From: Powers, Pamela
Sent: Sun, 1 Mar 2020 17:24:38 +0000
To: (b)(6) EOP/WHO
Subject: RE: [EXTERNAL] RE: COVID 19 Communication with Congress

Thanks (b)(6) standing by.

Pamela Powers
VA Chief of Staff

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Date: Sunday, Mar 01, 2020, 12:10 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: COVID 19 Communication with Congress

I've shot to OVP, OLA, and NSC for circulation and will let you know.

Thanks for all you're doing!

(b)(6)

Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela (b)(6) @va.gov>
Sent: Friday, February 28, 2020 4:02 PM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: COVID 19 Communication with Congress

(b)(6) per our discussion, the attached memo is what we would like to send back to Congress in response to their questions on VA preparedness. What is the process to coordinate with Admin stakeholders? We want to ensure we have consistent messaging and don't get out in front of HHS or others. Thanks.

Pam

Pamela Powers
VA Chief of Staff

From: Powers, Pamela
Sent: Tue, 3 Mar 2020 00:35:27 +0000
To: (b)(6) EOP/WHO
Subject: RE: [EXTERNAL] RE: COVID 19 Communication with Congress

Copy. Thanks

Pamela Powers
VA Chief of Staff

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Date: Monday, Mar 02, 2020, 7:26 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] RE: COVID 19 Communication with Congress

OVP and DPC have cleared… asking if any objections from OLA and will let you know asap.

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela (b)(6) va.gov>
Sent: Monday, March 2, 2020 7:02 PM
To (b)(6) EOP/WHO (b)(6) who.eop.gov>
Subject: RE: [EXTERNAL] RE: COVID 19 Communication with Congress

Any word on this? We would like to be responsive to the Hill.

Pamela Powers
VA Chief of Staff

From (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Date: Sunday, Mar 01, 2020, 12:10 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: COVID 19 Communication with Congress

I've shot to OVP, OLA, and NSC for circulation and will let you know.

Thanks for all you're doing!

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395(b)(6)
C: 202-881

From: Powers, Pamela (b)(6) va.gov>
Sent: Friday, February 28, 2020 4:02 PM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: COVID 19 Communication with Congress

(b)(6), per our discussion, the attached memo is what we would like to send back to Congress in response to their questions on VA preparedness. What is the process to coordinate with Admin stakeholders? We want to ensure we have consistent messaging and don't get out in front of HHS or others. Thanks.

Pam

Pamela Powers
VA Chief of Staff

From: (b)(6)
Sent: Thu, 5 Mar 2020 22:52:27 +0000
To: (b)(6), EOP/WHO (b)(6) EOP/WHO
Cc: Syrek, Christopher D. (Chris)
Subject: VA Weekly Cabinet Report
Attachments: VA Cabinet Report March 4 OSVA Review REVISED.docx

Good evening,

Attached, please find this week's Cabinet Report from the Department of Veterans Affairs.

Please let me know if you need anything else.

Thank you,

(b)(6)

(b)(6)
White House Liaison
Office of the Secretary
Department of Veterans Affairs
202-461(b)(6)

March 5, 2020 – March 31, 2020

INFORMATION

MEMORANDUM FOR THE WHITE HOUSE STAFF SECRETARY AND CABINET SECRETARY

FROM: Pamela Powers, Chief of Staff

SUBJECT: Department of Veterans Affairs Weekly Update

(Blue Font = New Entries)

SECTION I: SENIOR LEADER ENGAGEMENTS

- March 5 – March 6
- Under Secretary for Benefits Dr. Paul Lawrence will be speaking at the Vetlanta Quarterly Summit, attend a meeting with the Commissioner of the Georgia Department of Veterans Affairs, as well as hosting a Veteran Town Hall at American Legion Post 201 in Alpharetta, GA. Dr. Lawrence will also host a Student Veteran roundtable at Emory University.

- March 5
- Veterans Health Administration Executive in Charge Dr. Richard Stone will attend an HVAC Hearing on Capitol Hill to discuss the VA's Challenges with Go-Live of the Electronic Health Record.

- March 6
- Secretary Robert Wilkie will attend a meeting of the Coronavirus Task Force Principals in the White House Situation Room.

- March 9
- Under Secretary for Benefits Dr. Paul Lawrence will be the keynote speaker at the American Legion 60th Annual Conference in Washington, DC.

- March 9
- Under Secretary for Memorial Affairs Randy Reeves will give remarks at the American Legion 60th Annual Conference in Washington, DC.

- March 9 – March 13
- Veterans Health Administration Executive in Charge Dr. Richard Stone will attend the Healthcare Information and Management Systems Society (HIMSS20) 2020 Global Conference & Exhibition in Orlando, FL.

- March 10
- Secretary Robert Wilkie will attend the presentation of the Presidential Medal of Freedom to General Jack Keane in the East Room of the White House.

- March 10
- Secretary Robert Wilkie will provide remarks at the American Legion 60th Annual Conference in Washington, DC.

- March 10
- Under Secretary for Benefits Dr. Paul Lawrence will be participating in an educational event at Career Education College and Universities in Alexandria, VA.

- March 16
- Secretary Robert Wilkie will provide remarks at the Second Lady's Launch of Art Therapy Artwork Exhibit to be displayed at the Kennedy Center.

- March 19
- Under Secretary for Benefits Dr. Paul Lawrence will be attending the Federal 100 Awards Gala in Washington, DC.

- March 19 – March 20
- Secretary Robert Wilkie will travel to Boston, MA to conduct site visits of the VA Causeway Clinic, the Boston Vet Center and the Edith Nourse Rogers VA Medical Center with Congressman Seth Moulton.

- March 19 – March 20
- Veterans Health Administration Executive in Charge Dr. Richard Stone will attend a meeting of the Special Medical Advisory Group (SMAG) in Pittsburgh, PA.

- March 20
- Dr. Lawrence will participate in the National Council for the American Worker quarterly meeting on at the Eisenhower Executive Office Building in Washington, DC.

- March 23- March 24
- Secretary Robert Wilkie will travel to Wilmington, NC, to provide the Keynote Address at the UNC 7th Annual College of Health & Human Services Week. While in Wilmington, Secretary Wilkie will also visit the Wilmington Community Based Outpatient Clinic (CBOC), as well as the Veterans' cemetery in New Bern.

- March 24
- Under Secretary for Benefits Dr. Paul Lawrence will be attending an event at the Military Officers Association of America in Washington, DC.

- March 25
- Secretary Robert Wilkie will deliver remarks to the Veterans Family, Caregivers & Survivors Advisory Committee Meeting at the American Red Cross HQ in Washington, DC.

- March 25
- Secretary Robert Wilkie will provide remarks at the HillVets Tribute Gala and introduce the Lifetime of Achievement Award Recipient, Congressman Phil Roe (TN). Congressman Roe is the Ranking Member of the House Veterans' Affairs Committee.

- March 25
- Veterans Health Administration Executive in Charge Dr. Richard Stone will attend an SVAC Hearing on Capitol Hill to discuss the FY2021 Budget.

- March 30
- Secretary Robert Wilkie will participate in the PREVENTS Rose Garden Roundtable at the White House.

- March 31
- Secretary Robert Wilkie will participate in the PREVENTS Public Health Launch at the National Press Club in Washington, DC.

OSVA Priorities:

*__Forever GI Bill__: The Harry W. Colmery Veterans Education Assistance Act of 2017 passed both Houses of Congress by unanimous consent before being signed into law by President Trump. This legislation will enable Veterans to use the education benefits they have earned through the GI Bill when and how it suits them. The biggest change will be the elimination of the expiration date. Previously, Veterans had to use their Post-9/11 GI Bill within 15 years of their last 90-day period of active-duty service. That requirement is going away. In

addition, the Forever GI Bill allows anyone who has received a Purple Heart on or after September 11, 2001 to receive 100 percent of benefits offered under the Post-9/11 GI Bill. This includes coverage of tuition costs at public school's in-state rate for 36 months and stipends for textbooks and housing. Previously, Purple Heart recipients were limited to the same time-in-service qualifications for the GI Bill as other service members. Beginning August 2020, the Forever GI Bill changes the way the VA uses time in service to calculate eligibility. Previously, service members with at least 90 days but less than six months of active-duty service would be eligible for up to 40 percent of the full GI Bill benefits. Under new regulations, the same window is equal to 50 percent of benefits. Service members with at least six months and less than 18 months of service will be eligible for 60 percent of benefits.

*__Blue Water Navy__: In Procopio V. Wilkie, Alfred Procopio, a Blue Water Navy Veteran who served on the aircraft carrier USS Intrepid off the coast of Vietnam during the Vietnam War, argued that the Agent Orange Act of 1991 should have included Veterans with service in the waters 12 nautical miles off the coast of Vietnam. The Board of Veterans Appeals denied his claim for benefits, a decision affirmed by the Court of Appeals for Veterans Claims. Mr. Procopio then appealed to the US Court of Appeals for the Federal Circuit. The US Court of Appeals ruled in favor of Alfred Procopio in January 2019, paving the way for 90,000 Veterans who served on Navy ships during the Vietnam War to receive Agent Orange-related compensation and VA-paid health care benefits. The cost of providing benefits to Blue Water Navy Veterans is estimated between $1.1 billion over 10 years to as much as $5.5 billion. The *Blue Water Navy Vietnam Veterans Act of 2019* was enacted on June 25 and becomes effective January 1, 2020. The law states that Veterans aboard a vessel operating not more than 12 nautical miles seaward from Vietnam and Cambodia between January 9, 1962 and May 7, 1975, are presumed to have been exposed to Agent Orange and may be entitled to benefits related to that exposure. VBA continues to collaborate with the Department of Defense, the State Department, and the Naval History and Heritage Command to discuss BWN service verification. Blue Water Navy (BWN) changes, which go live on January 20, 2020, include increased VA funding fees, fee exemptions for Purple Heart Veterans, removal of loan limits, and the use of third party help on appraisals. VA has focused on communicating with both internal and external stakeholders by sending direct mailings to over 77,000 previously denied Veterans and survivors. In addition, VA has conducted front line staff briefings at 170 VAMC's across the nation, completed a robust communications toolkit and has provided briefings and Ship Locator Tool demonstrations to internal and external stakeholders. The Veterans Benefits Administration (VBA) has reported receiving over 11,000 BWN claims as of mid-January. VBA has estimated they will receive around 450,000 BWN claims overall. As of February 23, 2020, there were **3,997** completed BWN claims.

*__Burn Pits__: In January 2019, the VA launched the Airborne Hazards and Open Burn Pit Registry in response to concerns that Veterans were experiencing a range of respiratory illnesses possibly associated with exposure to burn pits. The use of burn pits was common waste disposal practice at military sites outside the United States. Smoke from these pits contained substances

that may have short- and long-term health effects. Waste products in burn pits include: chemicals, paint, medical waste, metal/aluminum cans, munitions, petroleum, plastics, Styrofoam, and rubber. To be eligible, you must be a Veteran or Servicemember who deployed in the Southwest Asia theater of operations at any time on or after August 2, 1990 or deployed to Afghanistan or Djibouti on or after September 11, 2001. These regions include the following countries, bodies of water, and the airspace above these locations: Iraq, Afghanistan, Kuwait, Saudi Arabia, Bahrain, Djibouti, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, and the waters of the Persian Gulf, Arabian Sea, and Red Sea. Veterans may file a claim for disability compensation for health problems they believe are related to exposure to burn pits during military service. The Department of Veterans Affairs decides these claims on a case-by-case basis. The Senate Veterans Affairs Committee (SVAC) held a hearing on Toxic Exposure and Presumptions Process on September 25, 2019.

*__PREVENTS Initiative__: On March 5, 2019, President Trump signed the PREVENTS EO: President's Roadmap to Empower Veterans and End a National Tragedy of Suicide. This Executive Order created a national task force co-chaired by Veterans Affairs Secretary Robert Wilkie and Dr. Barbara Van Dahlen, Founder and president of Give an Hour. Give an Hour is a national nonprofit that provides free mental health services to those in need including Service Members, Veterans, and their families. The task force includes the Secretaries of Defense, HHS, Energy, Homeland Security, Labor, Education, and HUD, as well as the OMB Director, National Security Advisor, and the Director of the Office of Science and Technology Policy. This new Veteran Wellness, Empowerment and Suicide Prevention Task Force has one year to develop a public health roadmap to address veteran suicide. The task force is charged with designing a program to award local grants for suicide prevention initiatives that can be presented to Congress. Previously, President Trump signed a separate Executive Order in January 2018 that mandated mental health care to all new Veterans for at least a year after finishing active service. The PREVENTS Task Force held its inaugural meeting on June 17, 2019 in the Indian Treaty Room of the EEOB. The PREVENTS Executive Order Research Strategies Innovation Summit was held at the White House on September 23, 2019. The last scheduled meeting of the PREVENTS Task Force was October 15. The last PREVENTS Task Force briefing in the White House Roosevelt Room was held on December 20. A draft of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide is now circulating among Members of the Task Force. Secretary Wilkie will attend a PREVENTS Task Force working lunch with Second Lady Karen pence at the White House on February 19th.

***__EHRM:__** The Electronic Health Record Modernization (EHRM) program establishes a common electronic health record (EHR) solution with the Department of Defense to support service members as they transition from active duty to Veteran status. It will also provide

clinicians with quick and efficient access to the full picture of Veteran health. In May 2018, the Department of Veterans Affairs began a 10-year effort to migrate Veteran health data into a modern EHR. In 2019, VA completed a historic transfer of 35 years of records for 23.7 million Veterans from its legacy electronic health record system to a new data center that also hosts military health records from DOD. In the past, VA and DOD have had limited capability to share health record information. As VA completes future phases of EHRM implementation, Veteran's medical records from their years of active duty will reside alongside their postmilitary health records. Providers from both departments will be able to view, update and exchange patient data in one common, secure system. Veteran data available at the launch will include lab results, medications, allergies, procedures, immunizations, and demographics. The EHRM program will begin going live in mid-2020 at VA's initial operating capability (IOC) sites in the Pacific Northwest.

***VetText:** In collaboration with the Veterans Health Administration, the Board of Veterans Appeals began initial testing in August 2019 of VetText technology. VetText will allow the Board to send text messages to Veterans to remind them of their upcoming hearings. By using this technology, the Board's goal is to reduce the number of no-show hearings. VHA will use VetText to alert Veterans of openings on the schedule after someone cancels. This will reduce the number of open appointment slots, while at the same time providing better customer service to those Veterans waiting for an appointment. Open Slot Management (OSM) rolled out nationwide on 8/31/19. As of March 2, 2020, BVA has sent over **14,000** text messages.

Virtual Hearings: The Board of Veterans Appeals continues to move forward with virtual hearing capabilities and began testing with Veterans on July 26, 2019. As of March 2, 2020, the Board completed **245** successful virtual hearings, including one international hearing. The Board of Veterans Appeals and the Office of Information and Technology are working together on a nationwide rollout at some point in 2020.

SECTION II: VA OUTREACH EVENTS IN THE FIELD

- March 5
- Assistant Secretary for Enterprise Integration Dr. Melissa Glynn, along with John Windom, Executive Director of the Office of Electronic Health Record Modernization (OEHRM), will attend an HVAC Hearing on Capitol Hill to discuss the VA's Challenges with Go-Live of the Electronic Health Record.

- March 7
- Board of Veterans Appeals Chairman Cheryl Mason will attend the Commissioning Ceremony of USS Hershel "Woody" Williams in Norfolk, VA.

- March 9 – March 13
- Office of Electronic Health Record Modernization (OEHRM) Executive Director John Windom will participate in the Healthcare Information and Management Systems Society (HIMSS20) 2020 Global Conference & Exhibition in Orlando, FL.

- March 9 – March 13
- Office of Information and Technology Assistant Secretary Jim Gfrerer will participate in the Healthcare Information and Management Systems Society (HIMSS20) 2020 Global Conference & Exhibition in Orlando, FL.

- March 9
- Veterans Health Administration Chief of Staff Larry Connell will attend the American Legion 60th Annual Washington Conference in Washington, DC.

