

**STATEMENT OF
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Good morning, Chairman Takano, Ranking Member Roe and distinguished Members of the Committee. Thank you for the opportunity to testify today about the Department's response to the Coronavirus pandemic. I am accompanied today by Ms. Deborah Kramer, Acting Assistant Deputy Under Secretary for Health for Support Services, VHA, and Dr. Larry Mole, Executive Director, Office of Public Health, VHA.

First, I want to acknowledge the extraordinary position we find ourselves in responding to the Coronavirus Disease 2019 (COVID-19) pandemic. We have lost 1,158 Veterans to this disease, and each one of those lives is a tragedy for their families and the Veteran community. I am also saddened to report that we have lost 32 VA employees as a result of COVID-19. These have included front line health care workers, information technology staff, and facility support staff. I want to thank our VA health care staff who continue to show up to fight this battle every day and who have helped keep our Nation's Veterans and their communities safer.

I want to thank the Committee for the \$19.6 billion in supplemental funding provided in the Coronavirus Aid, Relief, and Economic Security (CARES) Act to address this crisis. This funding has provided us with the means to protect Veterans, including those most vulnerable; our employees; and our citizens during this historic crisis. This includes \$17.2 billion for VHA, where money is being used to hire new staff and make sure existing personnel have the resources they need to deal with the evolving needs of the pandemic. The funding has also been used to add beds, provide overtime pay and purchase needed supplies such as ventilators, testing supplies, pharmaceuticals and personal protective equipment.

The World Health Organization (WHO) declared COVID-19 a worldwide pandemic on March 11th, but VA was preparing for this dangerous virus several weeks before. VA implemented an aggressive public health response to protect and care for Veterans, their families, health care providers and staff in the face of this emerging health risk. We are working directly with the Centers for Disease Control and Prevention (CDC) and other Federal partners to monitor the outbreak of the virus.

Since COVID-19 appeared in the U.S., VA has effectively managed its resources and has cared for more than 13,436 Veterans diagnosed with the virus and over 120 non-Veteran patients as part of its "Fourth Mission" to serve as a backstop to America's health care system.

Investing in Expanding VHA's Capacity

Enacted on March 27th as a swift response to the effects of this global health crisis in the U.S., the CARES Act provides \$2.2 trillion in economic relief to Americans. This includes \$17.2 billion allocated for VHA, \$300 million of which will be used this fiscal year to address the challenges faced by homeless and at-risk Veterans. Veterans who are homeless or at risk of homelessness are uniquely vulnerable to COVID-19 due to their living conditions, advanced average age and high rates of chronic health problems. The vital funds provided from the CARES Act will allow VA to continue working diligently to prevent the spread of infection in communities, and to keep Veterans safe and on the pathway to permanent housing during this challenging time.

Funding is provided for three critical VA programs to assist with the emergency response needed for Veterans living without safe, stable housing.

- **Supportive Services for Veteran Families Program:** \$202 million has been allocated to provide emergency housing, including in hotels, and homelessness prevention assistance to mitigate the expected wave of evictions and potential homelessness that will result from extensive unemployment. Funds for this program will also assist the Housing and Urban Development-VA Supportive Housing (HUD-VASH) program in placing Veterans in safe housing to isolate them from the virus while they await their housing voucher.
- **Grant and Per Diem (GPD) Program:** Grants from the GPD program usually consist of a capped per diem payment from VA to community organizations to provide transitional housing and supportive services to Veterans. VA allocated \$88 million to this program and waived per diem limits during the crisis to empower GPD grantees to provide all needed emergency housing and supportive services for Veterans who need to be isolated for their safety or the safety of others.
- **Health Care for Homeless Veterans Program:** \$10 million has been allocated to provide emergency shelter and supportive services during the crisis, if needed, to include placement in hotel rooms for Veterans needing emergency placement or isolation to avoid spreading the virus. Housing will be paired with care, treatment and rehabilitative services.

VA is also increasing capacity in its homeless programs by expanding telehealth and telecommunications capabilities. As VA homeless programs rapidly mobilize resources and strategies to move Veterans into independent, permanent housing and hotels/motels to promote physical distancing, technology is vital to prevent these vulnerable Veterans from becoming socially isolated, which may trigger or exacerbate mental health symptoms. Technology also provides a mechanism to ensure that Veterans remain engaged with Homeless Program providers to monitor safety and well-being; participate in preventative health care; attend virtual groups and recovery programs; and conduct virtual housing and job searches.

