



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 16-02197-339

Healthcare Inspection

Evaluation of Reported Wait Times VA Greater Los Angeles Healthcare System Los Angeles, California

June 30, 2016

Washington, DC 20420

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various Federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

**To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
Web site: www.va.gov/oig**

Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections evaluated the accuracy of reported wait times at the VA Greater Los Angeles Healthcare System, Los Angeles, CA for January and March 2015 at the request of Senator David Vitter. Specifically, our objectives were to:

- Evaluate whether information presented in a February 3, 2016, letter from Secretary Robert A. McDonald to Senator Vitter (Secretary's letter) accurately represented wait times that were maintained by VA.
- Explain the discrepancies between reported wait times in the Secretary's letter and what CNN reported on March 14, 2015.¹

The Veterans Health Administration (VHA) generates a number of measures that *collectively* provide a comprehensive view of appointment wait times. Examples of these measures include wait times for completed and pending appointments. Those wait times can be reported based on several factors. To avoid the perception of misrepresentation of wait times, it is imperative that VA, the media, and others clearly indicate both the source of the data, such as the specific data report, and the type of wait time measure being referenced.

We found that the wait times reported in the Secretary's letter were generally consistent with VHA's historical wait time data. With respect to the January 2015 completed appointment wait times for new and established patients, we noted differences of less than 1 day between the two data sources. We concluded that those small differences are likely due to the fact that the information used in the Secretary's letter was from February 5, 2015, and wait time data were not finalized in VA's centralized data repository, referred to as the Corporate Data Warehouse, until February 14, 2015. With respect to the March 2015 completed appointment wait times for new patients for primary care, those data were consistent with VHA's historical wait time data.

We found that discrepancies between the information contained in the Secretary's letter and CNN's article were likely the result of (a) the CNN authors' inaccurate assertion that appointments and consults are synonymous and (b) the Secretary and CNN authors referenced different wait time measures. It was not possible for us to fully test this hypothesis because CNN declined to provide copies of supporting documents and because of limitations of the historical data maintained in VHA's Support Service Center.

We made no recommendations.

¹ Scott B., Drew G., Nelli B., and Curt D., (2016, March 14). It's not over: Veterans waiting months for appointments. Retrieved from <http://www.cnn.com/2015/03/13/us/va-investigation-los-angeles/>.

Comments

The Under Secretary for Health concurred with our findings. (See Appendix B, page 11 for the Under Secretary's comments.)



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

As requested by Senator David Vitter, the VA Office of Inspector General (OIG) Office of Healthcare Inspections evaluated the accuracy of reported wait times at the VA Greater Los Angeles Healthcare System (system), Los Angeles, CA for January and March 2015. Specifically, the objectives were to:

- Evaluate whether information presented in a February 3, 2016 letter from Secretary Robert A. McDonald to Senator Vitter (Secretary's letter) accurately represented wait times that were maintained by VA.
- Explain the discrepancies between reported wait times in the Secretary's letter and what CNN reported on March 14, 2015.²

Background

The system comprises a medical center, two ambulatory care centers, and eight community-based outpatient clinics. The system provides primary, specialty, outpatient, medical, surgical, psychiatric, rehabilitative, and long-term care services and serves a population of more than 90,000 veterans in a service area that includes Los Angeles, Santa Barbara, San Luis Obispo, Ventura, and Kern counties in California. The system has a total of 1,049 operating beds—316 hospital, 296 domiciliary, 372 community living center, and 65 compensated work therapy transitional residence program operating beds. The system is part of Veterans Integrated Service Network 22.

Wait Times. The Veterans Health Administration (VHA) generates a number of measures that collectively provide a comprehensive view of appointment wait times. Examples of these measures include the following:

- How long patients with pending appointments (appointments that have not yet occurred) have been waiting for their appointments.
- How long patients with completed appointments waited for their appointments.

Pending and completed appointment wait times can be reported based on several factors, namely:

- **“Create date” versus “preferred date.”** Timeliness of appointments is calculated from create date—the date that the appointment was entered into the scheduling system—as well the preferred date—the date that a patient prefers to be seen, or the date determined to be medically necessary by his/her provider.

