included \$2.2 billion for VA’s IT programs which helped VHA deliver significantly more telehealth appointments - and continue telehealth mental health appointments which was critical as facilities remained closed to patients.

As many areas of the country continue to battle COVID-19 cases, and others brace for a possible surge (per warnings by experts) in the fall and winter months, lessons learned must translate into a prepared VA healthcare system. PPE and other medical equipment must be stored at an adequate level. Staff should be trained and informed on protocols for handling any new cases and protecting themselves and patients. Communication must be consistent across **all** 22 VISNs and within each medical center and continued hiring of new staff must remain a top priority.

NOVA applauds the new expedited hiring practices employed during COVID – timely application and quicker onboarding enabled VA to hire within weeks rather than months. NOVA has for years included increased hiring of staff as one of its top legislative priorities – urging Congress and VA to address the complexities of a system that is decades old, which does not allow for VHA to remain competitive and “hire right, hire fast.”

Finally, as we look ahead, we feel it is necessary to remind Congress to pass a budget that will allow for an increase in enrollment and usage of VA healthcare as the economic toll of COVID-19/Coronavirus will most definitely include the Veteran population.

NOVA supports the *Independent Budget* request for FY 2021, which includes \$98.4 billion in total medical care funding and approximately \$100.6 billion for FY 2022 Advance Appropriations. We stand by their recommendations which adjust all Medical Care program funding from the preceding fiscal year, and provides increases based on new and existing workload, and the 3.1% federal pay adjustment included in the President’s budget for FY 2021.

It is difficult to estimate what the growth in patient workload and new enrollment will be, but we do know that VA provides an integrated health care model uniquely designed for Veterans, one that understands the military culture and the needs of its population. As nurses who provide that care, we stand ready to welcome all Veterans within the nation’s largest healthcare system. We remain dedicated to providing high quality compassionate care now and in the future to all of our patients.

NOVA is a nationwide, nonprofit professional organization whose members are nurses working for the Department of Veterans Affairs Medical Centers and Clinics. NOVA is not part of the VHA, nor is NOVA sanctioned or endorsed by the VHA.

**NOVA COVID Survey Results (#1 & #2) and Comments can be found on their website under the COVID Resource page. <https://www.vanurse.org/page/COVID19RESOURCECENTER>*