- March 11
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the induction of this year's Women's Foundation Army Hall of Fame Inductees at the Women's Memorial in Arlington at the personal invitation of one of the inductees, MSG Elizabeth Helm-Frazier, a fellow VA employee.

- March 12
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the Women Veterans ROCK Event on Capitol Hill.

- March 14
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the 90th Birthday Celebration of Major General Wilma Vaught, the founder of the Women's Memorial, at the Women's memorial in Arlington, VA.

- March 17
- Center for Women's' Veterans Executive Director Jacquelyn Hayes-Byrd will host a round table discussion on women Veterans' issues with various Veterans Service Organizations.

- March 18
- Board of Veterans Appeals Chairman Cheryl Mason will participate in the SBA Military & Veteran Entrepreneurship Summit in Las Cruses, NM. She will speak on a panel discussing military spouse entrepreneurship opportunities.

- March 18
- OEHRM Executive Director John Windom will participate in a monthly briefing with the Government Accountability Office (GAO) to provide a program update.

- March 21
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the Women Veterans Unity Group 7th Annual Thank-A-Hero Event in Rancho Cucamonga, CA commemorating women's service to our country as part of Women's History Month.

- March 24
- Board of Veterans Appeals Chairman Cheryl Mason will give remarks on appeals at the North Carolina Department of Military and Veterans Affairs Conference in Raleigh, NC.

- March 29
- Office of Information and Technology Assistant Secretary Jim Gfrerer will participate in the National Disabled Veterans Winter Sports Clinic in Grand Junction, CO.

SECTION III: OTHER EVENTS SUPPORTING VA PRIORITIES

- March 10 – March 12
- The **Advisory Committee on Disability Compensation** is scheduled to meet in Washington DC on March 10 to March 12, 2020. The Committee provides advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of VA's Schedule for Rating Disabilities.

- March 11- March 12
- The **National Academic Affiliation Council** is scheduled to meet in Washington DC on March 11 to March 12, 2020. The Council provides advice to the Secretary of Veterans Affairs regarding partnerships between VA and its academic affiliates.

- March 12
- The **Health Services Research and Development Service Scientific Merit Review Board** is scheduled to meet in Washington DC on March 12, 2020. The Board provides recommendations on the fair and equitable selection of the most meritorious research projects for support by VA research funds; ensures the high quality and mission relevance of VA's legislatively mandated research and development program; advises on the scientific and technical merit, originality, feasibility, and mission relevance of individual research proposals; and advises on the adequacy of protection of human and animal subjects.

- March 16 – March 18
- The **Advisory Committee on the Readjustment** of Veterans is scheduled to meet in Washington DC on March 16 to March 18, 2020. The Committee provides advice to the Secretary of Veterans Affairs on policies, organizational structures, and the provision and coordination of services to address Veterans' post-war readjustment to civilian life, with emphasis on post-traumatic stress disorder, alcoholism, other substance abuse, post-war employment, and family adjustment.

- March 20
- The **Special Medical Advisory Group** is scheduled to meet in Pittsburg PA on March 20. The Group provides advice to the Secretary and the Under Secretary for Health on matters relating to the care and treatment of Veterans and other matters pertinent to the operations of the Veterans Health Administration, such as research, education, training of health manpower, and VA/Department of Defense (DoD) contingency planning.

- March 25 – March 26
- The **Veterans' Family, Caregiver, and Survivor Advisory Committee** is scheduled to meet in Washington DC on March 25 to March 26, 2020. The Committee provides advice to the Secretary of Veterans Affairs, related to Veterans' families, caregivers, and survivors across all generations, relationships, and Veteran status and factors that influence access to, quality of, and accountability for services and benefits for Veterans' families, caregivers, and survivors.

- March 25 – March 26
- The **Advisory Committee on Disability Compensation** is scheduled to meet in Washington DC on March 25 to March 26, 2020. The Committee provides advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of VA's Schedule for Rating Disabilities.

- March 30 – April 3
- The **Advisory Committee on Minority Veterans** is scheduled to meet in St. Petersburg FL on March 30 to April 3, 2020. The Committee provides advice to the Secretary of Veterans Affairs on the administration of VA benefits for Veterans who are minority group members in the areas of compensation, health care, rehabilitation, outreach, and other services.

- April 1 – April 2
- The **Geriatrics and Gerontology Advisory Committee** is scheduled to meet in Washington DC on April 1 to April 2. The Committee provides advice to the Secretary of Veterans Affairs on all matters pertaining to geriatrics and gerontology.

Note: Unless noted otherwise, all events are in the Washington D.C. / Maryland / Virginia metro area.

From: Powers, Pamela
Sent: Sat, 7 Mar 2020 23:02:41 +0000
To: (b)(6) EOP/OMB
Subject: RE: [EXTERNAL] EPMC Daily Call SOC

Perfect. Thanks so much.

Pamela Powers
VA Chief of Staff

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Date: Saturday, Mar 07, 2020, 5:58 PM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: Re: [EXTERNAL] EPMC Daily Call SOC

My apologies.
I will send out a note reiterating that this information should not be shared or forwarded.
Would you be comfortable with the following:

> Update – VA has encountered a few positive tests (total), across it's 150 hospitals and over 1100 clinics. As cases pop up across the nation, they are looking at operational procedures, considerations, and challenges. Currently addressing the situation using various techniques, including quarantine, distancing, and patient separation, on a case-by-case basis and as necessary.

Sent from my iPhone

> On Mar 7, 2020, at 5:42 PM, Powers, Pamela <(b)(6) @va.gov> wrote:
>
> (b)(6) there are some (b)(5)
> (b)(5)
> Thanks.
> Pam
>
> Pamela Powers
> VA Chief of Staff
>
> ---
>
> **From:** (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>

Date: Saturday, Mar 07, 2020, 4:55 PM
To: (b)(6)
(b)(6)
(b)(6)
Subject: [EXTERNAL] EPMC Daily Call SOC

Hi all,
Thank you for joining the EPMC call today. Notes and Summary of Conclusions is included below.
Thank you,
(b)(6)

Roll Call –

Present: DOJ, DOI, USDA, DOC, DOL, HHS, HUD, DOT, ED, DOE, VA, DHS, EPA, SBA, GSA, NASA, OPM, USAID, NSF, NRC, DOD
Not Present at Roll call: State, Treasury

Situational Awareness:

- NYC is an emerging hot spot. Continued attention on Princess Cruise in SF.
- We want to be careful our communications do not incite panic. There are localized risks – we are focusing on those, as well as the broader risk.
- Guidance from OPM is expected soon. It will be more detailed, but will not answer ***all*** questions. [UPDATE: Now available at >https://www.opm.gov/policy-data-oversight/covid-19/ <;] Please send specific questions through your CHCOs, to the OPM pay and leave mailbox (pay-leave-policy@opm.gov), or to OPM's Senior Advisor John York (john.york@opm.gov). CHCOs have a regular call where these questions can be discussed in more detail.

Operational:

- Case Study – DHS, Tukwila. An employee was exposed, with positive testing. Is now self-quarantining. Consulted with medical professionals, and determined that there are several high-risk contacts. Closed the office, conducted a deep cleaning, and are now assessing who should be at work and which employees are high/low risk. They plan to reopen Tuesday. A good example of how to balance public health and mission, with consideration of risk.
- Update – USDOJ. Similar to Tukwila instance. Are implementing telework and social distancing. At least one person presumed positive case, and are watching the situation.
- Update – VA. (b)(5) (b)(6)
- Per (b)(6) please alert GSA if you are thinking of extensive telework or other reduced workers. They will arrange for more cleaning staff, etc. to come into the bldg.
- Telework: NASA, USAID, DOC, GSA – all considering telework pilots. NASA has done regularly/quarterly. ***Do outs: NASA, please share further information on metrics from your past efforts, also share sample comms. OPM, please look into resources to quickly implement/educate agencies (in addition to what's in forthcoming guidance.). For now, we will share info via email.***

Travel:

- If you've issued changes in agency policy, please share if you think it might be leading practice.
- VP task force is looking at overall travel guidance. Two step process: 1. Gather types of travel to inventory big buckets; 2. Look at policy parameters based on buckets.
- We hope to have more clarity by mid-week on overall guidance. Case specific/Risk based approach, with targeted policy.

Comms:

- Putting together holding statements and FEB general Talking Points. We want to make sure FEBs and staff are prepared.

Emerging/this week:

- Medium term: IT considerations and telework. Looking at impact of shifting to more telework in the infrastructure (CIO cxl)
- This week: looking at grant guidance and flexibility Ed, guidance forthcoming from Margaret.

Next Call:

- Check in tomorrow at noon. Focus on Monday/buildings.

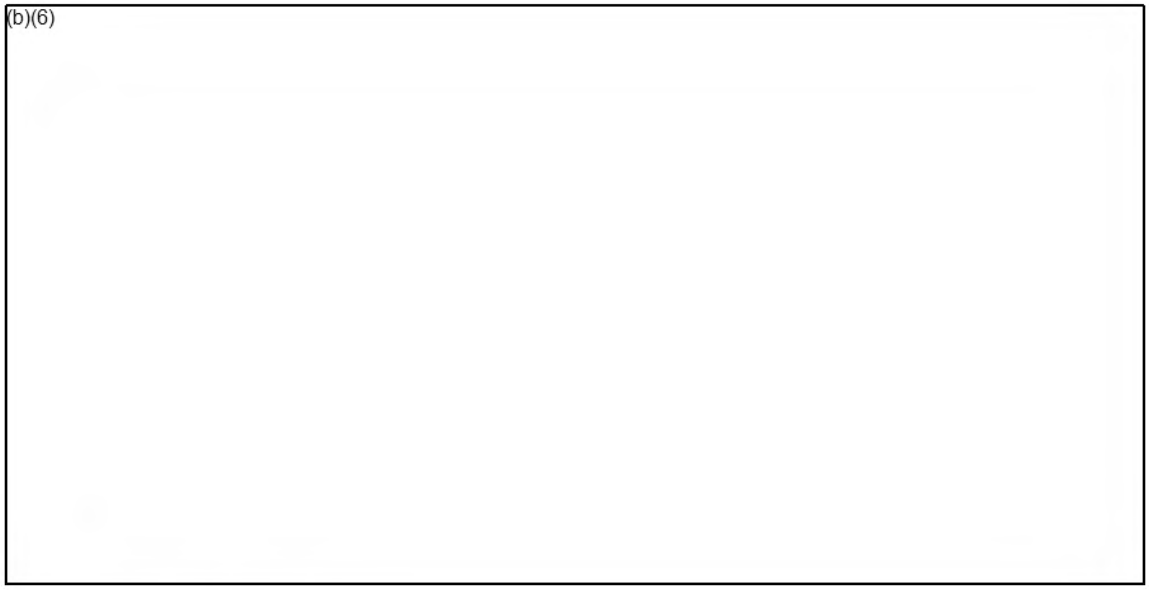
EPMC Daily Call

Scheduled: Saturday, Mar 7, 2020 from 12:00 PM to 12:30 PM

Location: 202-395-(b)(6)

Invitees: (b)(6)

(b)(6)



Sent from my iPhone

From: Powers, Pamela
Sent: Mon, 9 Mar 2020 16:28:09 +0000
To: (b)(6) @omb.eop.gov; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) @omb.eop.gov
Subject: VA Communications on COVID-19
Attachments: VA Communications COVID-19.docx

(b)(6)

The meeting minutes didn't include the (b)(5)

(b)(5)

(b)(5)

Our Operations Center is tracking our veteran population closely and managing staff requirements across the system. We're in good shape now, with no unmet needs.

Thanks,
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

ChooseVA

COVID-19 VA COMMUNICATIONS

Below is a list of public communications products:

- Coronavirus alert banner on VA.gov
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers on February 5 and February 26
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Public Health website updated daily. As of March 3, there were 28,478 unique visitors to the public-facing website, who remained on the site for an average of 5:22 minutes. https://www.publichealth.va.gov/n-coronavirus
- Alert banner on all VHA facility websites.
    - Alert banners being posted on VHA facilities as the sites begin screening. "Be prepared for some changes in your visit to our facility. We are screening everyone for fever, cough, and flu-like symptoms before they can enter. Call ahead if you have these symptoms or need to cancel or reschedule your appointment. Plan to leave home earlier than usual to allow time for screening."
- Each VHA facility website's home page features a direct link to the Public Health coronavirus site.
- MyHealtheVet.com, VA's e-health and online personal record website aimed at Veterans, published a Spotlight blog: "Coronavirus and You: Protect yourself from what is here and now," and "Veterans: Sick? "Stay Home and Phone" a safe convenient option."
- Below are select social media postings:
    - Blog: https://www.blogs.va.gov/VAntage/72072/coronavirus-be-informed-and-call-your-provider-if-symptoms-develop/
    - Facebook: https://www.facebook.com/VeteransHealth/posts/10158329386340774?__tn__=-R
    - Twitter: https://twitter.com/VeteransHealth/status/1233013975484391427
- Partnership with Veteran Canteen Service to develop and distribute 5,605 table tents to all 211 canteens as a reminder to Veterans of those important everyday preventative actions to prevent illness. Materials will be distributed as part of the April marketing kit. (In development)

Below is a list of internal communications products:

- An all employee message from Secretary Wilkie (March 9).
- An all employee message from Dr. Stone (March 5).

- VHA COVID-19 Communications Plan with products (distributed to all VA PAOs to use by VISNs, facilities and program offices. Communications plan and products are being updated regularly).
- National Center for Ethics in Health Care has distributed a fact sheet for health care workers on Meeting the Ethical Challenges in a Public Health Emergency. The fact sheet was finalized March 8, and will be distributed via SharePoint and likely email distribution. VISN and medical facility leadership will be briefed this week on a regularly scheduled update call.
- Messaging sent to the field Voluntary Service Officers (VAVS) for circulation to local volunteers with FAQ targeted for volunteers, approved info developed by VA, and links to external sites included with VA communications on March 3. Voluntary Service Officers were requested to circulate this information locally. This was not centrally disseminated. Potential access to approximately 61,000.
- VACO VAVS distribution to National Advisory Committee to check in with local facility before conducting hospital visitation and status of planned patient activities on and off-site. Included approved COVID-19 safety precautions and links to more information. National organizations were asked to share with their local branches. Initial Comms to approximately 250 on March 5. National Advisory Committee is a group of nonprofit organizations who support VAVS.
- Starting March 9, VHA is hosting daily calls with PAOs to provide updates and answer questions.
- DUSHOM Message for guidance pertaining to VA police quarantine authority (March 6).
- COVID screening scripting document (March 5).
- Congressional one-pager on screening (March 5).
- COVID-19 Community Living Center guidance (March 5).
- DUSHOM Memo: Surveillance and Virtual Resource Utilization Planning for COVID-19 (March 2).
- Office of the DUSHOM Communications distributed three fact sheets from the National Center for PTSD on managing stress for employees, health care workers, and providers (March 7).

From: Powers, Pamela
Sent: Mon, 9 Mar 2020 16:56:46 +0000
To: (b)(6) @omb.eop.gov; (b)(6) EOP/OMB (b)(6) (b)(6) EOP/OMB (b)(6) omb.eop.gov
Subject: RE: VA Communications on COVID-19

p.s. I just heard (b)(6) mention that you sent out an email with the template. Can you please forward that to me? I wasn't on the email list last week and we are missing a Deputy, as you may be aware. Thank you!

Pam

From: Powers, Pamela
Sent: Monday, March 9, 2020 12:28 PM
To: (b)(6) @omb.eop.gov; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) omb.eop.gov
Subject: VA Communications on COVID-19

(b)(6)

The meeting minutes didn't include the (b)(5)

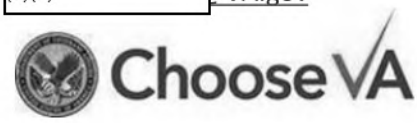
(b)(5)

Our Operations Center is tracking our veteran population closely and managing staff requirements across the system. We're in good shape now, with no unmet needs.

Thanks,
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)

Cell: 202-430(b)(6)
(b)(6)@VA.gov



From: (b)(6)
Sent: Wed, 11 Mar 2020 21:26:56 +0000
To: (b)(6) EOP/WHO; (b)(6) EOP/WHO
Cc: Powers, Pamela;Syrek, Christopher D. (Chris)
Subject: VA Weekly Cabinet Report
Attachments: VA Cabinet Report March 11 OSVA Review REVISED.docx

Good evening,

Attached, please find this week's Cabinet Report from the Department of Veterans Affairs.