Advantages and disadvantages are associated with using either date. For example, measuring wait times from create date is advantageous because,

² Scott B., Drew G., Nelli B., and Curt D., (2016, March 14). It's not over: Veterans waiting months for appointments. Retrieved from <http://www.cnn.com/2015/03/13/us/va-investigation-los-angeles/>.

assuming that patients are willing to attend any available appointment, this measure reveals the extent of appointment availability. However, many patients have a specific date or days on which they would prefer to be seen because of professional or personal commitments, transportation considerations, or other issues. For this reason, it is advantageous for VHA to calculate wait times based on patients' documented preferred dates. A key disadvantage of using preferred date is that strict internal controls must be in place to ensure that schedulers accurately document patients' preferred dates.³

- **Type of patient.** Timeliness of appointments is calculated for new patients (patients who were not seen within the defined specialty within the past 24 months), established patients, and all patients (new and established patients).

Monitoring the timeliness of appointments for new versus established patients can be useful because it provides additional insight into how a facility manages access. For example, an appointment for a new patient often lasts longer and may involve taking a more comprehensive history and completing a more comprehensive examination than an appointment for an established patient. As a result, it can be difficult for some clinics to schedule new patient appointments within already busy clinic schedules unless more time is set aside for new patients. However, if too much clinic time is dedicated to new patient appointments, it can be difficult to schedule timely follow-up appointments for established patients. This is problematic because follow-up appointments can be an essential aspect of patients' treatment plans and can be important for monitoring treatment effectiveness.

- **Type of service.** Timeliness of appointments is calculated for primary care, mental health, and specialty care.

It can be helpful to monitor the timeliness of appointments in different services because access can vary widely within a single VA facility as the result of provider availability, clinic efficiency, and other factors.

VA routinely publishes information of appointment wait times to a publicly available website (<http://www.va.gov/health/access-audit.asp>).

Consults. Clinical consults are electronic requests for consultation regarding evaluation or management of specific care needs for individual patients. Consults may be completed in various settings, including during inpatient stays or outpatient or telehealth encounters. Thus, consult timeliness is not synonymous with appointment timeliness, in part, because not all consults are completed during outpatient appointments. Nonetheless, consult timeliness is another important piece of information for understanding overall access to services through VHA.

³ OIG has published numerous reports and delivered a series of testimony that highlighted instances in which patients' preferred dates were documented inaccurately by, for example, listing the actual appointment date as the preferred date. See Appendix I from VAOIG Report No. 14-02603-267, *Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System*, August 26, 2014.

Timeline of Events.

- February 10, 2015 – House Committee on Veterans’ Affairs held a hearing entitled, “Waste and Abuse Associated with VA’s Management of Land-Use Agreements.” During this hearing, Congressman Benishek asked a VA witness, Skye McDougall, PhD (then Acting Director of VISN 22), to provide the average wait time for new patients at the system. In response, Dr. McDougall responded that the average wait time for new patients was about 4 days and that the average wait of about 4 days was “true for mental health [patients] as well.”
- March 14, 2015 – CNN published an article that included the following:
 - VA refers to appointments as “consults.”
 - “The VA documents show that more than 12,700 appointments had been waiting more than 90 days to be addressed, as of mid-January.”
 - “Records show on January 15, more than 1,600 veterans who were new patients were waiting 60 to 90 days for appointments. Another 400 veterans have waited up to six months, and 64 veterans had been waiting six months to a year for their appointments.”
 - Dr. McDougall misrepresented to Congress the wait times at the system.
- January 22, 2016 – Senator Vitter sent a co-signed letter to the Department of Veterans Affairs regarding concerns about the appointment of Dr. McDougall as the Director of VISN 16. The concerns raised in the Senator’s letter included a question about whether Dr. McDougall misrepresented the wait times at the system during a hearing before the House Committee on Veterans’ Affairs.⁴
- February 3, 2016 – Secretary McDonald sent a response to Senator Vitter to clarify the statements made by Dr. McDougall, provide additional information on wait times at the system (calculated using preferred date), and refute statements made in CNN’s March 2015 article. See Appendix A for a copy of the Secretary’s letter.
- February 25, 2016 – Senator Vitter sent a request to OIG to evaluate the accuracy of reported wait times at the system for January and March 2015.

Scope and Methodology

We conducted our work in February and March 2016. The period of review was from January through March 2015.

To evaluate whether information presented in the Secretary’s letter accurately represented wait times at the system, we compared the data in the Secretary’s letter to

⁴ The Senator’s letter referenced a House Committee on Veterans’ Affairs hearing on March 13, 2015. However, we determined that the corresponding hearing took place on February 10, 2015.