Additionally, in late March, VHA ramped up recruitment of medical personnel in order to respond to the COVID-19 crisis. As part of that effort, VHA Office of Primary Care Intermediate Care Technician Leadership, VHA Transitioning Military Personnel Project Leaders, and Department of Defense SkillBridge Program Partners began promoting VHA's employment opportunities to transitioning military, National Guard, and Reserve members. These additional marketing efforts yielded 3,711 qualified candidates who were referred for interviews across the enterprise.

The Intermediate Care Technician (ICT) Program is designed to hire former military corpsmen, combat medics and medical technicians into positions at VA medical centers as an integral part of the medical team. An ICT's Scope of Care permits maximum utilization of the skills, abilities and experience former enlisted allied health professionals have acquired during their Active Duty, National Guard, and Reserve service. The above recruitment efforts have increased the number of medical centers with ICT personnel by 48.57% and increased front-line ICTs by over 41.50%. The VHA Office of Primary Care is a proud partner in leading the response to COVID-19 beside our Federal and other strategic partners.

VA is also leading the way in leveraging the VA infrastructure to flex resources to areas of greatest need as the pandemic and hot spots shift. An example of our ability to be nimble comes from the Veterans Integrated Service Network (VISN) 10 Clinical Resource Hub based out of Cleveland. As we saw demand for services increase at our Detroit hospital, we were able to immediately deploy 12 telehealth social workers from across the region to support their increase in demand. As demand tapered off, these staff were able to move to the next area of need. We have established this infrastructure in each of our 18 VISNs and are expanding capacity to support the needs.

VA has also maintained its capacity to provide mental health care during the COVID-19 pandemic by building upon its existing tele-mental health capability and rapidly expanding it. Prior to the COVID-19 pandemic, approximately 85% of mental health encounters involved face-to-face care with the remaining 15% of care provided through virtual modalities. Since the pandemic began, Veterans have received 80% of their mental health care via virtual modalities (telehealth, telephone and secure messaging). In April, VHA providers completed over 970,000 telephone appointments with Veterans (a 486% increase over February) and over 217,000 telehealth video appointments (639% increase over February). There has been a positive response from Veterans. They are increasingly accepting of the VA Video Connect modality. The final week of April showed a 30% increase in VA Video Connect mental health appointments compared to the beginning of April. In addition, 100% of telework willing and ready staff at the Veterans Crisis Line have been deployed to work virtually to protect the integrity of their mission and the well-being of staff.

Protecting our Employees

The safety of our employees and patients is our highest priority and one that we take very seriously. While normal Federal Government operations were reduced or

curtailed during the pandemic, VHA's mission is unique, and our workload is greater than ever in support of our Veterans and our Nation. To protect our employees, VHA put in place multiple support mechanisms under the Families First Coronavirus Response Act and the CARES Act, including the opportunity for telework where appropriate; use of leave options, such as Weather and Safety leave and emergency paid sick leave; raising the income level threshold for the use of childcare subsidies; and putting employees up in hotels so they can remain on the front lines while keeping their families safe. VHA has implemented physical distancing measures, limited the use of common areas where distancing cannot be maintained and initiated screening for all staff, Veterans and visitors entering VHA facilities. This attention to overall safety was enhanced on May 7th with the requirement that all persons entering VHA facilities wear face coverings.

In response to the projected need for surge staffing, VHA launched national hiring announcements, amplified through social media for Registered Nurses, Respiratory Therapists, Housekeepers, Supply Technicians, Medics/Corpsman and numerous other occupations. We have had tremendous support from the Office of Personnel Management (OPM) to help us reform our antiquated Federal hiring practices in support of an expedited 3-day onboarding model. Consistent with OPM guidance, we are waiving or postponing certain pre-employment requirements until after onboarding, such as physicals, credentialing and fingerprints. We also used dual compensation waivers to hire retired Federal employees, onboarding 79 retired personnel to date. VA has onboarded 16,202 new hires between March 29th and May 27th, a significant increase from previous years.

