

**STATEMENT OF
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OPERATIONS, SECURITY AND PREPAREDNESS
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
U.S. HOUSE OF REPRESENTATIVES**

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Chairwoman Brownley, Ranking Member Dunn and members of the Subcommittee, thank you for the opportunity to discuss the Department of Veterans Affairs' (VA) preparedness and disaster response readiness during a pandemic, such as the current coronavirus 2019 (COVID-19). I am accompanied today by my colleagues from the Veterans Health Administration (VHA): Ms. Tammy Czarnecki, Deputy Assistant Under Secretary for Operations; Ms. Deborah Kramer, Acting Assistant Under Secretary for Health, Support Services; and Dr. Larry Mole, Executive Director Office of Public Health.

VA takes pride in our ability to provide world class health care to America's Veterans as well as the Nation during times of crisis like we are experiencing now with the global COVID-19 pandemic. VA has a unique position in Government, due to our presence in communities across the fifty states and U.S. territories. During COVID-19, VA has continued to serve Veterans, their families, caregivers and beneficiaries and has filled a critical role in the Nation's response to COVID-19.

Currently, VA has provided critical support in numerous communities for patients who would otherwise not be able to receive care or support through the VA health care system, including providing: medical/surgical care, intensive care, and long-term care in VA health care facilities in New York, New Jersey, Illinois, and Michigan; long-term care support to State Veterans Homes and other Long-Term Care facilities in the form of personal protective equipment (PPE) and training for PPE use and infection control methods as well as clinical and auxiliary staff augmentation in Florida, New Jersey, and California. VA supports state testing by providing laboratory analysis of COVID-19 samples of non-Veterans in Idaho, Arkansas, North Carolina and Washington. VA is providing assistance and clinical staff in support of the Navajo Nation and Indian Health Service. Additionally, VA continues to provide a myriad of support from equipment to alternate care sites and outreach to homeless Veterans.

VA has experience dealing with consecutive disasters such as in 2017 with the California wildfires and Hurricanes Harvey, Irma and Maria. During those disasters, VA leveraged strategically-placed resources and existing programs such as mobile Vet

Centers, mobile medical units, mobile emergency nutrition units, outreach to vulnerable patients and mental health counselling to ensure Veterans were able to receive care and other support services. However, a natural disaster during a global pandemic, such as COVID-19, would present unprecedented challenges that we, as a Federal response team, will be required to face using innovative solutions that will not only ensure VA's mission continues, but also that VA serves as one of the cornerstones to the Federal response.

VA has a series of emergency management and disaster response plans and is drafting a *Disaster Response During A Pandemic* planning document that supports an all-hazards response during the COVID-19 pandemic, with a focus on hurricanes. This year's hurricane season is forecasted to be an above-average year, as indicated by Tropical Storms Arthur and Bertha, which formed prior to the official start of the Atlantic Hurricane season. The plan emphasizes VA's health care preparedness and response to a hurricane complicated by the global pandemic (COVID-19), focused on protecting Veterans, their families and caregivers and VA staff members. It is built around a three-phase operation with each phase having objectives and trigger points that will inform decisions. The plan incorporates practices, protocols and procedures developed during the initial COVID-19 outbreak and response and includes identifying critical considerations for conducting response operations to a hurricane within the COVID-19 environment. The three key considerations are: enterprise notification and asset activation; shelter in place in a COVID-19 environment; and reporting requirements. The draft plan is a living document and leverages recently developed plans and procedures such as the "COVID Strategic Response Plan," "High Consequence Infection Plan," and "VA Charting the Course Plan."

Individual administrations within the Department have conducted tabletop exercises to develop scenarios on how to continue the delivery of services to Veterans in a COVID-19 environment, while preparing for the unknown challenges presented by this novel virus. VA is aggressively documenting lessons learned and other challenges encountered while managing the consequences of this novel virus and will continue to incorporate best practices into all appropriate plans and procedures.

VA provides updated guidance, policy, frequently asked questions (FAQ), and information to VA patients and staff. VA has enhanced its information technology (IT) infrastructure focusing on increasing bandwidth and gateway access for employees working remotely and the continuance and expansion of virtual care through telehealth. This IT effort enabled VA to continue providing services during the COVID-19 pandemic and increased our readiness and preparedness for the upcoming hurricane season. VA implemented telehealth protocols that have proven to be effective. This investment aided in facilitating and maintaining Veteran appointments, and increased productivity in compensation claims and virtual benefits hearings.

VA continues to collaborate with Federal Emergency Management Agency (FEMA), Department of Defense (DoD), and the Department of Health and Human Services (HHS) on plans and developing Interagency agreements (IAA), as appropriate.

Support to the Federal Coordinating Center and Federal Medical Stations remains a significant focus of our efforts in the COVID-19 environment. The current planning efforts are focused on a pre-landfall hurricane evacuation scenario, but we remain ever vigilant in our contingency planning and will apply those efforts to any evacuation or Federal Coordinating Center activation scenario. Currently, VA has liaison officers at the FEMA National Response Coordination Center (NRCC), HHS, and each of the ten FEMA Regional Response Coordination Centers (RRCC). The embedded VA liaisons will continue to facilitate coordination and communication between VA and Federal, State, Local, Territorial and Tribal partners to support ongoing Federal response operations to the COVID-19 pandemic and to support FEMA planning efforts for current disasters and the upcoming hurricane season. VA-wide planning efforts, no matter if it is in support of COVID-19 operations or responding to a natural or man-made disaster, focus on continuous delivery of benefits and services to our Nation's Veterans and their beneficiaries as well as support to the Nation in accordance with the National Response Framework. VA has maintained all readiness sites and ensured all Federal Emergency Response Officials are ready to manage any disaster and to continue providing services to our Nation's Veterans.

The Federal response to COVID-19 resulted in the establishment of closer and more formal relationships with FEMA's Supply Chain Task Force, which will result in improved response for natural disasters. VA is part of the NextGen Strategic National Stockpile (SNS) Advisory Committee, helping develop the national policy recommendations to ensure the SNS is ready for the next natural disaster, including a pandemic response. Further, while FEMA is the main supplier for some PPE products, it is not the supplier of all products VHA requires for national disaster response. VA will use its existing commercial relationships to respond to natural disasters, just as it has done in the past.

VA stands ready to execute our mandate: "To care for him who shall have borne the battle and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans in all conditions and through any disaster. Chairwoman Brownley, we appreciate this Subcommittee's continued support. This concludes my testimony. My colleagues and I are prepared to respond to any questions you may have.