Please let me know if you need anything else.

Thank you,

(b)(6)

(b)(6)
White House Liaison
Office of the Secretary
Department of Veterans Affairs
202-461-(b)(6)

March 11, 2020 – April 7, 2020

INFORMATION

MEMORANDUM FOR THE WHITE HOUSE STAFF SECRETARY AND CABINET SECRETARY

FROM: Pamela Powers, Chief of Staff

SUBJECT: Department of Veterans Affairs Weekly Update

(Blue Font = New Entries)

SECTION I: SENIOR LEADER ENGAGEMENTS

- March 13
- Under Secretary for Memorial Affairs Randy Reeves will present the Organizational Excellence Award to the Tallahassee National Cemetery in Tallahassee, Florida.

- March 16
- Secretary Robert Wilkie will provide remarks at the Second Lady's Launch of Art Therapy Artwork Exhibit to be displayed at the Kennedy Center.

- March 18
- Under Secretary for Memorial Affairs Randy Reeves will speak at the Charlotte Hall Veterans Home Committee Meeting in Charlotte Hall, Maryland.

- March 19
- Under Secretary for Benefits Dr. Paul Lawrence will be attending the Federal 100 Awards Gala in Washington, DC.

- March 19 – March 20
- Secretary Robert Wilkie will travel to Boston, MA to conduct site visits of the VA Causeway Clinic, the Boston Vet Center and the Edith Nourse Rogers VA Medical Center with Congressman Seth Moulton.

- March 19 – March 20
- Veterans Health Administration Executive in Charge Dr. Richard Stone will attend a meeting of the Special Medical Advisory Group (SMAG) in Pittsburgh, PA.

- March 20
- Under Secretary for Benefits Dr. Paul Lawrence will participate in the National Council for the American Worker quarterly meeting on at the Eisenhower Executive Office Building in Washington, DC.

- March 22- March 24
- Secretary Robert Wilkie will travel to Wilmington, NC, to provide the Keynote Address at the UNC 7th Annual College of Health & Human Services Week. While in Wilmington, Secretary Wilkie will also visit the Wilmington Community Based Outpatient Clinic (CBOC), as well as the Veterans' cemetery in New Bern.

- March 24
- Under Secretary for Benefits Dr. Paul Lawrence will be attending an event at the Military Officers Association of America in Washington, DC.

- March 25
- Secretary Robert Wilkie will deliver remarks to the Veterans Family, Caregivers & Survivors Advisory Committee Meeting at the American Red Cross HQ in Washington, DC.

- March 25
- Secretary Robert Wilkie will provide remarks at the HillVets Tribute Gala and introduce the Lifetime of Achievement Award Recipient, Congressman Phil Roe (TN). Congressman Roe is the Ranking Member of the House Veterans' Affairs Committee.

- March 25
- Secretary Robert Wilkie will attend an SVAC Hearing on Capitol Hill to discuss the FY2021 Budget.

- March 25
- Veterans Health Administration Executive in Charge Dr. Richard Stone will attend an SVAC Hearing on Capitol Hill to discuss the FY2021 Budget.

- March 29
- Under Secretary for Memorial Affairs Randy Reeves will attend the Vietnam War Wreath-Laying Commemoration Ceremony in Washington, DC.

- March 30
- Under Secretary for Benefits Dr. Paul Lawrence will be presenting a VBA Overview to the South Carolina Association of County Veterans Affairs Officers and conduct a VSO Townhall at the American Legion Post in Greenville, South Carolina.

- March 31
- Under Secretary for Benefits Dr. Paul Lawrence will participate in a roundtable with the South Carolina Secretary of Veterans Affairs and the President of the South Carolina Association of County Veterans Affairs Officers in Greenville, South Carolina.

- April 2 – April 3
- Secretary Robert Wilkie will travel to Togus, Maine to provide remarks at the Fisher House Opening Ceremony as well as conduct site visits of VA facilities.

OSVA Priorities:

***Blue Water Navy**: In Procopio V. Wilkie, Alfred Procopio, a Blue Water Navy Veteran who served on the aircraft carrier USS Intrepid off the coast of Vietnam during the Vietnam War, argued that the Agent Orange Act of 1991 should have included Veterans with service in the waters 12 nautical miles off the coast of Vietnam. The Board of Veterans Appeals denied his claim for benefits, a decision affirmed by the Court of Appeals for Veterans Claims. Mr. Procopio then appealed to the US Court of Appeals for the Federal Circuit. The US Court of Appeals ruled in favor of Alfred Procopio in January 2019, paving the way for 90,000 Veterans who served on Navy ships during the Vietnam War to receive Agent Orange-related compensation and VA-paid health care benefits. The cost of providing benefits to Blue Water Navy Veterans is estimated between $1.1 billion over 10 years to as much as $5.5 billion. The *Blue Water Navy Vietnam Veterans Act of 2019* was enacted on June 25 and becomes effective January 1, 2020. The law states that Veterans aboard a vessel operating not more than 12 nautical miles seaward from Vietnam and Cambodia between January 9, 1962 and May 7, 1975, are presumed to have been exposed to Agent Orange and may be entitled to benefits related to that exposure. VBA continues to collaborate with the Department of Defense, the State Department, and the Naval History and Heritage Command to discuss BWN service verification. Blue Water Navy (BWN) changes, which go live on January 20, 2020, include increased VA funding fees, fee exemptions for Purple Heart Veterans, removal of loan limits, and the use of third party help on appraisals. VA has focused on communicating with both internal and external stakeholders by sending direct mailings to over 77,000 previously denied Veterans and survivors. In addition, VA has conducted front line staff briefings at 170 VAMC's across the nation, completed a robust communications toolkit and has provided briefings and Ship Locator Tool demonstrations to internal and external stakeholders. The Veterans Benefits Administration (VBA) has reported receiving over 11,000 BWN claims as of mid-January. VBA has estimated they will receive around 450,000 BWN claims overall. As of February 29, 2020, there were **7,096** completed BWN claims and **35,622** pending claims.

*__Burn Pits__: In January 2019, the VA launched the Airborne Hazards and Open Burn Pit Registry in response to concerns that Veterans were experiencing a range of respiratory illnesses possibly associated with exposure to burn pits. The use of burn pits was common waste disposal practice at military sites outside the United States. Smoke from these pits contained substances that may have short- and long-term health effects. Waste products in burn pits include: chemicals, paint, medical waste, metal/aluminum cans, munitions, petroleum, plastics, Styrofoam, and rubber. To be eligible, you must be a Veteran or Servicemember who deployed in the Southwest Asia theater of operations at any time on or after August 2, 1990 or deployed to Afghanistan or Djibouti on or after September 11, 2001. These regions include the following countries, bodies of water, and the airspace above these locations: Iraq, Afghanistan, Kuwait, Saudi Arabia, Bahrain, Djibouti, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, and the waters of the Persian Gulf, Arabian Sea, and Red Sea. Veterans may file a claim for disability compensation for health problems they believe are related to exposure to burn pits during military service. The Department of Veterans Affairs decides these claims on a case-by-case basis. The Senate Veterans Affairs Committee (SVAC) held a hearing on Toxic Exposure and Presumptions Process on September 25, 2019.

*__PREVENTS Initiative__: On March 5, 2019, President Trump signed the PREVENTS EO: President's Roadmap to Empower Veterans and End a National Tragedy of Suicide. This Executive Order created a national task force co-chaired by Veterans Affairs Secretary Robert Wilkie and Dr. Barbara Van Dahlen, Founder and president of Give an Hour. Give an Hour is a national nonprofit that provides free mental health services to those in need including Service Members, Veterans, and their families. The task force includes the Secretaries of Defense, HHS, Energy, Homeland Security, Labor, Education, and HUD, as well as the OMB Director, National Security Advisor, and the Director of the Office of Science and Technology Policy. This new Veteran Wellness, Empowerment and Suicide Prevention Task Force has one year to develop a public health roadmap to address veteran suicide. The task force is charged with designing a program to award local grants for suicide prevention initiatives that can be presented to Congress. Previously, President Trump signed a separate Executive Order in January 2018 that mandated mental health care to all new Veterans for at least a year after finishing active service. The PREVENTS Task Force held its inaugural meeting on June 17, 2019 in the Indian Treaty Room of the EEOB. The PREVENTS Executive Order Research Strategies Innovation Summit was held at the White House on September 23, 2019. The last scheduled meeting of the PREVENTS Task Force was October 15. The last PREVENTS Task Force briefing in the White House Roosevelt Room was held on December 20. A draft of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide is now circulating among Members of the Task Force. Secretary Wilkie will attend a PREVENTS Task Force working lunch with Second Lady Karen pence at the White House on February 19th.

***EHRM:** The Electronic Health Record Modernization (EHRM) program establishes a common electronic health record (EHR) solution with the Department of Defense to support service members as they transition from active duty to Veteran status. It will also provide clinicians with quick and efficient access to the full picture of Veteran health. In May 2018, the Department of Veterans Affairs began a 10-year effort to migrate Veteran health data into a modern EHR. In 2019, VA completed a historic transfer of 35 years of records for 23.7 million Veterans from its legacy electronic health record system to a new data center that also hosts military health records from DOD. In the past, VA and DOD have had limited capability to share health record information. As VA completes future phases of EHRM implementation, Veteran's medical records from their years of active duty will reside alongside their postmilitary health records. Providers from both departments will be able to view, update and exchange patient data in one common, secure system. Veteran data available at the launch will include lab results, medications, allergies, procedures, immunizations, and demographics. The EHRM program will begin going live in mid-2020 at VA's initial operating capability (IOC) sites in the Pacific Northwest.

***VetText:** In collaboration with the Veterans Health Administration, the Board of Veterans Appeals began initial testing in August 2019 of VetText technology. VetText will allow the Board to send text messages to Veterans to remind them of their upcoming hearings. By using this technology, the Board's goal is to reduce the number of no-show hearings. VHA will use VetText to alert Veterans of openings on the schedule after someone cancels. This will reduce the number of open appointment slots, while at the same time providing better customer service to those Veterans waiting for an appointment. Open Slot Management (OSM) rolled out nationwide on 8/31/19. As of March 9, 2020, BVA has sent **15,137** text messages.

Virtual Hearings: The Board of Veterans Appeals continues to move forward with virtual hearing capabilities and began testing with Veterans on July 26, 2019. As of March 9, 2020, the Board completed **253** successful virtual hearings, including one international hearing. The Board of Veterans Appeals and the Office of Information and Technology are working together on a nationwide rollout at some point in 2020.

SECTION II: VA OUTREACH EVENTS IN THE FIELD

- March 9 – March 13
- Office of Electronic Health Record Modernization (OEHRM) Executive Director John Windom will participate in the Healthcare Information and Management Systems Society (HIMSS20) 2020 Global Conference & Exhibition in Orlando, FL.

- March 9 – March 13
- Office of Information and Technology (OIT) Assistant Secretary Jim Gfrerer will participate in the Healthcare Information and Management Systems Society (HIMSS20) 2020 Global Conference & Exhibition in Orlando, FL.

- March 11
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the induction of this year's Women's Foundation Army Hall of Fame Inductees at the Women's Memorial in Arlington at the personal invitation of one of the inductees, MSG Elizabeth Helm-Frazier, a fellow VA employee.

- March 12
- Dwayne Campbell, Center for Minority Veteran's Hispanic American Veterans Liaison, will staff an information table at the Ft. Meade Resource Fair. This event will take place in Ft. Meade, MD.

- March 12
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the Women Veterans ROCK Event on Capitol Hill.

- March 14
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the 90th Birthday Celebration of Major General Wilma Vaught, the founder of the Women's Memorial, at the Women's memorial in Arlington, VA.

- March 18
- Board of Veterans Appeals Chairman Cheryl Mason will participate in the SBA Military & Veteran Entrepreneurship Summit in Las Cruses, NM. She will speak on a panel discussing military spouse entrepreneurship opportunities.

- March 18
- OEHRM Executive Director John Windom will participate in a monthly briefing with the Government Accountability Office (GAO) to provide a program update.

- March 21 (CANCELLED DUE TO COVID-19)
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will attend the Women Veterans Unity Group 7th Annual Thank-A-Hero Event in Rancho Cucamonga, CA commemorating women's service to our country as part of Women's History Month.

- March 24
- OEHRM Executive Director John Windom will participate in a Fireside Chat at the FedHealthIT Innovation Awards Event in Washington, DC.

- March 24
- Board of Veterans Appeals Chairman Cheryl Mason will give remarks on appeals at the North Carolina Department of Military and Veterans Affairs Conference in Raleigh, NC.

- March 27
- Center for Women Veterans' Executive Director Jacquelyn Hayes-Byrd will host a round table discussion on women Veterans' issues with various Veterans Service Organizations.

- March 29 (CANCELLED DUE TO COVID-19)
- Office of Information and Technology Assistant Secretary Jim Gfrerer will participate in the National Disabled Veterans Winter Sports Clinic in Grand Junction, CO.

SECTION III: OTHER EVENTS SUPPORTING VA PRIORITIES

- March 10 – March 12
- The **Advisory Committee on Disability Compensation** is scheduled to meet in Washington DC on March 10 to March 12, 2020. The Committee provides advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of VA's Schedule for Rating Disabilities.

- March 11- March 12 (CANCELLED DUE TO COVID-19)
- The **National Academic Affiliation Council** is scheduled to meet in Washington DC on March 11 to March 12, 2020. The Council provides advice to the Secretary of Veterans Affairs regarding partnerships between VA and its academic affiliates.

- March 12
- The **Health Services Research and Development Service Scientific Merit Review Board** is scheduled to meet in Washington DC on March 12, 2020. The Board provides recommendations on the fair and equitable selection of the most meritorious research projects for support by VA research funds; ensures the high quality and mission relevance of VA's legislatively mandated research and development program; advises on the scientific and technical merit, originality, feasibility, and mission relevance of individual research proposals; and advises on the adequacy of protection of human and animal subjects.

- March 16 – March 18 (CANCELLED DUE TO COVID-19)
- The **Advisory Committee on the Readjustment of Veterans** is scheduled to meet in Washington DC on March 16 to March 18, 2020. The Committee provides advice to the Secretary of Veterans Affairs on policies, organizational structures, and the provision and coordination of services to address Veterans' post-war readjustment to civilian life, with emphasis on post-traumatic stress disorder, alcoholism, other substance abuse, post-war employment, and family adjustment.

- March 25
- The **Special Medical Advisory Group** is scheduled to meet VIRTUALLY on March 25. The Group provides advice to the Secretary and the Under Secretary for Health on matters relating to the care and treatment of Veterans and other matters pertinent to the operations of the Veterans Health Administration, such as research, education, training of health manpower, and VA/Department of Defense (DoD) contingency planning.

- March 25 – March 26
- The **Veterans' Family, Caregiver, and Survivor Advisory Committee** is scheduled to meet in Washington DC on March 25 to March 26, 2020. The Committee provides advice to the Secretary of Veterans Affairs, related to Veterans' families, caregivers, and survivors across all generations, relationships, and Veteran status and factors that influence access to, quality of, and accountability for services and benefits for Veterans' families, caregivers, and survivors.

- March 25 – March 26 (CANCELLED DUE TO COVID-19)
- The **Advisory Committee on Disability Compensation** is scheduled to meet in Washington DC on March 25 to March 26, 2020. The Committee provides advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of VA's Schedule for Rating Disabilities.

- March 30 – April 3 (CANCELLED DUE TO COVID-19)
- The **Advisory Committee on Minority Veterans** is scheduled to meet in St. Petersburg FL on March 30 to April 3, 2020. The Committee provides advice to the Secretary of Veterans Affairs on the administration of VA benefits for Veterans who are minority group members in the areas of compensation, health care, rehabilitation, outreach, and other services.

- April 1 – April 2 (CANCELLED DUE TO COVID-19)
- The **Geriatrics and Gerontology Advisory Committee** is scheduled to meet in Washington DC on April 1 to April 2. The Committee provides advice to the Secretary of Veterans Affairs on all matters pertaining to geriatrics and gerontology.

