

April 13, 2020

The Honorable Robert Wilkie, Jr.  
Secretary of the Department of Veterans Affairs  
Dr. Richard Stone, M.D.  
Executive in Charge, Veterans Health Administration  
U.S. Department of Veterans Affairs  
810 Vermont Avenue N.W.,  
Washington, D.C. 20571

Dear Secretary Wilkie and Dr. Stone,

The Veterans Health Administration is the largest integrated health care system in the United States. With over 1,225 health care facilities, including 170 medical centers and 1,074 outpatient clinics, the VHA serves nine million American veterans annually. The novel coronavirus pandemic (COVID-19) strains healthcare systems throughout the United States, especially the Veterans Health Administration. As of March 31, 2020, 1,347 positive cases of veterans with COVID-19 have been reported in VA facilities across the country.

VA providers and support personnel have bravely risen to combat the COVID-19 pandemic. However, the Department of Veterans Affairs has failed to adequately provide resources or implement policies that protect VHA employees and, as a result, America's veterans. They are detailed below.

### ***1. Shortage of Personal Protective Equipment (PPE) for VHA Employees***

The Department of Veterans Affairs implemented the Emergency Cache Program following 9/11 as part of the VHA's national preparedness efforts to ensure drugs and medical supplies are available to treat veterans and VA employees in the immediate aftermath of crises.<sup>1</sup> The VA, however, has failed to adequately stock this crucial stockpile of emergency resources. Following a critical 2018 VA Office of Inspector General (OIG) report detailing the inadequacies of the program,<sup>2</sup> OIG issued a starker conclusion in 2019:

The importance of an effective Emergency Cache Program cannot be overstated. The OIG found that VHA did not effectively manage the program and that VHA officials had no assurances the caches would be ready to mobilize in the event of an emergency. As a result, VHA risks not having the drugs and supplies necessary to meet the emergency needs it might face for mass casualty events. These risks are due to a poor governance structure and inadequate oversight processes (including missed inspections and activation exercises) that cannot ensure caches are secure and stocked with unexpired drugs in the appropriate quantities. Without improved oversight and accountability, the Emergency

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<sup>1</sup> *Mission Readiness: VA's Emergency Response and Cache Program*, 116th Cong. (Statement of Larry Reinkemeyer, Assistant Inspector General for Audits and Evaluations, Office of Inspector General, U.S. Department of Veterans Affairs), <https://www.va.gov/oig/pubs/statements/VAOIG-statement-20190619-reinkemeyer.pdf>.

<sup>2</sup> *Emergency Cache Program: Ineffective Management Impairs Mission Readiness*, Department of Veterans Affairs Office of Inspector General, October 31, 2018, <https://www.va.gov/oig/pubs/VAOIG-18-01496-301.pdf>.

Cache Program has increased risks of being inadequately equipped and wasting drugs and medical supplies.<sup>3</sup>

The effects of this mismanagement are now playing out in VA facilities across the country: hospitals are reporting a dangerous shortage of PPE, including masks, gowns, and hand sanitizer, leading to preventable infections. Employees have already lost their lives due to inadequate PPE.

The undersigned unions demand that the VHA provide all bargaining unions who must interact with patients under investigation (PUIs) or confirmed cases of COVID-19 the highest level of PPE, including, PAPRs, N95s, coveralls meeting ASTM standard, gloves, eye protection temporary scrubs, and other protections.

## ***2. Lack of Testing and Needed Paid Leave for Potentially-Exposed VA Employees***

The Centers of Disease Control (CDC) identified factors for consideration for potential risk of contracting COVID-19 including: “the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.”<sup>4</sup> Given the aforementioned lack of PPE provided by VHA, it is not surprising that every day more employees at VHA medical centers across the nation are testing, and very disturbing that many positive. who have tested positive are being instructed to screen patients for COVID-19 without PPE.