VHA's historical data on wait times. In particular, we accessed the Completed Appointments Cube in VHA's Support Service Center (VSSC). We extracted data on the system's average new and established patient wait times (combined) from the preferred date for primary care, mental health, and specialty care clinic groups for January 2015. We also extracted data on the system's average new patient wait times for the same clinic groups for January and March 2015.

To explain the discrepancies between reported wait times in the Secretary's letter and what CNN reported on March 14, 2015, we compared the information in CNN's article to VHA's historical data on wait times and consult timeliness. We requested supporting documentation from CNN so that we could better understand which VA measures they used when writing the article, but they declined to provide copies of any supporting documents. Instead, we used the same extracted data that we referenced above as well as data we extracted from VHA's Corporate Data Warehouse and the VSSC Consult Cube for March 2016, since this cube does not maintain historical data. We also reviewed applicable VHA policies and data documentation.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Issue 1: Accuracy of Reported Wait Times in the Secretary's Letter

We found that the system wait times that were reported in the Secretary's letter were generally consistent with VHA's historical wait time data.

The Secretary's letter presented completed appointment wait times (calculated using preferred date) from January 2015 for all patients (new and established) and new patients only. As reflected in Table 1, those data were generally consistent with the data from VSSC's Completed Appointments Cube. For all patients, we found differences of less than 1 day between wait times reported in the letter and VSSC. We concluded that those small differences were likely due to the fact that the information used in the Secretary's letter was from February 5, 2015, but that those data were not finalized until February 14, 2015. The lag in finalizing wait time data is important to allow sufficient time for closing out appointments and encounters and for the data to be transmitted to VA's data repository, referred to as the Corporate Data Warehouse.

In his letter, the Secretary remarked that, during a February 2015 hearing before the House Committee on Veterans' Affairs, Dr. McDougall inadvertently reported completed appointment wait times for both new and established patients in response to Congressman Benishek's request for wait times for new patients only. Stated another way, Dr. McDougall should have reported the numbers in the last three rows of Table 1—wait times that were 2.6–7.3 days longer than the “about 4 days” that she stated at the hearing.

Table 1. Comparison of January 2015 Completed Wait Times Data for All Patients and New Patients Only, As Reported in the Secretary’s Letter and the VSSC Completed Appointment Cube

Type of Patient	Type of Service	Data Reported in the Secretary’s Letter (in days)	Data from the VSSC Completed Appointment Cube (in days)
All Patients (new and established)	Primary care	4.17	3.80
	Mental health	3.5	2.69
	Specialty care	6.98	7.74
New Patients	Primary care	6.6	6.6
	Mental health	6.6	6.6
	Specialty care	11.3	11.3

Source: OIG analysis of the Secretary’s letter and data from the VSSC Completed Appointments Cube.

The Secretary’s letter also presented completed appointment wait times (calculated using preferred date) from March 2015 for new patients. As reflected in Table 2, those data were consistent with the data from VSSC’s completed appointment cube.

Table 2. Comparison of March 2015 Completed Wait Times Data for New Patients, As Reported in the Secretary’s Letter and the VSSC Completed Appointment Cube

Type of Service	Data Reported in the Secretary’s Letter (in days)	Data from the VSSC Completed Appointment Cube (in days)
Primary care	7.1	7.1
Mental health	6.2	6.2
Specialty care	9.7	9.7

Source: OIG analysis of the Secretary’s letter and data from the VSSC Completed Appointments Cube.

Issue 2: Rationale for Discrepancies Between Reported Wait Times in the Secretary’s Letter and a CNN Article

We found that discrepancies between the information contained in the Secretary’s letter and CNN’s article were likely the result of (a) the CNN authors’ inaccurate assertion that appointments and consults are synonymous and (b) the Secretary and CNN authors referencing different wait time measures.

Appointments and Consults Are Not Synonymous. In the CNN article, the authors indicated that “VA documents [that] show more than 12,700 appointments, which the VA calls consults, had been waiting more than 90 days to be addressed, as of mid-January” were evidence that the system had misrepresented its wait times. However, the volume of open consults does not provide support for the assertion that the system misrepresented wait times because appointments and consults are not synonymous. That is, only a fraction of outpatient appointments are in response to consults, and consults can be appropriately resolved without an outpatient appointment, including through interactions with providers during inpatient stays. Table 3 illustrates that, using January 2015 as an example, a fraction of appointments are in response to consults.