Note: Unless noted otherwise, all events are in the Washington D.C. / Maryland / Virginia metro area.

From: Powers, Pamela
Sent: Thu, 12 Mar 2020 13:27:45 +0000
To: Powers, Pamela; (b)(6) EOP/OMB
Cc: (b)(6) EOP/OMB'
Subject: Lunch with (b)(6) /Pamela Powers

Will reschedule when covid issues are resolved

From: Powers, Pamela
Sent: Thu, 12 Mar 2020 19:15:39 +0000
To: (b)(6)@nsc.eop.gov
Subject: RE: VA Surge Capacity
Attachments: VA Emergency Response Capabilties Brief 03122020 JJ.docx

(b)(6)

Attached is our Emergency Management Capability. It's a good start but we will work to refine as required. If you have any questions, please let me know.

Pam

From: Powers, Pamela
Sent: Thursday, March 12, 2020 2:54 PM
To: (b)(6)@nsc.eop.gov
Subject: VA Surge Capacity

(b)(6)

Checking in to let you know that we are still working that tasker and should have it to you by 1530. If that timeline does not work for you, please let me know.

Thanks,

Pam
Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)VA.gov

ChooseVA

Department of Veterans Affairs Coronavirus (COVID-19) Update

EXECUTIVE SUMMARY:

The following provides availability and stats of resources and a summary of capabilities the Department of Veterans Affairs (VA) can bring to bear in response to the COVID-19 Pandemic.

How VA Will Respond:

- VA's "Fourth Mission" is to improve the Nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters.
- VA fulfills this mission through Disaster Emergency Medical Personnel System (DEMPS) and Federal Coordinating Center (FCC) programs.
- The Veterans Health Administration (VHA) Emergency Management Coordination Cell serves as a coordination center to support command and control of VA's Fourth Mission.
- VHA's distributed network of medical facilities provides are an inherently dispersed capability to ensure the continuity of healthcare to Veterans.
- Able to expand telehealth and ICU where infrastructure and bandwidth are adequate.

Inpatient Capacity:

VA has 127 Inpatient facilities, with at least one in all states except, Hawaii, New Hampshire and Alaska

Current Bed Status:

Acute Care (Med/Surg, ICU, Acute MH)	12,467
Acute Care occupancy	71%
ICU	1834
Negative Pressure Beds, ICU	372
Negative Pressure Beds, Acute Care (Med/Surg, ICU)	1143

Current Status and Availability of VHA Equipment:

- 2877 ventilators currently available in the VHA system

VA Emergency Response Resources:

- 46 - Mobile Medical Units (MMU)-Mobile unit, 1 to 2 exam rooms
- 126 - Small (14 ambulatory/9-litter) and 73 Large (30 ambulatory/15-litter) Dual Use Vehicle (DUV)
- 15 - 3-room Containerized Fold-Out Rigid Tactical Shelter (CFORTS) and 4 - 2-room Fold-Out Rigid Tactical Shelter (FORT)
- 3 - Mobile Pharmacy Unit (MPU)
- 6 - Mobile Emergency Nutrition Unit (MENU)-Mobile kitchen; 1275 meals available per mobile kitchen
- 12 - Multi-Use Vehicle (MUV)-Mobile Command Post
- Various Shelters-Soft sided tents, various configurations

Disaster Emergency Medical Personnel System (DEMPS):

- DEMPS is the VHA's main deployment program for clinical and non-clinical staff to an emergency or disaster
- DEMPS may be used for an internal VA mission as well as in support of other missions such as those under the National Response Framework and/or Interagency Agreement (IAA).
- DEMPS Training requirements; DEMPS personnel must complete Incident Command System, be qualified by Occupational Health; They can only be deployed in the position they currently hold
- Current readiness capability 3750 qualified DEMPS personnel that can deploy
    - Volunteer system (limiting factor- facility must be willing to release personnel)
    - Additional 1000 personnel could be qualified with completed physicals
- DEMPS personnel may be unable to deploy due to impacts at home facility, or due to family obligations

Federal Coordinating Center (FCC):

- Activated under the National Disaster Medical System (NDMS); (Three FCCs were activated in response to Hurricane Maria – evacuated civilians from Puerto Rico – 98 mission – 284 patients and 139 non-medical)
- Responsible for coordination, planning, and operations in one or more assigned geographic NDMS Patient Reception Area(s) (PRA).
- There are more than 1500 supporting NDMS partner facilities across the United States.
- VA is responsible for 51 of the 65 FCCs and are at designated Medial Centers.
- The FCCs coordinate patient reception, triage, transport and distributes to participating NDMS partner community private hospitals for care.

Federal Medical Station (FMS):

- Supplies, equipment and wrap around services will be provided by Health and Human Services (HHS).
- Deployable facility with 50-250 bed health and medical surge capability for short-term care of patients who require low acuity care however can be enhanced to meet mission requirements.
- Can be employed to augment local capabilities or support quarantine requirements
- Utilizes a building of opportunity such as a warehouse or hangers
- Staffing of approximately 175 personnel provided by VA, VHA, and supplemented by HHS as required

From: Powers, Pamela
Sent: Thu, 12 Mar 2020 20:09:39 +0000
To: (b)(6) EOP/NSC
Subject: RE: VA Surge Capacity
Attachments: VA Emergency Response Capabilties Brief 03122020 Revised.docx

Updated document to clarify the beds and add authorities….

From: Powers, Pamela
Sent: Thursday, March 12, 2020 4:03 PM
To (b)(6) EOP/NSC <(b)(6) nsc.eop.gov>
Subject: RE: VA Surge Capacity

(b)(6) when are you briefing the VP? I have some updates that include authorities for our EMS and DEMPs, plus clarifying info on the beds. I can send that to you asap if it's not too late.

From (b)(6) EOP/NSC <(b)(6) @nsc.eop.gov>
Sent: Thursday, March 12, 2020 3:19 PM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: VA Surge Capacity

Thanks, Pam! I look forward to working with you and VA

Best,

(b)(6)

(b)(6)
Director for Preparedness Policy
National Security Council | The White House
☎ 202.456(b)(6) (Office)
☎ 202.881 (Mobile)
(b)(6) @nsc.eop.gov
(b)(6) @nsc.eop.sgov.gov
@nsc.eop.ic.gov

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Thursday, March 12, 2020 3:16 PM
To: (b)(6) EOP/NSC (b)(6) nsc.eop.gov>
Subject: RE: VA Surge Capacity

(b)(6)

Attached is our Emergency Management Capability. It's a good start but we will work to refine as required. If you have any questions, please let me know.

Pam

From: Powers, Pamela
Sent: Thursday, March 12, 2020 2:54 PM
To: (b)(6) @nsc.eop.gov
Subject: VA Surge Capacity

(b)(6)

Checking in to let you know that we are still working that tasker and should have it to you by 1530. If that timeline does not work for you, please let me know.

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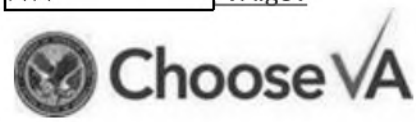
Pam
Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov



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- VHA's distributed network of medical facilities provides are an inherently dispersed capability to ensure the continuity of healthcare to Veterans.
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Current Bed Status:

Acute Care (Med/Surg, ICU, Acute MH) (Total beds available for veteran care)	12,467
Acute Care occupancy (average filled by veterans)	71%
ICU Beds (Of the 12,467)	1834
Negative Pressure Beds, ICU (of the 1834)	372
Acute Care Negative Pressure Beds (Med/Surg, ICU) (of the 12,467)	1143

Note: Capacity could increase if VHA delayed or cancelled non-critical care

Current Status and Availability of VHA Equipment:

- 2877 ventilators currently available in the VHA system (for veteran care)

VA Emergency Response Resources:

- 46 - Mobile Medical Units (MMU)-Mobile unit, 1 to 2 exam rooms
- 126 - Small (14 ambulatory/9-litter) and 73 Large (30 ambulatory/15-litter) Dual Use Vehicle (DUV)
- 15 - 3-room Containerized Fold-Out Rigid Tactical Shelter (CFORTS) and 4 - 2-room Fold-Out Rigid Tactical Shelter (FORT)
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- DEMPS is the VHA's main deployment program for clinical and non-clinical staff to an emergency or disaster
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- DEMPS Training requirements; DEMPS personnel must complete Incident Command System, be qualified by Occupational Health; They can only be deployed in the position they currently hold
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Federal Coordinating Center (FCC):

- The Department of Health and Human Services (HHS) is responsible for activation of the Federal Coordinating Center; HHS submits a mission assignment to VHA
- Activated under the National Disaster Medical System (NDMS); (Three FCCs were activated in response to Hurricane Maria – evacuated civilians from Puerto Rico – 98 mission – 284 patients and 139 non-medical)
- Responsible for coordination, planning, and operations in one or more assigned geographic NDMS Patient Reception Area(s) (PRA).
- There are more than 1500 supporting NDMS partner facilities across the United States.
- VA is responsible for 51 of the 65 FCCs and are at designated Medial Centers.
- The FCCs coordinate patient reception, triage, transport and distributes to participating NDMS partner community private hospitals for care.

Federal Medical Station (FMS):

- HHS is responsible for the activation of Federal Medical Station; An FMS is a mobile hospital; HHS submits a mission assignment to VHA for FMS staffing assistance; Activation of an FMS means all the capabilities to ensure a mobile medical hospital is prepared for deployment
- Supplies, equipment and wrap around services will be provided by HHS.
- Deployable facility with 50-250 bed health and medical surge capability for short-term care of patients who require low acuity care however can be enhanced to meet mission requirements.
- Can be employed to augment local capabilities or support quarantine requirements
- Utilizes a building of opportunity such as a warehouse or hangers
- Staffing of approximately 175 personnel provided by VA, VHA, and supplemented by HHS as required for FMS, which is a low acuity mobile hospital

From: Powers, Pamela
Sent: Fri, 13 Mar 2020 14:14:48 +0000
To: Cashour, Curtis;[(b)(6)] EOP/WHO;Hutton, James;[(b)(6)] EOP/WHO
Subject: RE: Messaging on VA Capability on Coronavirus
Attachments: Agency Reporting COVID 19 - Veterans Affairs.docx

[(b)(6)] for more specific (in-house) efforts, please see attached document that was sent to OMB on Tuesday. Data is a few days old though. We will be sending another update on Monday and I'll be sure to cc you.

Pam

From: Cashour, Curtis <[(b)(6)]@va.gov>
Sent: Friday, March 13, 2020 10:03 AM
To: [(b)(6)] EOP/WHO <[(b)(6)]@who.eop.gov>; Powers, Pamela [(b)(6)]@va.gov>; Hutton, James <[(b)(6)]@va.gov>; [(b)(6)] EOP/WHO [(b)(6)]@who.eop.gov>
Subject: RE: Messaging on VA Capability on Coronavirus

[(b)(6)] – please see below:

What is VA doing?
VA has administered over 70 tests nationwide while taking aggressive steps to prevent COVID-19 transmission. VA has proactively implemented appropriate measures to ensure the safest health care environment for each Veteran, visitor and employee. These measures include multi-channel outreach to Veterans and staff, clinical screening at VA health care facilities, as well as protective procedures for patients admitted to community living centers and spinal cord injury units.

What are VA's capabilities?

- VA's "Fourth Mission" is to improve the Nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters.
- VA fulfills this mission through Disaster Emergency Medical Personnel System (DEMPS) and Federal Coordinating Center (FCC) programs.
- The Veterans Health Administration (VHA) Emergency Management Coordination Cell serves as a coordination center to support command and control of VA's Fourth Mission.
- VA's distributed network of medical facilities provides an inherently dispersed capability to ensure the continuity of health care to Veterans.
- VA stands ready to support national, state, and local emergency management, public health, safety and homeland security efforts, and the department's emergency preparedness exercises began weeks before COVID-19 was confirmed in the US.
    - These exercises are an essential part of VA's ability to meet the specialized healthcare needs of Veterans across this widespread challenge.

- VA facilities are equipped with essential items and supplies to handle an influx of coronavirus cases.
- VA has deployed a Liaison Officer to the HHS Secretary's Operations Center, deployed 16 Nursing Assistants to assist HHS/CDC with screening of repatriated Americans at Travis and we have deployed 5 Area Emergency Managers to assist with the HHS Incident Management Teams on the ground at each repatriation site.

For more information

https://www.va.gov/coronavirus
https://www.blogs.va.gov/VAntage/72615/vas-recommendations-help-slow-covid-19-virus/

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@curtcashour

From: (b)(6) EOP/WHO (b)(6)@who.eop.gov>
Sent: Friday, March 13, 2020 9:51 AM
To: Powers, Pamela (b)(6)@va.gov>; Hutton, James (b)(6)@va.gov>; Cashour, Curtis (b)(6)@va.gov>; (b)(6) EOP/WHO (b)(6)@who.eop.gov>
Subject: [EXTERNAL] RE: Messaging on VA Capability on Coronavirus

Adding Curt (as per (b)(6) away message) and (b)(6) who is compiling some of this information.

The request also sounds like it's also about accomplishment:

- What VA is doing
- What VA is planning on doing (capability)

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: (b)(6) EOP/WHO
Sent: Friday, March 13, 2020 9:42 AM
To: Powers, Pamela (b)(6)@va.gov>; Hutton, James (b)(6)@va.gov>
Subject: Messaging on VA Capability on Coronavirus

Do you all have some messaging or talking points prepped on VA capability to help with coronavirus?

Appreciate it – I know everyone is working around the clock.

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395(b)(6)
C: 202-881

COVID-19 – Agency Response
3/10/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Provided guidance to all employees restricting travel on non-mission-critical events and activities.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country)
- Limited admissions to Spinal Cord Injury Units (24 major centers supporting 24,000 Veterans)
    - Instituted "No Visitor" stance (except in compassionate cases – ex: actively dying and will be limited to the specific Veteran room only)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans)
    - Instituted a "No Visitor" stance (except in compassionate cases – e.g., actively dying Veteran on our hospice units and will be limited to the specific Veteran room only)
    - No admissions from the community to our CLCs; Veterans will be processed through acute care centers prior to admission
- Established national testing capability for VA facilities at Palo Alto, CA
    - The VA lab in Palo Alto has capacity to test up to 2000 patients.
    - Additionally, VA's are utilizing state labs and recently added private testing labs available across the country (LabCorp and Quest)

Guidance, Communication and Outreach with Stakeholders

- Secretary Wilkie sent a message regarding general Coronavirus prevention and preparedness strategies to all VA employees March 9.
- VHA Executive in Charge Dr. Richard Stone sent message regarding general Coronavirus prevention and preparedness strategies to all VHA employees March 5.
- Outward facing Public Health Website specific to COVID19 with 48,668 unique visits since 2/3/20; https://www.publichealth.va.gov/n-coronavirus
- Communicating daily with local and national media, updating them on enhanced Coronavirus screening procedures at VA health care facilities.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers on February 5 and February 26
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- MyHealtheVet.com, VA's e-health and online personal record website aimed at Veterans, published a Spotlight blog: "Coronavirus and You: Protect yourself from what is here and now," and "Veterans: Sick? "Stay Home and Phone" a safe convenient option."
- Office of Congressional and Legislative Affairs (OCLA) continues to provide updates periodically to Congressional Staff (Committees, Delegations and Leadership) on VA's COVID-19 response posture

and the numbers of VA inpatients with COVID-19 and outpatients with COVID-19 who are self-quarantined at home.
- VHA has provided over 120 guidance, informational and educational documents to employees and Veterans
- Common banners have been added to all VHA national and local websites informing individuals of changes occurring to support COVID-19 activity
- Active communication with State Veteran Homes to adopt similar COVID-19 preventative measures

Actions That Affect Federal Facilities and Personnel
(Please include actions that would affect your agency, and other Federal agencies.)
- Assessed and prioritizing needs of the supply chain (no unmet needs at this time); accelerating delivery of additional N95 masks, face shields and gowns; purchasing a large number of scanning thermometers to facilitate our active screening efforts at all facilities
- Assessed building and land alternative sites of care options, respiratory isolation room adequacy, and breathing machine supply
- Reviewed all cleaning contracts for NCR facilities and confirmed GSA implementation of coronavirus-specific standard cleaning tasks
- Established an emergency employee Resource Center http://vaww.va.gov/OHRM/Worklife/Pandemic/
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination

Other Notable Responses
- VA Office of Information Technology (OIT) created a consolidated test plan for Rescue, Gateway, and Telehealth Apps in preparation of supporting the Department at large during COVID 19.
    - **Virtual Private Network (VPN) Test**. OIT will commence testing the VPN on Wednesday, 3/11/2020 to stress the Trusted Internet Connection (TIC) at our four Gateways.
    - **Citrix Access Gateway (CAG).** Stress testing of CAG is currently being developed with our government and contractual engineering team. This testing will commence after the communications/training have been disseminated to the business community (target date 3/18/2020)
    - **Telehealth Application Testing.** OIT is currently spinning up a rapid response team to analyze the VA Video Connect and Virtual Care Manager applications that are involved in telemedicine workflow. A timeline for this test is being developed, so target date is TBD.
- The National Disabled Veterans Winter Sports Clinic scheduled March 29-April 3 has been cancelled
    - Decision coordinated with event co-sponsors
- Ongoing review of manifest for latest Princess Cruise Ship to ID Veterans
    - 104 Veterans identified thus far, 34 of which are service connected
    - 42 additional vets possible (working to confirm)
    - Will work with HHS and DoD for oversight of veteran transitions as necessary

From: Powers, Pamela
Sent: Mon, 16 Mar 2020 20:03:40 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: Updates on COVID-19
Attachments: VA coronavirus assumptions 3-16-20.docx

Kristan,

FYSA, attached is the budget assumptions we're using for our supplemental. OMB has been very helpful and we're working through the numbers, which may change due to evolving requirements.