CDC’s current guidance for healthcare personnel with potential exposure to COVID-19 sets guidelines for when a healthcare worker should be excused from work to quarantine. The CDC recommends the following categories of persons be excluded from work for at least 14 days after last exposure:

- Prolonged close contact with a COVID-19 patient wearing a facemask for a healthcare professional without any PPE or not wearing a facemask or respirator
- Prolonged close contact with a COVID-19 patient *not wearing* a facemask for a healthcare professional without any PPE, not wearing a facemask or respirator, or not wearing eye protection<sup>5</sup>

Due to the lack of PPE among VA facilities and mismanagement, too many VA employees fall into these categories of high or medium risk healthcare professionals.

Despite recommendations from the CDC, the VA has refused to allow at-risk employees to take leave. VA officials point to a provision in the guidelines allowing healthcare facilities to “consider allowing asymptomatic [healthcare employees exposed to a COVID-19 patient] to continue work after options to improve staffing have been exhausted.”

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<sup>3</sup> *Mission Readiness: VA’s Emergency Response and Cache Program* (Statement of Larry Reinkemeyer), 8.

<sup>4</sup> Centers for Disease Control, “Healthcare Personnel with Potential Exposure to COVID-19,” last updated March 7, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

<sup>5</sup> Ibid.

This CDC healthcare employee exception subjects the VA workforce to unnecessary risk while failing to hold managers at every level accountable for poor staffing plans and inadequate use of ample Title 38 hiring even in the face of VA MISSION Act vacancy data indicating 43,000 VHA vacancies.

Furthermore, the VA continues to weaken its capacity to care for its veteran population and put its healthcare workforce at even greater risk by opening understaffed medical facilities to the civilian population. While the Fourth Mission is an important part of the VA's mission, a more careful, evidence-based balance must be struck between its core mission and to the needs of other healthcare systems.

VHA employee leave and testing practices fail to take the particularities of COVID-19 into account in order to protect VA employees and our veterans. The incubation period for COVID-19 is estimated to be up to 14 days, with a median period of 4 to 5 days from exposure to system onset.<sup>6</sup> At-risk employees are not permitted to self-quarantine. In addition, VA is not adequately testing doctors, nurses, and other healthcare staff after an exposure to a PUI or confirmed COVID-19 patient, further increasing the risk of illness to veterans, employees, and their loved ones. Therefore, the undersigned unions demand that VA provide testing to at risk employees and conduct a thorough investigation after a COVID patient is identified to ensure all staff and individuals who were exposed are identified and notified. Any worker who is exposed to COVID-19 must be placed on weather and safety for at least 14 days.

### ***3. The Administration's Barrage on Unions During the Pandemic***

The VA must stop using this critical time period to wage a full-frontal barrage on the union and instead work hand-in-hand with us to combat COVID-19. Instead of setting in place crucial protections for COVID-19, VA leaders used February to implement three anti-labor executive orders issued by President Trump. The orders evicted labor unions from the workplace, disbanded labor management committees, and removed labor unions from government email systems.

. All the National Unions at the VA have worked together for many years to ensure the highest quality of service for America's veterans. Anti-union orders have built unnecessary barriers preventing labor and management from working together to confront COVID-19. An effective response to the pandemic requires the VA and unions to work together.

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VHA's dedicated workforce is proud of the significant role it has played in making it possible for our highly regarded healthcare system to rise to the occasion in many past national emergencies. . VHA employees were on the frontlines of care in New York City following the 9-11 attacks, as well as during s. Hurricanes Katrina and Maria.. A newfound crisis is upon this nation. The undersigned unions' demands VA leadership works with the National Unions to

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<sup>6</sup> Center for Disease Control, "Coronavirus Disease 2019 (COVID-19): Clinic Care," last updated March 30, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

ensure that VHA once again serves as the model for how all medical providers effectively respond.

Sincerely,

American Federation of Government Employees, AFL-CIO

National Federation of Federal Employees, International Association of Machinists and Aerospace Workers, AFL-CIO

National Association of Government Employees, SEIU

National Nurses United

Service Employees International Union