We also leveraged our internal capacity as the Nation's largest integrated health care system. We established an integrated Staffing Command Cell to drive accelerated hiring and manage deployments of staff to affected areas across the Nation, supported by the Disaster Emergency Management Personnel System and Travel Nurse Corps. Our nursing workforce, the backbone of any health care setting, rose to the challenge caring for our Nation's heroes. We expanded full practice authority so clinical staff are operating to the full extent of their medical license and in some cases, shifting former clinical staff back to clinical roles and upskilling staff to provide care in higher acuity settings. Our nursing leaders adapted team-based staff ratios to support additional Intensive Care Unit (ICU) and acute care beds. Additionally, they augmented team-based care provision via Tele-ICU and other Tele-Specialty care. In addition to surge hiring, we also had an eye on retaining our dedicated staff. We did this through authorization of group incentive awards for frontline clinical staff. VISN leadership authorized group incentives to recognize increased workload and demands placed on frontline staff, as well as to prevent poaching from other health care systems.

Additionally, in order to protect Veterans and employees and reduce the risk of infection, on April 4th, VA waived requirements to conduct face-to-face visits in the HUD-VASH program. To ensure this decision does not negatively impact care and services, VA is using the authority granted in the CARES Act to ensure that all Veterans and staff in the HUD-VASH program have full telehealth capabilities. The month of April

saw a 325% increase in telehealth activity in the HUD-VASH program, demonstrating that Veterans continue to receive care in a manner that minimizes risks to all involved.

Testing

VA has been a leader in testing and continues to ensure that Veterans and personnel have access to testing. Due to previous experience with response to Legionnaires, Influenza, Ebola, Zika and regional epidemics, VA maintains its own public health laboratory. With the publication of the viral sequences, VA has been able to develop its own COVID-19 molecular test in addition to validating the CDC assay. This allowed VA to provide its own laboratory reference service and avoid difficulties in obtaining testing services early in the pandemic. VA established national contracts for several COVID-19 testing platforms which today provide a testing capacity of 60,000 tests per week. VHA facilities balance a blend of in-house rapid and high throughput testing with available commercial laboratory testing to provide testing for active COVID-19 to symptomatic Veterans and staff. Results collected from this testing are stored securely in the VA electronic health record and used to report confirmed cases of COVID-19 on VA's Access to Care website. To date, VA has tested 176,386 Veterans for COVID-19. Testing has included a one-time point prevalence survey of residents and staff assigned to Community Living Centers and Spinal Cord Injury and Disorders Centers out of concern from several accounts of COVID-19 positive residents in State Veterans Homes and selected civilian community hospital locations. VA is actively collaborating with the industry and Federal partners in the validation of serological testing, in addition to participating in Food and Drug Administration and CDC projects with the exchange of data operations and expertise.

VA's Fourth Mission

Through our statutory authority to provide care to non-Veterans in times of crisis, also known as the "Fourth Mission," VA is helping 46 states and territories with their response to COVID-19, providing care, services and supplies to hundreds of non-Veterans in this time of uncertainty.

In coordination with the Federal Emergency Management Agency (FEMA), VA has deployed doctors, nurses and nursing aides to state-run nursing homes in several states where COVID-19 has emerged among vulnerable populations. Most recently, VA dispatched more than 80 medical professionals to 26 non-VA nursing homes in Florida. These employees have begun rotations at the facilities to deliver direct care and advice about controlling infectious diseases. The Florida mission follows an April 19 through June 1 deployment of 90 VA nursing staff to two state-run nursing homes in New Jersey. VA has deployed staff to other state-run nursing homes in Alabama, Massachusetts and Tennessee and is coordinating similar requests for help across the Nation. The Department's experience in caring for more complex nursing home patients makes its nursing home workforce a valuable service during this national emergency.

Also, in coordination with FEMA, VA has committed to opening 1,500 beds in VA facilities to treat COVID-19 patients and ease the stress that some local hospital networks are facing. During the last few weeks, the VA facility in Rhode Island cared for 7 community nursing home patients and the VA facility in Bedford, Massachusetts cared for 10 State Veterans Home patients.

Additionally, to help the U.S. Naval Ship Comfort close out its mission in New York, remaining patients were transferred and are being cared for by VA New York Harbor Health Care System and James J. Peters “Bronx” VA Medical Center. As part of VA’s Fourth Mission to help community hospitals with humanitarian patients through the COVID-19 pandemic, VA received 12 patients over the past few days; 11 of whom are now being cared for by VA health care providers in Brooklyn and Manhattan, and the Bronx VA has accepted 1 patient from the ship.

VA facilities in California, Mississippi, New Mexico and Texas have also taken in non-Veteran patients, and dozens of ICU and medical/surgical beds have been made available in Illinois, Iowa, Louisiana, Michigan, New York, Oregon and Washington. The Department is also aiding non-Veteran patients in American Samoa, California, Guam, Iowa, North Carolina and Texas.