I also wanted to highlight some recent press on our "4th Mission." Overall it's fair but the (b)(5)
(b)(5)

Coronavirus Pandemic Prompts U.S. Agency of Last Resort to Gear Up
Department of Veterans Affairs serves as the nation's backup health-care system for emergencies
(Ben Kesling, The Wall Street Journal, March 16, 2020)
https://www.wsj.com/articles/coronavirus-pandemic-prompts-u-s-agency-of-last-resort-to-gear-up-11584356405

The New York Times: The V.A. Prepares to Back Up a Health Care System Threatened by Coronavirus (15 March, Jennifer Steinhauer, 118.5M uvm; New York, NY)
https://www.nytimes.com/2020/03/15/us/politics/veterans-affairs-coronavirus.html

p.s. I spoke with the Secretary and he doesn't think we need the (b)(5)
(b)(5)

Thanks,
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

ChooseVA

DEPARTMENT OF VETERANS AFFAIRS

Coronavirus Assumptions and Supplemental Funding Requirements
March 16, 2020

General Assumptions

(b)(5)

- (b)(5)

VHA Assumptions and Requirements ($(b)(5) billion)

- (b)(5)

OIT Assumptions and Requirements (currently $(b)(5) billion BUT WILL INCREASE)

- (b)(5)

Maintaining Employee Productivity Assumptions and Requirements ($(b)(5) million)

- (b)(5)

From: Powers, Pamela
Sent: Mon, 16 Mar 2020 21:09:59 +0000
To: (b)(6) EOP/OMB
Cc: (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) . EOP/OMB; (b)(6) . EOP/OMB (b)(6) EOP/OVP; (b)(6) (b)(6) EOP/OMB;Syrek, Christopher D. (Chris) (b)(6) EOP/WHO; (b)(6)
Subject: RE: Agency Report VA
Attachments: 3.16.2020 Agency Reporting COVID 19 - Veterans Affairs_.docx

Attached is the daily report for the Department of Veterans Affairs on the response to COVID-19.

Pam

Pamela Powers
VA Chief of Staff
202-430-(b)(6)

COVID-19 – Agency Response
3/16/2020
Department of Veterans Affairs

***Please note, new and most pertinent entries highlighted in Blue**

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country)
- Limited admissions to Spinal Cord Injury Units (24 major centers supporting 24,000 Veterans)
    - Instituted "No Visitor" stance (except in compassionate cases – ex: actively dying and will be limited to the specific Veteran room only)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans)
    - Instituted a "No Visitor" stance (except in compassionate cases – e.g., actively dying Veteran on our hospice units and will be limited to the specific Veteran room only)
    - No admissions from the community to our CLCs; Veterans will be processed through acute care centers prior to admission
- Established national testing capability for VA facilities at Palo Alto, CA
    - The VA lab in Palo Alto has capacity to test up to 2000 patients.
    - Additionally, VA's are utilizing state labs and recently added private testing labs available across the country (LabCorp and Quest)
- VA has moved to daily crisis action leadership meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance.
- VA will be changing their policy for healthcare workers who are exposed but asymptomatic. Previously we would quarantine them for 14 days. The impact is VA is losing large chunks of workers for periods of time. VA will go to a new posture of wearing PPE equipment and continue to work during their 14 days. Many civilian hospitals are now doing the same.
- The Board of Veterans Appeals has Veteran Law Judge capacity to increase use of virtual hearings to support the mission of deciding Veterans' appeals for disability benefits and services. We are exploring this option dependent on availability and prioritization of OIT resources.
- Chief Acquisition Officer sent Guidance Memo to Contractors regarding Health and Safety Precautions for COVID-19
- Contracting Offices will utilize increased simplified acquisition procedures under National Emergency Procedures for any VA Coronavirus support efforts
- Senior Procurement Executive (SPE) Memo to VA's Heads of Contracting Activities (HCAs) regarding Preparing for Potential Contract Performance Impacts Due to COVID-19
- VA submitted updated COVID-19 Supplemental input to OMB requesting timely, additional funds in support of VA's 4th mission: to serve both Veterans and non-Veterans in times of national emergency, including significant increases in telemedicine capabilities.

- Established accounting codes for tracking VA's COVID-19 costs in accordance with Congressional reporting requirements of 38 USC Section 1785 paragraph (e).
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation). Also provided employees with the latest travel guidance from OPM.
- Currently, all VA national cemeteries remains open for visitation and interment as is NCA's National Scheduling Office in St. Louis, Missouri. NCA has developed continuity of operations plans to support possible reductions in staff.
- **Curtailments to Medical Needs**
  - Puget Sound – Elective Surgery Cancellations (4/15/20)
  - New Mexico – Elective Surgery Cancellations due 6 anesthesiologists quarantined (4/3/20)
  - Spokane – Suspended non-emergent care at least two weeks to preserve PPE
  - Oklahoma City – Canceled 13 elective surgeries to preserve PPE, continue to evaluate
  - Jackson – Reduce Substance Abuse Residential Rehabilitation Treatment Program beds from 15 to 14 to make single person room available as an isolation room
  - **System-wide policy will be released in the next few days directing curtailment of routine appointments and elective surgeries at all VA facilities; VA will also restrict visitors to hospitals and encourage telehealth appointments**
- Pharmaceutical Benefits Management (PBM) was provided with a list of drugs that may be affected by restricted exportation of API from India. Restriction of exportation of API for various drugs may result in a delay.
- As of Friday, March 13, 2020, Medical Disability Examination (MDE) contract vendors reported a cumulative total of 445 unique Veterans whose contract examinations have been impacted by the pandemic (357 living overseas and 88 domestic).
- All eight (8) Overseas Military Service Coordinators returned from their rotations on March 15, 2020. Virtual/electronic services will be deployed in one week. DoD informed. All employees are self-quarantined.
- VA has become aware that some honor guards are unable to perform duty at national cemeteries. Unofficially, we were made aware DoD may change posture on the availability of honor guards for burials. We are coordinating with DoD.
- VA voiced interest along with DOD to OPM and OMB for relief to statutory pay caps that will impact VA's Title 5 and Title 38 workforce (nurses, providers).
- Issued guidance memorandum to the field authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.

Guidance, Communication and Outreach with Stakeholders

- Secretary Wilkie sent a message regarding general Coronavirus prevention and preparedness strategies to all VA employees March 9.
- VHA Executive in Charge Dr. Richard Stone sent message regarding general Coronavirus prevention and preparedness strategies to all VHA employees March 5.
- Communicating daily with local and national media, updating them on enhanced Coronavirus screening procedures at VA health care facilities.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers on February 5 and February 26

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- MyHealtheVet.com, VA's e-health and online personal record website aimed at Veterans, published a Spotlight blog: "Coronavirus and You: Protect yourself from what is here and now," and "Veterans: Sick? "Stay Home and Phone" a safe convenient option."
- VA has provided over 120 guidance, informational and educational documents to employees and Veterans
- Common banners have been added to all VHA national and local websites informing individuals of changes occurring to support COVID-19 activity
- Active communication with State Veteran Homes to adopt similar COVID-19 preventative measures
- Note to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters to be distributed the week of March 15.
- New York Times and Wall Street Journal stories regarding VA's Fourth Mission to publish the week of March 15.
- Distributed to HCAs and Chief Logistics Officers a standardized statement of objective/performance work statement developed for disinfection of buildings - For use by any VA organization that has the need to disinfect a building due to exposure to COVID-19.
- VA continues to provide updates periodically to Congressional Staff (Committees, Delegations and Leadership) on VA's COVID-19 response posture and the numbers of VA inpatients with COVID-19 and outpatients with COVID-19 who are self-quarantined at home.
- VA provided notice to the House Oversight and Reform Committee, Subcommittee on Government Operations that we will decline their invitation on the Government's response to COVID 19 due to short notice and that fact that VA's focus needs to be solely on response and protecting the health of our Veterans
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week.
- CAO is communicating with GSA should VA need to prioritize any Information Technology (e.g., mobile devices, hardware, etc.) needs.
- Notified GI Bill Beneficiaries and school officials through email and social media if schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- Published COVID-19 information in VETResources sent to 10.6M Veterans via email. https://content.govdelivery.com/accounts/USVA/bulletins/27f1739
- Updated COVID-19 Knowledge management articles on the White House / VA Hotline.
- Implementing VEText outreach for 7 Million Veterans to receive COVID-19 information and updates via text. Texts are expected to begin today (16 March 2020)
- OEI in coordination with DoD on developing of messaging for base access at military installations by Veterans and Caregivers for the purpose of utilizing commissary and MWR facilities.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- VHA held a joint collaboration call on Monday March 16th with OMB, HHS, DOI and DHS on VA's capability to provide resources should a medical surge be necessary.

- Secretary Wilkie sent a message to all VA employees March 16 expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time.

Other Notable Responses

- Assessed and prioritizing needs of the supply chain, accelerating delivery of additional N95 masks, face shields and gowns; purchasing a large number of scanning thermometers to facilitate our active screening efforts at all facilities
- Assessed building and land alternative sites of care options, respiratory isolation room adequacy, and breathing machine supply
- Reviewed all cleaning contracts for NCR facilities and confirmed GSA implementation of coronavirus-specific standard cleaning tasks
- Established an emergency employee Resource Center http://vaww.va.gov/OHRM/Worklife/Pandemic/
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- VA Office of Information and Technology (OIT) established national testing capability for VA employees and clinical providers to connect remotely to the VA network
    - Remote connections are being scaled to meet the crisis requirement.
    - Additionally, we are developing simulated demand testing in our cloud environment – no impact or expectation of the user community for that testing scenario.
- Testing of VA's Virtual Private Network (VPN) Rescue and Citrix Access Gateway connections as well as response time for the Telehealth Applications in preparation of supporting the Department at large during COVID 19.
- **VA just informed that the Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.**
- Reduced operations and access to VBA Regional Offices and VHA facilities will affect travel board and video hearings scheduled in specific locations. The Board of Veterans Appeals is communicating with VBA and VHA to determine facility status and whether on-site hearings can be supported.
- OIT is shifting unobligated activation and Infrastructure Readiness Plan (IRP) funds to meet the needs of COVID-19.
- Prioritizing Cyber Security Operations Center (CSOC) scanning.
- VA may seek congressional relief from:
    - Use of Development (vice Operations and Maintenance) funds if we need surge spending
    - Kingdomware (rule of 2)
    - Congressional notification of moving more than 25 personnel
- OIT working guidance for FITARA expedited approvals for COVID-19 acquisition actions.
- May experience OIT supply chain disruptions in the near term (e.g., mobile devices)
    - Dell has already reported supply chain issues with laptops

- OIT working with Office of Acquisition, Logistics and Construction (OALC) to increase contract ceiling as our Provisioning as a Service contract is under protest

- **Current Veteran Cases**

6 Confirmed Veterans
1 in Palo Alto- in VA Inpatient, acute care
1 in Southern Nevada – in VA Inpatient, ICU improving
1 in Denver – quarantined at home
1 in Togus – quarantined at home
1 in New Jersey -quarantined at home
1 in Cleveland- VA inpatient

25 Presumptive Positive Veterans
3 in NOLA- in VA Inpatient, acute care
1 in Denver – VA inpatient, acute care
2 in Portland- 1 in community hospital
5 in Puget Sound- 2 quarantined at home, 2 in VA Inpatient acute care, 1 in VA inpatient ICU
2 in Atlanta- 2 quarantined at home
1 in Fresno – quarantined at home
2 in Sioux Falls – 2 quarantined at home
1 in San Francisco – quarantined at home
2 in Bronx – 2 quarantined at home
1 in Tucson- VA Inpatient, Acute Care
1 White River Junction- VA Inpatient- Acute Care
1 Cleveland- VA Inpatient- Acute Care
1 Hudson Valley, NY- quarantined at home
1 in Togus- quarantined at home
1 in San Antonio- awaiting details

Veteran Deaths
1 in Portland - 70 year old, male previously reported as presumptive positive

Staff
1 Confirmed Employee in Western Consolidated Patient Account Center, Denver
12 Presumptive Positive Employees- Palo Alto, New York Harbor, New Mexico, Puget Sound, Seattle, Montana, Las Vegas, Boise

- **Cruise Ship Update** – All passengers are now off of the ship
  - Travis: 122 self-identified veterans
  - Miramar: 24 self-identified veterans
  - Lackland: 28 self-identified veterans (no change)
  - Dobbins: 91 self-identified veterans

From: Powers, Pamela
Sent: Mon, 16 Mar 2020 22:15:19 +0000
To: (b)(6) EOP/WHO
Subject: RE: Agency Report VA

I will include you. Sorry I didn't before.

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Monday, March 16, 2020 6:13 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Agency Report VA

Thank you very much! Would love to get this every day for SA.

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881(b)(6)

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Monday, March 16, 2020 5:10 PM
To: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Cc: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>; (b)(6) (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: Agency Report VA

Attached is the daily report for the Department of Veterans Affairs on the response to COVID-19.

Pam

Pamela Powers
VA Chief of Staff
202-430-(b)(6)

From: Powers, Pamela
Sent: Tue, 17 Mar 2020 00:46:53 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: Re: CMS Telehealth Rollout

No, but thank you. OMB and Cab Affairs have been fantastic. Truly. (b)(6) s gold and it's too bad she's departing. You are also such a refreshing, profession presence in Cab Affairs. Love to see two rockstar women making things happen in the White House.
Get Outlook for iOS
From: Nevins, Kristan K. EOP/WHO <(b)(6) who.eop.gov>
Sent: Monday, March 16, 2020 8:21:22 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] Re: CMS Telehealth Rollout

Is there anything more I can do for y'all? I welcome constructive feedback.