Table 3. Number of Appointments and Percentage Associated with a Consult in January 2015, by Type of Patient and Service

Type of Service	All Appointments (New + Established Patients)		Established Patient Appointments		New Patient Appointments	
	N	Percentage Associated with a Consult	N	Percentage Associated with a Consult	N	Percentage Associated with a Consult
Mental Health	6,814	5.1%	6,465	2.2%	349	58.5%
Primary Care	16,222	0.9%	15,408	0.9%	814	1.8%
Specialty Care	23,614	23.0%	19,238	11.1%	4,376	75.3%
Total	46,650	12.7%	41,111	5.9%	5,539	63.5%

Source: OIG analysis of data from the VSSC Completed Appointments and Consults Cubes.

For those consults that trigger outpatient appointments, the amount of time that elapsed between when consults were ordered and completed may not be representative of appointment timeliness in certain circumstances. For example, for consults rendered through the Veterans’ Choice Program, consults generally remain open until the outside medical records are scanned and saved to patients’ VA electronic health record. Thus, any lags in the following would result in the consults remaining open even though the requested services had already been rendered:

- Outside provider sending the records to the Choice third party administrator
- Third-party administrator sending the records to VA
- VA saving those records to the patients’ VA electronic health record

In addition, some consults are for care that the provider intends to be rendered in the future (future care consults). For example, a provider may enter a consult for a routine, follow-up colonoscopy to be performed in 1 year. In such a case, the amount of time

that elapsed between the consult was ordered and completed would overstate the “wait time” by at least 1 year.

References Were Made to Different Measures of Wait Times. The Secretary’s letter and the CNN article likely referenced different measures for wait times. As summarized in Table 4, the Secretary’s letter referenced completed appointment wait times (calculated using preferred date) for primary care, mental health, and specialty care appointments for both new and established patients. As noted earlier, that information was generally consistent with VHA’s historical wait times data. In contrast, we believe that the CNN article referenced a different set of wait times data—pending appointment wait times (calculated using create date) for primary care, mental health, and specialty care (combined) and mental health (presented separately) for new patients only. It was not possible for us to fully test this hypothesis because CNN declined to provide copies of supporting documents and because of limitations of the historical data maintained in VSSC.

Table 4. Comparison of Wait Times Measures Referenced in the Secretary’s Letter and the CNN Article

	Referenced in the Secretary’s letter	Referenced in CNN’s article
Type of wait time measure	Completed Appointments	Pending Appointments
Create date vs. preferred date	Preferred date	Create date
Type of service	Primary care, mental health, and specialty care (presented separately)	Primary care, mental health, and specialty care (combined) and mental health (presented separately)
Type of patient	New and established patients (presented separately)	New patients only

Source: OIG analysis of the Secretary’s letter, CNN’s article, and data from the VSSC Completed Appointments Cube and VHA’s Corporate Data Warehouse.

Conclusions

VHA generates a number of measures that *collectively* provide a comprehensive view of appointment wait times. Examples of these measures include wait times for completed and pending appointments. Those wait times can be reported based on several factors, namely “create date” versus “preferred date,” type of patient (new or established), and type of service (including primary care, mental health, and specialty care). To avoid the perception of misrepresentation of wait times, it is imperative that VA, the media, and others clearly indicate both the source of the data, such as the specific data report, and the type of wait time measure being referenced.

We found that the system wait times that were reported in the Secretary’s letter were generally consistent with VHA’s historical wait time data. The Secretary’s letter presented completed appointment wait times (calculated using preferred date) from January 2015, for all patients (new and established) and new patients only. The

Secretary's letter also presented completed appointment wait times (calculated using preferred date) from March 2015 for new patients.

We found that discrepancies between the information contained in the Secretary's letter and CNN's article were likely the result of (a) the CNN authors' inaccurate assertion that appointments and consults are synonymous and (b) the Secretary and CNN authors referencing different wait time measures. It was not possible for us to fully test this hypothesis because CNN declined to provide copies of supporting documents and because of limitations of the historical data maintained in VSSC.

We made no recommendations.

Secretary McDonald's Letter to Senator Vitter from February 3, 2016



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

February 3, 2016

The Honorable David Vitter
United States Senate
Washington, DC 20510

Thank you for your January 22, 2016, co-signed letter to the Department of Veterans Affairs (VA) regarding concerns about the appointment of Dr. Skye McDougall as the Director of the South Central Department of VA Health Care Network (Veterans Integrated Service Network (VISN) 16). I welcome the opportunity to respond directly to the issues raised in your letter.