In addition to VA’s work with FEMA, VA is providing a range of services to Veterans and their families in more than a dozen states on its own. For example, VA’s Mobile Vet Centers are offering counseling services and outreach to health care workers and screening assistance in Colorado, Pennsylvania, Ohio and Texas. In South Dakota, a Mobile Vet Center is providing blood drawing services.

VA is working with several other states on a range of services, such as the provision of masks and test kits, in Arizona, Arkansas, Connecticut, Delaware, Hawaii, Idaho, Kentucky, Minnesota, Mississippi, Nebraska, Nevada, New Mexico, Oklahoma, South Carolina, Virginia, West Virginia and Wisconsin. States that require assistance from VA should request it through their local Department of Health and Human Services Regional Emergency Coordinator — part of FEMA’s National Response Coordination Center. Counties, cities and other municipalities should route all requests for federal support through their respective states.

Path Forward: How Will We Return to Normal Operations

As states start reopening after COVID-19 shutdowns, we began reintroducing health care services in VA medical facilities across the country on May 18. VA’s “Charting the Course: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations,” provides a phased framework approach for VA to return to normal, pre-COVID-19, public-facing operations, in accordance with the White House National Guidelines on “Opening Up America Again” and subsequent guidance in the Office of Management and Budget (OMB) and OPM Memorandum M-20-23.

VHA's operational "Moving Forward Plan" provides a standardized approach which can be tailored to individual VISNs and VA medical facilities, taking into consideration the Federal, state and local guidance. It is interoperable with other formal VA guidance.

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. Because our focus is on safety, VA facilities may not reopen a full spectrum of care immediately. Instead, in expanding services, VISNs and facilities will consider unique circumstances of their state and local markets, environmental safety preparedness and clinical risk assessments. Each VISN has identified facilities to be the first to implement a phased approach to expanding select health care services while ensuring a safe environment. The lessons learned from these initial sites will help to inform how other facilities plan to expand their services.

Our "Moving Forward Plan" uses the White House Gating Criteria to align with the White House Guidelines for "Opening Up America Again," CDC, VA and other Federal, state and local guidance. As part of this Plan, VA has developed a risk-based framework to prioritize non-emergent procedures, in addition to the emergent procedures currently being performed. Evaluation of such factors as patient health, staff safety and resource considerations will guide expansions and scheduling decisions. Such factors may differ from facility to facility, and among Veterans with different clinical needs. This flexibility, again, allows facilities to provide safe care taking local circumstances into account.

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.

For those Veterans referred to community care, VA will continue to offer a choice of providers who can meet their health care needs. VA is committed to providing the safest and highest quality care to Veterans whether they are receiving their care within VA or in the community. We will continue to incorporate Referral Coordination Teams to advise Veterans using shared and informed decision making when discussing all care options.

To maintain Veteran-centric care and allow Veterans to be active participants in their own care delivery, VA will promote the preferred option of Veteran self-scheduling

with community providers. For those Veterans who request that VA arrange their community care appointments, VA will work to streamline communication and handoffs with community care staff members. Veterans will be empowered to work directly with the community providers at their own pace, with VA at their side working to retrieve medical documentation and other needs to ensure continuity of quality care between VA and our non-VA community partners. We will be the integrator and coordinator of care while addressing Veteran concerns about having more control in the scheduling process.

While rolling out the “Moving Forward Plan,” rigorous safety measures including Veteran and employee COVID-19 screening, physical distancing and appropriate personal protective attire, such as face coverings, will remain in place at all facilities. Additionally, remodeling of the physical environment within the facilities will emphasize safe distances between all persons and will limit large group settings.

Further, VA’s homeless programs have already placed nearly 2,000 homeless Veterans into hotels in order to provide them with a safe and stable place to self-quarantine, and we expect to place thousands more during this emergency. As we move forward and begin to return to normal operations, it is vital that the thousands of homeless Veterans in hotels do not return to homelessness. VA’s homeless programs have instructed VISNs and VA medical centers to prioritize these Veterans for permanent housing resources such as HUD-VASH vouchers and will work tirelessly to ensure these Veterans find safe and stable permanent housing.

Conclusion

Veterans’ care is our mission. We are committed to providing high-quality health care to all of our Veterans during these unprecedented times. Your continued support is essential to providing this care for Veterans and their families. This concludes my testimony. My colleagues and I are prepared to answer any questions you may have.