Sent from my iPhone

> On Mar 16, 2020, at 8:16 PM, Powers, Pamela (b)(6) @va.gov> wrote:
>
> Definitely not overthinking...you're doing a great job of keeping everyone informed.
> Get Outlook for iOS
> **From:** Nevins, Kristan K. EOP/WHO <(b)(6) who.eop.gov>
> **Sent:** Monday, March 16, 2020 7:55 PM
> **To:** Powers, Pamela
> **Subject:** [EXTERNAL] RE: CMS Telehealth Rollout
>
> Excellent. I'm over thinking as I know normal processes are running thin.
>
> ---
>
> **From:** Powers, Pamela <(b)(6) @va.gov>
> **Sent:** Monday, March 16, 2020 7:52 PM
> **To:** Nevins, Kristan K. EOP/WHO <(b)(6) who.eop.gov>
> **Subject:** Re: CMS Telehealth Rollout
>
> Thanks Kristen. We are way ahead of this and have worked out the kinks on teleheath. It's good to see they are doing this for Medicare. I will still run this by our VHA team.
>
> Appreciate you thinking of us.
>
> Get Outlook for iOS

From: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Sent: Monday, March 16, 2020 7:44:36 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] FW: CMS Telehealth Rollout

Pam,

I'm not a policy person so I don't know where this announcement might intersect with the VA but thought I should flag just to be safe.

kkn

From: Miller, Katie R. EOP/OVP (b)(6) @ovp.eop.gov>
Sent: Monday, March 16, 2020 6:40 PM
To: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Hicks, Hope C. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: FW: CMS Telehealth Rollout

From (b)(6) CMS/OA) (b)(6) @cms.hhs.gov>
Sent: Monday, March 16, 2020 6:38 PM
To: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>; Miller, Katie R. EOP/OVP (b)(6) @ovp.eop.gov>; Hicks, Hope C. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) (b)(6) @ovp.eop.gov>
Cc: (b)(6) (CMS/OA) (b)(6) @cms.hhs.gov> (b)(6) (b)(6) (CMS/OC) (b)(6) @cms.hhs.gov> (b)(6) CMS/OA) (b)(6) @cms.hhs.gov>
Subject: CMS Telehealth Rollout

All,

Please see attached for draft materials on the CMS telehealth rollout. We have attached the following:

- Draft Rollout plan
- Draft Press Release
- Draft Fact Sheet

The topline points are:

- (b)(5)
-
-
-
-
-

Please let us know if you have any questions.

Thanks,

(b)(6)

Confidential and deliberative, pre-decisional communication

From: Powers, Pamela
Sent: Tue, 17 Mar 2020 16:29:48 +0000
To: (b)(6) EOP/OVP
Subject: Re: Social Distancing: TF Meetings Update

The Secretary is fine with that approach. Thanks Natalie.
Get Outlook for iOS
From: (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>
Sent: Tuesday, March 17, 2020 12:03:31 PM
To: Powers, Pamela (b)(6) va.gov>
Subject: [EXTERNAL] RE: Social Distancing: TF Meetings Update

Great – let us know, as we are trying to gauge members' opinions.

From: Powers, Pamela (b)(6) @va.gov>
Sent: Tuesday, March 17, 2020 11:54 AM
To: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Subject: Re: Social Distancing: TF Meetings Update

Hi (b)(6) I am confident the Secretary will support this. I will let him know.

Get Outlook for iOS

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Tuesday, March 17, 2020 11:44:12 AM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] Social Distancing: TF Meetings Update

Hi Pam,

In an effort to increase social distancing in The White House, I wanted to inquire whether Secretary Wilkie would be able to call in secure to Task Force meetings moving forward? For certain meetings when he needs to be present we will of course let him know, but wanted to know if you would be open/willing to accommodate.

Thank you,

(b)(6)
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)

From: Powers, Pamela
Sent: Tue, 17 Mar 2020 18:08:18 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: Fwd: DRAFT 1: MSG TO EMPLOYEES (COVID)
Attachments: 2020 03 18-1 SECVA MSG TO EMPLOYEES (COVID).docx

Get Outlook for iOS
From: (b)(6) @va.gov>
Sent: Tuesday, March 17, 2020 2:05:34 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) Ph.D <(b)(6) va.gov>; (b)(6) (b)(6) va.gov>; Tallman, Gary <(b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>; (b)(6) (b)(6) va.gov>; (b)(6) @va.gov>; Powers, Pamela @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: DRAFT 1: MSG TO EMPLOYEES (COVID)

Updated version with edits made by SecVA. Will schedule now. Thank you.

(b)(6)

From: (b)(6) @va.gov>
Sent: Tuesday, March 17, 2020 1:57 PM
To: RLW <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) Ph.D <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Tallman, Gary <(b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: DRAFT 1: MSG TO EMPLOYEES (COVID)

Secretary Wilkie, good afternoon.

Attached and below, please find **DRAFT 1** of proposed script for your **short message to employees** on **VA's response to the COVID** pandemic.

(b)(6) s on station, and I'll ask that he **bring hardcopies to your front office**.

Reviewed, edited, and approved by (b)(6)

Do not believe a recording date has been set, yet.

Standing by for changes / redirects.

Best,

(b)(6)

Speechwriter, Office of Public &Intergovernmental Affairs
Department of Veterans Affairs | 810 Vermont Ave, NW, Suite 914, Washington, D.C. 20420
Office: 202-461-(b)(6) | Cell: 202-738-(b)(6) @VA.Gov
"There are . . . times when policies or actions are morally unacceptable to us. In this case, a courageous follower must consider refusing to participate in their implementation." *The Courageous Follower*

DRAFT 1
SECVA VIDEO MESSAGE TO EMPLOYEES (COVID)

During World War II's most desperate times, General Dwight Eisenhower visited soldiers on the front lines.

He didn't go to inspire the troops. He went to be inspired.

Today, I look to you, America's VA employees, for inspiration.

We have the noblest mission in the Federal Government.

We know what it means to serve our country.

And we know what it means never to leave a Servicemember behind.

That is what makes our mission to serve and honor Veterans and each other so important—especially during this time of great uncertainty.

We are committed to making sure that we, as a team, stay healthy and safe so we can continue to serve others.

We have implemented an aggressive public health response to protect and care for our Veterans in the face of this emergency.

VA facilities are equipped with essential items and supplies to handle an influx of coronavirus cases.

And weeks before COVID-19 was even confirmed in the US, our emergency preparedness exercises began—an essential part of VA's ability to meet the specialized healthcare needs of Veterans across this widespread challenge.

At the same time, we are not ignoring our "Fourth Mission" to help this whole nation in times of trouble.

We are working directly with other federal partners—deploying VA health care experts to support the Department of Health and Human Services and the Centers for Disease Control and Prevention.

It's thanks to your work, your devotion, and your professionalism during times of calm, VA is ready during times of crisis to surge capabilities into civilian health care systems.

It is a challenging time.

You, our VA employees, are on the front lines of courageous public service as America and the world battles the COVID-19 pandemic.

You are ready to meet this challenge.

I am inspired by all of you.

I thank you for your dedication, and for everything you do for your nation and those carrying the burden of freedom on their shoulders.

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You are ready to meet this challenge.

America is inspired by all of you.

I thank you for your dedication, and for everything you do for your nation and all of those carrying the burden of freedom on their shoulders.

From: Powers, Pamela
Sent: Tue, 17 Mar 2020 20:41:39 +0000
To: (b)(6) EOP/OMB
Cc: (b)(6) . EOP/OMB (b)(6) EOP/OMB; (b)(6) EOP/OMB (b)(6) EOP/OMB (b)(6) EOP/OVP; (b)(6) EOP/WHO;Nevins, Kristan K. EOP/WHO;Syrek, Christopher D. (Chris); (b)(6) EOP/OMB; (b)(6) (b)(6) EOP/OMB
Subject: Fwd: Report for Today
Attachments: VA_3.17.20_COVID19 Daily Report.docx

Attached is the VA agency report for today.

Of note:

• The Board of Veterans Appeals has suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. We have notified all stakeholders to include Congress, VSOs and veterans.

Thank you,
Pam

Pamela Powers
VA Chief of Staff

COVID-19 – Agency Response
3/17/2020
Department of Veterans Affairs

***Please note, new and most pertinent entries highlighted in Blue**

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units (24 major centers supporting 24,000 Veterans)
    - Instituted "No Visitor" stance (except in compassionate cases – ex: actively dying and will be limited to the specific Veteran room only) (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
    - Instituted a "No Visitor" stance (except in compassionate cases – e.g., actively dying Veteran on our hospice units and will be limited to the specific Veteran room only)
    - No admissions from the community to our CLCs; Veterans will be processed through acute care centers prior to admission
- Established national testing capability for VA facilities at Palo Alto, CA
    - The VA lab in Palo Alto has capacity to test up to 2000 patients.
    - Additionally, VA's are utilizing state labs and recently added private testing labs available across the country (LabCorp and Quest)
- VA has moved to daily crisis action leadership meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- VA will be changing their policy for healthcare workers who are exposed but asymptomatic. Previously we would quarantine them for 14 days. The impact is VA is losing large chunks of workers for periods of time. VA will go to a new posture of wearing PPE equipment and continue to work during their 14 days. Many civilian hospitals are now doing the same. (March 15, 2020)
- Chief Acquisition Officer sent Guidance Memo to Contractors regarding Health and Safety Precautions for COVID-19
- Contracting Offices will utilize increased simplified acquisition procedures under National Emergency Procedures for any VA Coronavirus support efforts
- Senior Procurement Executive (SPE) Memo to VA's Heads of Contracting Activities (HCAs) regarding Preparing for Potential Contract Performance Impacts Due to COVID-19
- VA submitted updated COVID-19 Supplemental input to OMB requesting timely, additional funds in support of VA's 4th mission: to serve both Veterans and non-Veterans in times of national emergency, including significant increases in telemedicine capabilities.
- Established accounting codes for tracking VA's COVID-19 costs in accordance with Congressional reporting requirements of 38 USC Section 1785 paragraph (e).

- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation). Also provided employees with the latest travel guidance from OPM.
- Curtailments to Medical Needs (3/16/2017)
  - Puget Sound – Elective Surgery Cancellations (4/15/20)
  - New Mexico – Elective Surgery Cancellations due 6 anesthesiologists quarantined (4/3/20)
  - Spokane – Suspended non-emergent care at least two weeks to preserve PPE
  - Oklahoma City – Canceled 13 elective surgeries to preserve PPE, continue to evaluate
  - Jackson – Reduce Substance Abuse Residential Rehabilitation Treatment Program beds from 15 to 14 to make single person room available as an isolation room
  - System-wide policy will be released in the next few days directing curtailment of routine appointments and elective surgeries at all VA facilities; VA will also restrict visitors to hospitals and encourage telehealth appointments
- Pharmaceutical Benefits Management (PBM) was provided with a list of drugs that may be affected by restricted exportation of API from India. Restriction of exportation of API for various drugs may result in a delay.
- All eight (8) Overseas Military Service Coordinators returned from their rotations. Virtual/electronic services will be deployed in one week. DoD informed. All employees are self-quarantined. (March 15, 2020)
- VA voiced interest along with DOD to OPM and OMB for relief to statutory pay caps that will impact VA's Title 5 and Title 38 workforce (nurses, providers).
- Issued guidance memorandum to the field authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- Guidance for Geriatrics & Extended Care Home & Community Based Services Programs sent to the field.
  - VA has implemented measures to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Chaplain guidance related to COVID-19 transmitted to the field
  - The VA Chaplain Services continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
  - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Managing Operations of Mental Health Unit While Managing COVID-19 sent to the field
  - Mental Health Units across the VA Health System have deployed preventative measures including screenings prior to admission and after arrival, increased stock of necessary PPE for contingency purposes, and frequent cleaning of high traffic areas.
- As of Tuesday, March 17, 2020, VBA contract vendors had reported a cumulative total of 1,216 unique Veterans whose contract examinations have been impacted by the pandemic (598 living overseas and 618 domestic).

- Insurance services is extending premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines.
- Veterans' Group Life Insurance (VGLI) Insureds provided with additional time to submit premium payments and policy lapses will be suspended. The period to submit evidence of insurability is also expanded.
- A total of 13 Transition Assistance Program related events have been cancelled across regions in Asia and Europe. Offering these transition related courses virtually to all Servicemembers and their families.
- The Board of Veterans Appeals has suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment.
- Currently, all VA national cemeteries remains open for visitation and interment as is NCA's National Scheduling Office in St. Louis, Missouri. NCA has developed continuity of operations plans to support possible reductions in staff.
- Currently, approximately 150 families have postponed scheduled memorial services citing COVID-19 concerns.
- VA is developing messaging for the public and key stakeholders (funeral homes) asking that all committal services adhere to the CDC guidelines "to avoid groups of more than 10 people"". The message will also report that volunteer and military honor guard availability may be limited based on local conditions.
- Working to reduce time to hire for reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset.

Guidance, Communication and Outreach with Stakeholders

- Secretary Wilkie sent a message regarding general Coronavirus prevention and preparedness strategies to all VA employees. (March 9, 2020)
- VHA Executive in Charge Dr. Richard Stone sent message regarding general Coronavirus prevention and preparedness strategies to all VHA employees. (March 5, 2020)
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- VA has provided over 120 guidance, informational and educational documents to employees and Veterans
- Common banners have been added to all VHA national and local websites informing individuals of changes occurring to support COVID-19 activity
- Active communication with State Veteran Homes to adopt similar COVID-19 preventative measures
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- Distributed to HCAs and Chief Logistics Officers a standardized statement of objective/performance work statement developed for disinfection of buildings - For use by any VA organization that has the need to disinfect a building due to exposure to COVID-19.
- VA continues to provide updates periodically to Congressional Staff (Committees, Delegations and Leadership) on VA's COVID-19 response posture and the numbers of VA inpatients with COVID-19 and outpatients with COVID-19 who are self-quarantined at home.

- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media if schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- Published COVID-19 information in VETResources sent to 10.6M Veterans via email. https://content.govdelivery.com/accounts/USVA/bulletins/27f1739
- Updated COVID-19 Knowledge management articles on the White House / VA Hotline.
- OEI in coordination with DoD on developing of messaging for base access at military installations by Veterans and Caregivers for the purpose of utilizing commissary and MWR facilities.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- VHA held a joint collaboration call on Monday March 16th with OMB, HHS, DOI and DHS on VA's capability to provide resources should a medical surge be necessary.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- OPIA continues to respond to a high volume of media inquiries regarding COVID-19. All responses are being cleared through the VP's Task Force
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- White House / VA Hotline remains fully operational.
- VA OGC advised National Cemetery Administration (NCA) officials that VA employees and contract personnel may continue burial operations in VA National Cemeteries notwithstanding shelter-in-place orders issued by Health Officers in several California counties. OGC advised that NCA employees engaged in burial operations are performing an essential government function and performing an essential activity, both of which provide a basis for exemption from the shelter in place requirement.
- Communications sent to the 4-Corners and Veterans Service Organizations for the suspension of all travel board, video and central office hearings until at least May 1, 2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.

Other Notable Responses

- Assessed and prioritizing needs of the supply chain, accelerating delivery of additional N95 masks, face shields and gowns; purchasing a large number of scanning thermometers to facilitate our active screening efforts at all facilities
- Assessed building and land alternative sites of care options, respiratory isolation room adequacy, and breathing machine supply
- Reviewed all cleaning contracts for NCR facilities and confirmed GSA implementation of coronavirus-specific standard cleaning tasks
- Established an emergency employee Resource Center http://vaww.va.gov/OHRM/Worklife/Pandemic/
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)

- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- VA Office of Information and Technology (OIT) established national testing capability for VA employees and clinical providers to connect remotely to the VA network
    - Remote connections are being scaled to meet the crisis requirement.
    - Additionally, we are developing simulated demand testing in our cloud environment – no impact or expectation of the user community for that testing scenario.
- Testing of VA's Virtual Private Network (VPN) Rescue and Citrix Access Gateway connections as well as response time for the Telehealth Applications in preparation of supporting the Department at large during COVID 19.
- VA just informed that the Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT is shifting unobligated activation and Infrastructure Readiness Plan (IRP) funds to meet the needs of COVID-19.
- Prioritizing Cyber Security Operations Center (CSOC) scanning.
- VA may seek congressional relief from:
    - Use of Development (vice Operations and Maintenance) funds if we need surge spending
    - Kingdomware (rule of 2)
    - Congressional notification of moving more than 25 personnel
- Telehealth Application Testing and Expansion
    - OIT continues to coordinate with the medical community to ascertain what is required to support increased Telehealth encounters as part of their response to COVID-19.
- Investigating digital health options for Covid-19 Response:
    - **VA "Health Chat" concept:** We are investigating the possibility of scaling a VHA clinical chat pilot product so that VA.gov and MHV would provide an option for patients to chat with a provider, as an alternative to calling their local VAMC.