I can understand how misleading, negative media reports would prompt misgivings about Dr. McDougall's integrity, but allegations that Dr. McDougall intentionally misled Congress are completely and totally inaccurate. Let me set the record straight. Dr. McDougall was asked by Rep. Benishek (R-MI) to provide "the average wait time for a new patient at the Greater L.A. Medical Center" during a February 10, 2015, hearing before the House Veterans' Affairs Committee. Dr. McDougall did not hear the Congressman's specific reference to "new" patients and responded with numbers for both new and established patients. The numbers she provided had been published on February 5, 2015, and indicated the following average completed wait times (calculated using preferred date) at the Greater Los Angeles Health Care System (HCS) as of January 2015:

- Primary Care: 4.17 days
- Specialty Care: 6.98 days
- Mental Health: 3.5 days

Dr. McDougall did not have wait-time averages for new patients alone. Had she understood the full question, she would have taken the question for the record and later provided the following numbers for new patients:

- Primary Care: 6.6 days
- Specialty Care: 11.3 days
- Mental Health: 6.6 days

I acknowledge that VA's failure to correct the record more quickly has contributed to the misperceptions and the sense of distrust among some Veterans, and we must work to repair that trust. However, it is patently false that Dr. McDougall intentionally misled Congress about wait-time data, and rescinding her appointment would be not only unfair to this qualified and dedicated public servant, but also not in the best interests of the Veterans served by VISN 16.

In your letter, you also referenced a CNN article from March 14, 2015, which alleged that the actual wait time for a new patient to be seen at the Greater Los Angeles HCS as of March 1, 2015, was 44 days for primary care and approximately 36 days for mental health. The wait-time data reported by CNN was not merely misleading but simply not true. We know from the source documents CNN sent VA that CNN misinterpreted a VA report listing referrals to the Veterans Choice Program and having nothing to do with appointment wait times for Veterans getting care directly from VA. In fact, average new patient wait times at Greater Los Angeles HCS as of March 2015 were as follows:

Page 2.

The Honorable David Vitter

- Primary Care: 7.1 days
- Specialty Care: 9.7 days
- Mental Health: 6.2 days

Your letter also mentioned in passing allegations that Veterans died awaiting care in both Phoenix and Shreveport. While we regret that Veterans did not receive quality care in a timely fashion at the Phoenix VA Medical Center, I think it's important to note that VA's Office of Inspector General issued a report on August 26, 2014, noting that they were "unable to conclusively assert that the absence of timely quality care caused the deaths of these veterans." With respect to the Shreveport allegations, neither VA nor VA's Office of the Inspector General report released earlier this month substantiate that 37 Veterans died as a result of waiting for care.

Dr. McDougall's appointment as Director of VISN 16 is part of VA's broader transformation effort. Her selection was announced to Congress on December 7, 2015, via email. In order to meet the needs of the Veterans we are honored to serve, it is critical to have qualified, dedicated leaders in place. Dr. McDougall is such a leader. Dr. McDougall is willing to confront difficult challenges and to work to successfully resolve complex issues for the benefit of Veterans. I personally witnessed this capability in working with Dr. McDougall to address challenges in West Los Angeles, and I am confident she will bring that same approach to best serve the Veterans of Louisiana and all of VISN 16.

I am committed to ensuring that Dr. McDougall has the appropriate resources necessary to care for Veterans living in VISN 16. I also look forward to visiting her in the immediate future and to holding town halls with Veterans of Louisiana and the Congressional delegation. Hearing directly from Veterans has been my most important source of information on how VA is doing in rebuilding the trust of our Nation's Veterans. I hope that you will be able to join me during my visit and participate in these town halls.

In closing, I respectfully ask that you afford Dr. McDougall the opportunity to do the necessary work to rebuild trust and improve care for Veterans living in Louisiana and throughout VISN 16. A similar letter is being sent to the cosigners of your letter.

Thank you for your support of our continued mission.