    - **SMS-based Covid-19 protocol using ANNIE**. VHA has developed a Covid-19 protocol for the Annie chatbot service for symptom-checking and a protocol for at-home Covid-19 treatment that can be prescribed by physicians. Load testing of Annie services will occur over next several days to validate scalability.

- **Current Veteran Cases**

  *****Note, reporting will change tomorrow to include all confirmed cases and will no longer list "presumptive cases" per CDC guidance

  5 Confirmed Veterans
  1 in Palo Alto- in VA Inpatient, acute care
  1 in Southern Nevada – in VA Inpatient, ICU improving
  1 in Denver – quarantined at home

1 in Togus – quarantined at home
1 in Atlanta – quarantined at home

28 Presumptive Positive Veterans
4 in NOLA- 1 quarantined at home (discharged); 3 in VA Inpatient, acute care
1 in Denver – VA inpatient, acute care
1 in Portland- 1 in community hospital
5 in Puget Sound- 2 quarantined at home, 2 in VA Inpatient acute care, 1 in VA inpatient ICU
5 in Atlanta- 4 quarantined at home, 1 in VA Inpatient, ICU
1 in Fresno – quarantined at home
2 in Sioux Falls – 2 quarantined at home
1 in San Francisco – quarantined at home
2 in Bronx – 2 quarantined at home
1 in Tucson- VA Inpatient, Acute Care
1 White River Junction- VA Inpatient- Acute Care
1 Cleveland- VA Inpatient- Acute Care
1 Hudson Valley, NY- quarantined at home
1 in Togus- quarantined at home
1 in New Jersey – quarantined at home

Veteran Deaths
1 in Portland - 70 year old, male previously reported as presumptive positive

Staff
3 Confirmed Employees and 11 presumptive positive employees

From: Powers, Pamela
Sent: Wed, 18 Mar 2020 21:17:19 +0000
To: (b)(6) EOP/OMB
Cc: (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OVP; (b)(6) EOP/OMB;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6)
Subject: Agency Report - VA
Attachments: VA_3.18.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on response to the COVID-19.

Of particular interest:

- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected communities to provide direct counseling to those in need and making connections for them to other services and benefits.
- VA is experiencing a reduction in surgical case load due to postponing non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering complete by 3/30.
- VA is staffing the FEMA center with VA health care experts

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov

COVID-19 – Agency Response
3/18/2020
Department of Veterans Affairs

***Please note, new and most pertinent entries highlighted in Blue**

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

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- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Veterans' Group Life Insurance (VGLI) insured provided with additional time to submit premium payments and policy lapses will be suspended; period to submit evidence of insurability is also expanded.
- A total of 13 Transition Assistance Program related events have been cancelled across regions in Asia and Europe. Offering these transition related courses virtually to all Servicemembers and their families.

- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA national cemeteries remain open for visitation and interment; utilizing limited staff; approximately 295 families have postponed scheduled memorial services citing COVID-19 concerns.
- Working to reduce time to hire for reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset.
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected communities to provide direct counseling to those in need and making connections for them to other services and benefits.
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, VBA contract vendors had reported a cumulative total of 3,836 unique Veterans whose contract examinations have been impacted by the pandemic (1,028 living overseas and 2,808 domestic). This more than doubled the number of affected Veterans from the report yesterday which showed 1,216 affected Veterans.
- As of March 18, 2020, nine (9) medical centers have turned off Disability Benefits Questionnaires (DBQs). C&P exam requests in those areas will now be routed to the contract vendors.
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  1 in Cleveland – VA inpatient, acute care
  3 in Denver – 1 quarantined at home, 1 VA inpatient, acute care
  1 in Detroit – quarantined at home
  1 in Fresno – quarantined at home
  1 in Hudson Valley - quarantined at home
  1 in New Jersey – quarantined at home
  3 in New York Harbor – 2 in VA Inpatient, ICU, 1 quarantined at home
  5 in NOLA- 1 quarantined at home (discharged); 4 in VA Inpatient, acute care
  1 in Palo Alto- in VA Inpatient, acute care
  1 in Portland- 1 in community hospital
  5 in Puget Sound- 2 quarantined at home, 2 VA Inpatient acute care, 1 VA inpatient ICU
  1 in San Francisco – quarantined at home
  2 in Sioux Falls – 2 quarantined at home
  1 in Southern Nevada – VA Inpatient, ICU
  2 in Togus – 2 quarantined at home
  1 in Tomah – quarantined at home
  1 in Tucson - VA Inpatient, Acute Care
  2 in White River Junction – 1 in VA Inpatient, acute care, 1 quarantined at home

  Staff
  19 employees have tested positive employees

From: Powers, Pamela
Sent: Wed, 18 Mar 2020 21:53:44 +0000
To: Nevins, Kristan K. EOP/WHO;(b)(6) EOP/WHO
Cc: Syrek, Christopher D. (Chris)
Subject: RE: Tracking cases
Attachments: VA_3.18.20_COVID19 Daily Report.docx

I will start adding it to our email but it's also at the bottom of our document each day. See attached (note: we will change our employee info to include the info below)

From: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Sent: Wednesday, March 18, 2020 5:49 PM
To: Powers, Pamela <(b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] RE: Tracking cases

Thank you for the clarification.

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Wednesday, March 18, 2020 5:46 PM
To: Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: RE: Tracking cases

Also, we are no longer reporting "Presumptive" and "Confirmed". FDA confirmed that local test no longer require CDC confirmation so our tests are all no considered "Confirmed".

From: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Sent: Wednesday, March 18, 2020 5:34 PM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: [EXTERNAL] Tracking cases

All,

I want to thank those of you who have reached out alerting us to when you have internal presumptive positive as well as positive cases of covid-19 in your workforce. We appreciate being kept in the loop of what you are facing so we can help answer your questions. Cabinet Affairs is tracking cases in the agencies and request that you please provide the following information as they occur:

1. Begin reporting both "presumptive positive" and "confirmed positive cases" of your agency employees to Cabinet Affairs
2. Report the City, State of the case
3. If the case is at your HQS, please indicate that in your response
4. Send the information to Mary Croghan cc'd above

Please note: Agencies should only report the fact that a case has been confirmed and the location. **To protect employee privacy, the reports should not include the names of affected employees.**

Don't hesitate if you have any questions or concerns,

Kristan

COVID-19 – Agency Response
3/18/2020
Department of Veterans Affairs

***Please note, new and most pertinent entries highlighted in Blue**

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Veterans' Group Life Insurance (VGLI) insured provided with additional time to submit premium payments and policy lapses will be suspended; period to submit evidence of insurability is also expanded.
- A total of 13 Transition Assistance Program related events have been cancelled across regions in Asia and Europe. Offering these transition related courses virtually to all Servicemembers and their families.

- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA national cemeteries remain open for visitation and interment; utilizing limited staff; approximately 295 families have postponed scheduled memorial services citing COVID-19 concerns.
- Working to reduce time to hire for reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset.
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected communities to provide direct counseling to those in need and making connections for them to other services and benefits.
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, VBA contract vendors had reported a cumulative total of 3,836 unique Veterans whose contract examinations have been impacted by the pandemic (1,028 living overseas and 2,808 domestic). This more than doubled the number of affected Veterans from the report yesterday which showed 1,216 affected Veterans.
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  2 in White River Junction – 1 in VA Inpatient, acute care, 1 quarantined at home

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From: Powers, Pamela
Sent: Thu, 19 Mar 2020 13:11:53 +0000
To: (b)(6) EOP/OVP
Cc: VBAVACO
Subject: RE: School

No worries. Here to help…

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Thursday, March 19, 2020 8:34 AM
To: Powers, Pamela <(b)(6) @va.gov>
Cc: (b)(6) VBAVACO <(b)(6) @va.gov>; (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Subject: [EXTERNAL] RE: School

Pam, thank you very much. Please no apologies necessary. COVID is swamping us all. I hope this wasn't a distraction. Roger on all and I will not bug you on this again. Thanks so much!

(b)(6)

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881-(b)(6)

From: Powers, Pamela <(b)(6) va.gov>
Sent: Thursday, March 19, 2020 8:21 AM
To: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Cc: VBAVACO <(b)(6) @va.gov>
Subject: FW: School

(b)(6) sorry for not getting back to you sooner. Our folks are pretty swamped with COVID.

With regard to your questions, VA will not be meeting with Career Education Corporation (CEC) based on advice of (b)(5)

(b)(5)

-

(b)(5)

If you have any additional questions, please let me know. Hope this helps.

Best,
Pam

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Tuesday, March 17, 2020 3:16 PM
To: Powers, Pamela <(b)(6)@va.gov>
Cc: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Subject: [EXTERNAL] RE: School

Thanks, Pam. I took a phone call with CEC. They basically have two questions:

1. (b)(5)
2.

Happy to chat tomorrow if easiest.

And to be clear – I am not advocating for (b)(5) (b)(5) I am all about protecting our Vets!

Thanks!
(b)(6)

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881-(b)(6)

From: Powers, Pamela <(b)(6)@va.gov>
Sent: Tuesday, March 17, 2020 2:17 PM
To: (b)(6) EOP/OVP (b)(6)@ovp.eop.gov>
Subject: School

(b)(6) not sure if it helps but attached is why we took action. We had (b)(5) (b)(5)

Get Outlook for iOS

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 16:09:37 +0000
To: (b)(6) EOP/OMB
Subject: FW: VA COVID-19 HR Asks
Attachments: 38 U.S.C. Chapter 74 subchapter VII 7481-74xx Aggregate Pay WMC HR CoE.docx, Proposed Emergency Legislation to address COVID - oav-03-18-2020 (006).docx, housekeeping.docx

FYI.

From: Sitterly, Daniel <(b)(6) @va.gov>
Sent: Thursday, March 19, 2020 10:22 AM
To (b)(6) @omb.eop.gov; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Cc (b)(6) @opm.gov; Powers, Pamela <(b)(6) @va.gov>; Mayo, Jeffrey (b)(6) @va.gov>
Subject: VA COVID-19 HR Asks

Team,

At the noon meeting today, I would like to discuss the best avenue to get the 3 attached legislative proposals addressed … medical provider pay, appointments, and housekeeping aids.

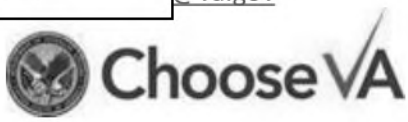
Additionally, we are working very closely with (b)(6) team on policies to allow us to get reemployed annuitants onboarded quickly…we are asking for the following temporary authorities:

(b)(5)

Thanks … Stay Healthy, vr Dano

Daniel R. Sitterly
Assistant Secretary for Human Resources and Administration/
Operations, Security, and Preparedness
Department of Veterans Affairs

Office Phone (202) 461-(b)(6)
Cell Phone (202) 706(b)(6)
(b)(6)@va.gov



Number: Veterans Health Administration (VHA) National Emergency Authority – VHANEA-1

Title: Addition of Subchapter VII to 38 U.S.C. Chapter 74 – VHA Authority During A National Emergency

Previous History: (b)(5)

Proposed Legislative Authority: (b)(5)

Justification: (b)(5)

(b)(5)

Legislative Text:

38 U.S.C. 7481 Veterans Health Administration compensation authority during an emergency

(a) *When an emergency exists* -

(1) *Definition.* An emergency must meet either (i) or (ii) below and *all* of the remaining following conditions:

(i) It is a national emergency which has been declared by the President or Congress, or;

(ii) It is an emergency which has been declared in a U.S. State, Commonwealth or territory by the Governor or other appropriate official, and:

(ii) It involves a danger to the United States' safety, security, or stability that results from specified circumstances or conditions that impacts, or has the potential to impact, the health of Veterans.

(iii) It requires a national or state-wide response specifically intended to combat the threat to national safety, security, or stability.

(b) *Basic authority.* The Secretary may adjust or remove current limitations on compensation for all VHA employees during a declared national or state emergency as follows.

(c) *Designation of individuals providing services incident to direct patient-services:* When the Secretary determines it to be necessary in order to meet the increased demand during an emergency, the Secretary may make a temporary determination that will remain in effect for the duration of the emergency or a shorter period of time, that will allow any individual employed in the Veterans Health Administration, except those specifically excluded, to be designated as a Healthcare worker as defined by section 7455(a)(2)(B). This determination may be made on a nationwide, local, or other geographic basis, and may be limited by occupation or specialty as deemed appropriate.

(d) *Annual pay limitation:* During an emergency as defined in section 7481(a) of this subchapter the maximum rate of basic pay for any grade for a covered position in VHA, except for VHA physicians, dentists, podiatrists, and certified registered nurse anesthetists, may not exceed the maximum rate of basic pay established for positions in level II of the Executive Schedule under section 5313 of title 5.

(e) *Additional Pay for Physicians*: In addition to the elements of pay provided to physicians, a full-time or part-time physician performing service during any period of time associated with the emergency period, shall receive additional pay on the same basis as provided for nurses in section 7453 of this title, except that the minimum period of time which a physician may be provided additional pay is one hour in duration.

(f) *Aggregate pay limitation:* During an emergency, VHA employees will not be subject to an aggregate pay limitation for any calendar year in which they receive compensation during an emergency.

(1) Aggregate and Annual pay limitation.

(a) In an emergency, the total amount of compensation paid in any calendar year, to a physician, podiatrist, or dentist, nurse executive, or pharmacist executive under this title may exceed aggregate compensation higher than the amount specified in section 102 of title 3.

(b) In an emergency, the total amount of compensation paid in any calendar year, to a certified registered nurse anesthetists appointed under 38 U.S.C. 7306, 7401(1), and 7405 may exceed aggregate compensation higher than the amount specified in section 104 of title 3.

(c) In an emergency, the total amount of compensation paid in any calendar year, to employees appointed under 38 U.S.C. 7401(1), other than physicians, podiatrists and dentists, may exceed aggregate compensation higher than the amount specified in section 5307 of title 5.

(d) In an emergency, the total amount of compensation paid in any calendar year, to employees appointed under 38 U.S.C. 7401(3) and title 5 in the Veterans Health Administration, may exceed aggregate compensation higher than the amount specified in section 5307 of title 5; and may exceed the annual limitation on premium pay as specified in section 5547 of title 5.

(2) *Termination of an emergency.* A national emergency no longer exists if it is officially terminated by the President or Congress. For an emergency declared for a U.S. State, Commonwealth or Territory, the emergency ends when the Governor or other appropriate official terminates the emergency. In either circumstance, when an official termination has not been issued, the emergency no longer exists when the *specific* circumstances, conditions, or program cited in the original declaration are terminated or corrected.

Coordination With Relevant Parties:

VHA Office(s): VHA Workforce Services
POC: Jessica Bonjorni
Leadership Concurrence:

Date:

Proposed Temporary Legislative Authority to modify and amend Title 38 of the United States Code (USC) to waive the requirement to determine that it is not possible to recruit a qualified citizen to provide necessary services.

(b)(5)

Proposed Temporary Legislative Authority to except the hiring requirements under Title 5 of the USC for preference eligibles

(b)(5)

(b)(5)

Proposal. (b)(5)

(b)(5)

Changes to Existing Law: (b)(5)

(b)(5)

Justification: (b)(5)

(b)(5)

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 16:43:17 +0000
To: (b)(6) EOP/OMB
Subject: RE: VA COVID-19 HR Asks

Do you sit in on the daily EPMC call?

(b)(6) wants to do some high level comms on this change…. I.e. this showcases how the federal government is working across (b)(5) (b)(5) I will get our comms folks to work with WH Comms. If you have anything you would like to include, let me know.

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Thursday, March 19, 2020 12:24 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: VA COVID-19 HR Asks

Excellent This one came around earlier and has high visibility.

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Thursday, March 19, 2020 12:21 PM
To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Subject: RE: VA COVID-19 HR Asks

Just got one win… OPM just signed the Delegation of Authority to Approve Dual Comp Waivers. This will help us for sure.

From (b)(6) EOP/OMB <(b)(6) omb.eop.gov>
Sent: Thursday, March 19, 2020 12:11 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: VA COVID-19 HR Asks

Yup. Working it now.