Sincerely,



Robert A. McDonald

Under Secretary for Health Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 18, 2016
From: Under Secretary for Health (10)
Subj: Healthcare Inspection—Evaluation of Reported Wait Times, VA
Greater Los Angeles Healthcare System, Los Angeles, California
To: Director, Hotline Coordination, Office of Healthcare Inspections (54HL)

1. I concur with the report and have no technical comments.
2. The Veterans Health Administration (VHA) is committed to improving access to care and to ensuring any Veteran with the requirement for urgent care will receive the right care at the right time that is appropriate to his or her clinical needs.
3. We continue to transparently report access to care data to Veterans and the public. VA's ability to meet the primary and urgent health care needs of our Nation's Veterans is a top priority. We are working to refine processes and transform the way VA interacts with Veterans. We agree with the Office of Inspector General's conclusion that to avoid perception or misrepresentation of wait times, it is imperative that VA, the media, and our stakeholders clearly indicate both the source of the data, such as the specific data report, and the type of wait time measure being referenced.
4. Thank you for the opportunity to review the draft report. If you have any questions, please email Karen Rasmussen, M.D., Director, Management Review Service at VHA10E1DMRSAction@va.gov.

(original signed by:)

David J. Shulkin, M.D.

Under Secretary for Health

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Contributors	Melanie Krause, PhD, RN, Team Leader Larry Ross, Jr., MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, Desert Pacific Healthcare Network (10N22)
Director, VA Greater Los Angeles Healthcare System (691/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate
VISN 16
Alabama: Jeff Sessions, Richard C. Shelby
Arkansas: John Boozman, Tom Cotton
Florida: Bill Nelson, Marco Rubio
Louisiana: Bill Cassidy, David Vitter
Mississippi: Thad Cochran, Roger F. Wicker
Missouri: Roy Blunt, Claire McCaskill
Oklahoma: James M. Inhofe, James Lankford
Texas: John Cornyn, Ted Cruz
California: Barbara Boxer, Dianne Feinstein
U.S. House of Representatives
VISN 16
Alabama: Robert Aderholt, Mo Brooks, Bradley Byrne, Gary Palmer, Martha Roby, Mike Rogers, Terri Sewell
Arkansas: Rick Crawford, French Hill, Bruce Westerman, Steve Womack
Florida: Jeff Miller, Gwendolyn Graham, Theodore Yoho
Louisiana: Ralph Abraham, Charles W. Boustany, Jr., John C. Fleming, Jr. Garret Graves, Cedric Richmond, Steve Scalise
Mississippi: Gregg Harper, Trent Kelly, Steven Palazzo, Bennie G. Thompson

Appendix D

Missouri: William “Lacy” Clay, Jr., Emanuel Cleaver, Sam Graves, Jr.,
Vicky Hartzler, Blaine Luetkemeyer, Billy Long, Jason Smith, Ann Wagner
Oklahoma: Jim Bridenstine, Tim Cole, Frank Lucas, Markwayne Mullin,
Steve Russell

Texas: Brian Babin, Joe Barton, Kevin Brady, Michael Burgess, John Carter,
Joaquin Castro, K. Michael Conaway, Henry Cuellar, John Culberson,
Lloyd Doggett, Blake Farenthold, Bill Flores, Kay Granger, Al Green,
Gene Green, Louie Gohmert, Jeb Hensarling, Rubén Hinojosa, Will Hurd,
Eddie Bernice Johnson, Sam Johnson, Sheila Jackson Lee,
Kenny Marchant, Michael T. McCaul, Randy Neugebauer, Pete Olson,
Beto O’Rourke, Ted Poe, John Ratcliffe, Pete Sessions, Lamar Smith,
Mac Thornberry, Marc Veasey, Filemon Vela, Randy Weber,
Roger Williams

California: Pete Aguilar, Karen Bass, Xavier Becerra, Ami Bera, Julia Brownley,
Ken Calvert, Lois Capps, Tony Cárdenas, Judy Chu, Paul Cook, Jim Costa,
Susan Davis, Jeff Denham, Mark DeSaulnier, Anna G. Eshoo, Sam Farr,
John Garamendi, Janice Hahn, Mike Honda, Jared Huffman, Duncan D. Hunter,
Darrell Issa, Steve Knight, Doug LaMalfa, Barbara Lee, Ted Lieu, Zoe Lofgren,
Alan Lowenthal, Doris O. Matsui, Kevin McCarthy, Tom McClintock,
Jerry McNerney, Grace Napolitano, Devin Nunes, Nancy Pelosi, Scott Peters,
Dana Rohrabacher, Lucille Roybal-Allard, Ed Royce, Raul Ruiz,
Loretta Sanchez, Linda Sánchez, Adam Schiff, Brad Sherman, Jackie Speier,
Eric Swalwell, Mark Takano, Mike Thompson, Norma Torres, David Valadao,
Juan Vargas, Mimi Walters, Maxine Waters

This report is available on our web site at www.va.gov/oig.