From: Powers, Pamela (b)(6) @va.gov>
Sent: Thursday, March 19, 2020 12:10 PM
To: (b)(6) EOP/OMB <(b)(6) omb.eop.gov>
Subject: FW: VA COVID-19 HR Asks

FYI.

From: Sitterly, Daniel <(b)(6) @va.gov>
Sent: Thursday, March 19, 2020 10:22 AM
To: (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>

Cc: (b)(6) @opm.gov; Powers, Pamela <(b)(6) @va.gov>; Mayo, Jeffrey (b)(6) @va.gov>
Subject: VA COVID-19 HR Asks

Team,

At the noon meeting today, I would like to discuss the best avenue to get the 3 attached legislative proposals addressed … medical provider pay, appointments, and housekeeping aids.

Additionally, we are working very closely with (b)(6) team on policies to allow us to get reemployed annuitants onboarded quickly…we are asking for the following temporary authorities:

(b)(5)

Thanks … Stay Healthy, vr Dano

Daniel R. Sitterly
Assistant Secretary for Human Resources and Administration/
Operations, Security, and Preparedness
Department of Veterans Affairs

Office Phone (202) 461-(b)(6)
Cell Phone (202) 706-(b)(6)
(b)(6) @va.gov

ChooseVA

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 17:10:30 +0000
To: (b)(6) EOP/OVP
Subject: RE: VA-COVID-19 - Wearable Sensors

Let me check.

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Thursday, March 19, 2020 1:01 PM
To: Powers, Pamela (b)(6)@va.gov>
Cc: (b)(6) EOP/OVP <(b)(6) ovp.eop.gov>
Subject: [EXTERNAL] VA-COVID-19 - Wearable Sensors

Hi Pam,

Sorry to keep bugging you. We are hearing that the VA is close to moving out on attached (b)(5)
(b)(5)

Thanks!
(b)(6)

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881-(b)(6)

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 17:44:25 +0000
To: (b)(6) EOP/WHO
Subject: RE: VA Policy Options
Attachments: VA_3.18.20_COVID19 Daily Report.docx

We have a 3pm Crisis Action Team call each day so could do it before or after. I will say, some of this was in my daily wrap up. Did you give a copy to (b)(6) There are a lot of things we are doing on the financial side and the healthcare surge side. For example:

(b)(5)

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Thursday, March 19, 2020 1:37 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] VA Policy Options

Pam,

(b)(6) wants to meet later today at around 3 to walk through potential additional VA options and I'd like to give him some options with a view to feasibility as well.

As I see it, the three buckets for consideration are:

1. (b)(5)
2.
3.

I know you couldn't be busier and many of these things are already underway – is there anyone I can touch base with for a few minutes on these to get VA perspective and insight relatively quickly?

Any background info you might already have on these (including our Caregivers discussion), would be eager to look at – I appreciate the daily updates a lot.

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

COVID-19 – Agency Response
3/18/2020
Department of Veterans Affairs

***Please note, new and most pertinent entries highlighted in Blue**

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Veterans' Group Life Insurance (VGLI) insured provided with additional time to submit premium payments and policy lapses will be suspended; period to submit evidence of insurability is also expanded.
- A total of 13 Transition Assistance Program related events have been cancelled across regions in Asia and Europe. Offering these transition related courses virtually to all Servicemembers and their families.

- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA national cemeteries remain open for visitation and interment; utilizing limited staff; approximately 295 families have postponed scheduled memorial services citing COVID-19 concerns.
- Working to reduce time to hire for reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset.
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected communities to provide direct counseling to those in need and making connections for them to other services and benefits.
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, VBA contract vendors had reported a cumulative total of 3,836 unique Veterans whose contract examinations have been impacted by the pandemic (1,028 living overseas and 2,808 domestic). This more than doubled the number of affected Veterans from the report yesterday which showed 1,216 affected Veterans.
- As of March 18, 2020, nine (9) medical centers have turned off Disability Benefits Questionnaires (DBQs). C&P exam requests in those areas will now be routed to the contract vendors.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- Submitted updated COVID-19 Supplemental input to OMB on March 17, 2020
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Continuing discussions to determine best way to get accurate forecast of future patients and requirements to ensure appropriate augmentation of supplies. Current need: portable beds (bed expansion program), ventilators, and personal protection equipment.
- VA OIT/OALC brokered a deal with Citrix to aggressively increase the telework capacity of the Department.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Preparing a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.

- In consultation with VA OGC, VA's Senior Procurement Executive issued guidance that, with the President's declaration of a National Emergency, the procurement flexibilities in FAR subpart 18.2, may be applied.

Guidance, Communication and Outreach with Stakeholders

- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- VA continues to provide updates periodically to Congressional Staff (Committees, Delegations and Leadership) on VA's COVID-19 response posture and the numbers of VA inpatients with COVID-19 and outpatients with COVID-19 who are self-quarantined at home.
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- OPIA continues to respond to a high volume of media inquiries regarding COVID-19. All responses are being cleared through the VP's Task Force
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- White House / VA Hotline remains fully operational.
- Communications sent to the 4-Corners and Veterans Service Organizations for the suspension of all travel board, video and central office hearings until at least May 1, 2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices. The devices reduce isolation in the vulnerable population. Additionally, VA is exploring possibilities for the Portal devices to be used for telehealth with VA and community medical providers; estimated launch (3/30/2020).
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).

Other Notable Responses

- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- VA Office of Information and Technology (OIT) established national testing capability for VA employees and clinical providers to connect remotely to the VA network
    - Remote connections are being scaled to meet the crisis requirement.
    - Additionally, we are developing simulated demand testing in our cloud environment – no impact or expectation of the user community for that testing scenario.
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.

- **Current Veteran Cases**

  49 Veterans
  1 in Ann Arbor - VA Inpatient, acute care
  8 in Atlanta – 7 quarantined at home, 1 in VA Inpatient, ICU
  2 in Bronx – 2 quarantined at home
  1 in Cleveland – VA inpatient, acute care
  3 in Denver – 1 quarantined at home, 1 VA inpatient, acute care
  1 in Detroit – quarantined at home
  1 in Fresno – quarantined at home
  1 in Hudson Valley - quarantined at home
  1 in New Jersey – quarantined at home
  3 in New York Harbor – 2 in VA Inpatient, ICU, 1 quarantined at home
  5 in NOLA- 1 quarantined at home (discharged); 4 in VA Inpatient, acute care
  1 in Palo Alto- in VA Inpatient, acute care
  1 in Portland- 1 in community hospital
  5 in Puget Sound- 2 quarantined at home, 2 VA Inpatient acute care, 1 VA inpatient ICU
  1 in San Francisco – quarantined at home
  2 in Sioux Falls – 2 quarantined at home
  1 in Southern Nevada – VA Inpatient, ICU
  2 in Togus – 2 quarantined at home
  1 in Tomah – quarantined at home
  1 in Tucson - VA Inpatient, Acute Care
  2 in White River Junction – 1 in VA Inpatient, acute care, 1 quarantined at home

  Staff
  19 employees have tested positive employees

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 17:55:05 +0000
To: (b)(6) EOP/WHO
Subject: FW: VA COVID-19 HR Asks
Attachments: 38 U.S.C. Chapter 74 subchapter VII 7481-74xx Aggregate Pay WMC HR CoE.docx, Proposed Emergency Legislation to address COVID - oav-03-18-2020 (006).docx, housekeeping.docx

On the "get healthcare workers on quicker"…we have a lot of efforts underway and OMB has been very helpful. See the ask at the beginning of the email trail. These areas will help us bring on retired employees and onboard employees faster. But we're speeding things up on our end as well.

From: (b)(6) EOP/OMB (b)(6) s@omb.eop.gov>
Sent: Thursday, March 19, 2020 1:29 PM
To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Cc: Sitterly, Daniel (b)(6) @va.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) @opm.gov; Powers, Pamela (b)(6) va.gov>; Mayo, Jeffrey (b)(6) @va.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) omb.eop.gov>
Subject: [EXTERNAL] RE: VA COVID-19 HR Asks

We should see what the answer to #1 is (OPM or VA weigh in?) before setting up a call.

From: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Sent: Thursday, March 19, 2020 1:24 PM
To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Cc: Sitterly, Daniel (b)(6) @va.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) @opm.gov; Powers, Pamela (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) omb.eop.gov>
Subject: RE: VA COVID-19 HR Asks

+ (b)(6)

From: (b)(6) EOP/OMB (b)(6) omb.eop.gov>
Sent: Thursday, March 19, 2020 12:50 PM
To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Cc: Sitterly, Daniel (b)(6) @va.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) omb.eop.gov>; (b)(6) opm.gov; Powers, Pamela (b)(6) @va.gov>; Mayo, Jeffrey (b)(6) @va.gov>
Subject: Re: VA COVID-19 HR Asks

Hi, (b)(6)

Can you forward the attachments? Happy to set up some time to discuss.

Sent from my iPhone

On Mar 19, 2020, at 12:43 PM, (b)(6) EOP/OMB (b)(6) @omb.eop.gov> wrote:

-Minus some from chain, plus OIRA.

On the regulatory changes:

1. (b)(5)
2.
3.

From: Sitterly, Daniel <(b)(6) @va.gov>
Sent: Thursday, March 19, 2020 10:22 AM
To: DL OMB Dir Office OMB_COVID19OPS (b)(6) @omb.eop.gov>; (b)(6) OP/OMB (b)(6) @omb.eop.gov>
Cc: (b)(6) @opm.gov; Powers, Pamela <(b)(6) @va.gov>; Mayo, Jeffrey (b)(6) @va.gov>
Subject: VA COVID-19 HR Asks

Team,

At the noon meeting today, I would like to discuss the best avenue to get the 3 attached legislative proposals addressed … medical provider pay, appointments, and housekeeping aids.

Additionally, we are working very closely with (b)(6) team on policies to allow us to get reemployed annuitants onboarded quickly…we are asking for the following temporary authorities:

(b)(5)

(b)(5)

Thanks … Stay Healthy, vr Dano

Daniel R. Sitterly
Assistant Secretary for Human Resources and Administration/
Operations, Security, and Preparedness
Department of Veterans Affairs

Office Phone (202) 461-(b)(6)
Cell Phone (202) 706-(b)(6)
(b)(6)@va.gov
<image001.jpg>

Number: Veterans Health Administration (VHA) National Emergency Authority – VHANEA-1

Title: Addition of Subchapter VII to 38 U.S.C. Chapter 74 – VHA Authority During A National Emergency

Previous History: (b)(5)

Proposed Legislative Authority: (b)(5)

Justification: (b)(5)

(b)(5)

Legislative Text:

38 U.S.C. 7481 Veterans Health Administration compensation authority during an emergency

(a) *When an emergency exists* -

(1) *Definition.* An emergency must meet either (i) or (ii) below and *all* of the remaining following conditions:

(i) It is a national emergency which has been declared by the President or Congress, or;

(ii) It is an emergency which has been declared in a U.S. State, Commonwealth or territory by the Governor or other appropriate official, and:

(ii) It involves a danger to the United States' safety, security, or stability that results from specified circumstances or conditions that impacts, or has the potential to impact, the health of Veterans.

(iii) It requires a national or state-wide response specifically intended to combat the threat to national safety, security, or stability.

(b) *Basic authority.* The Secretary may adjust or remove current limitations on compensation for all VHA employees during a declared national or state emergency as follows.

(c) *Designation of individuals providing services incident to direct patient-services:* When the Secretary determines it to be necessary in order to meet the increased demand during an emergency, the Secretary may make a temporary determination that will remain in effect for the duration of the emergency or a shorter period of time, that will allow any individual employed in the Veterans Health Administration, except those specifically excluded, to be designated as a Healthcare worker as defined by section 7455(a)(2)(B). This determination may be made on a nationwide, local, or other geographic basis, and may be limited by occupation or specialty as deemed appropriate.

(d) *Annual pay limitation:* During an emergency as defined in section 7481(a) of this subchapter the maximum rate of basic pay for any grade for a covered position in VHA, except for VHA physicians, dentists, podiatrists, and certified registered nurse anesthetists, may not exceed the maximum rate of basic pay established for positions in level II of the Executive Schedule under section 5313 of title 5.

(e) *Additional Pay for Physicians*: In addition to the elements of pay provided to physicians, a full-time or part-time physician performing service during any period of time associated with the emergency period, shall receive additional pay on the same basis as provided for nurses in section 7453 of this title, except that the minimum period of time which a physician may be provided additional pay is one hour in duration.

(f) *Aggregate pay limitation:* During an emergency, VHA employees will not be subject to an aggregate pay limitation for any calendar year in which they receive compensation during an emergency.

(1) Aggregate and Annual pay limitation.

(a) In an emergency, the total amount of compensation paid in any calendar year, to a physician, podiatrist, or dentist, nurse executive, or pharmacist executive under this title may exceed aggregate compensation higher than the amount specified in section 102 of title 3.

(b) In an emergency, the total amount of compensation paid in any calendar year, to a certified registered nurse anesthetists appointed under 38 U.S.C. 7306, 7401(1), and 7405 may exceed aggregate compensation higher than the amount specified in section 104 of title 3.

(c) In an emergency, the total amount of compensation paid in any calendar year, to employees appointed under 38 U.S.C. 7401(1), other than physicians, podiatrists and dentists, may exceed aggregate compensation higher than the amount specified in section 5307 of title 5.

(d) In an emergency, the total amount of compensation paid in any calendar year, to employees appointed under 38 U.S.C. 7401(3) and title 5 in the Veterans Health Administration, may exceed aggregate compensation higher than the amount specified in section 5307 of title 5; and may exceed the annual limitation on premium pay as specified in section 5547 of title 5.

(2) *Termination of an emergency.* A national emergency no longer exists if it is officially terminated by the President or Congress. For an emergency declared for a U.S. State, Commonwealth or Territory, the emergency ends when the Governor or other appropriate official terminates the emergency. In either circumstance, when an official termination has not been issued, the emergency no longer exists when the *specific* circumstances, conditions, or program cited in the original declaration are terminated or corrected.

Coordination With Relevant Parties:

VHA Office(s): VHA Workforce Services
POC: Jessica Bonjorni
Leadership Concurrence:

Date:

Proposed Temporary Legislative Authority to modify and amend Title 38 of the United States Code (USC) to waive the requirement to determine that it is not possible to recruit a qualified citizen to provide necessary services.

(b)(5)

Proposed Temporary Legislative Authority to except the hiring requirements under Title 5 of the USC for preference eligibles

(b)(5)

(b)(5)

Proposal. (b)(5)

(b)(5)

Changes to Existing Law: (b)(5)

(b)(5)

Justification: (b)(5)

(b)(5)

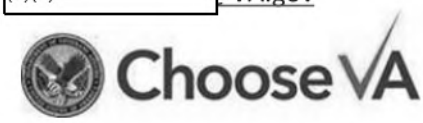
From: Powers, Pamela
Sent: Thu, 19 Mar 2020 20:53:30 +0000
To: (b)(6)
EOP/OMB(b)(6)@omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP(b)(6) EOP/OMB;Syrek, Christopher D. (Chris);(b)(6)
EOP/WHO(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.19.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to the COVID-19.

Of note, we have 23 VA Employees with COVID-19 at the following locations:
2 Denver, CO
1 Boise City, ID
3 Las Vegas, NV
5 Seattle, WA
1 Houston, TX
1 Miami, FL
1 Indianapolis, IN
1 Detroit, MI
1 Washington, DC
2 New York, NY
1 Nashville, TN
1 Albequeque, NM
3 Palo Alto, CA

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov



COVID-19 – Agency Response
3/19/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- VA considering draft VA legislation that would temporarily lift the pay limit for physicians and for Title 38 Hybrids, Title 5 employees and nurses to support additional hours worked to address emergency needs during the COVID-19 public health emergency. The legislation would also waive the aggregate pay limit under 38 U.S.C. § 7431 for Veterans Health Administration (VHA) physicians performing work during the COVID-19 public health emergency.
- Secured Abbott purchase of 125,000 testing kits and coordinating to receive 64,000 bottles of Hand Sanitizer
- Shipped out 60,870 N-95 masks to 28 different facilities
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- As of close of business on Wednesday, March 18, 2020, VBA contract vendors had reported a cumulative total of **5,632** unique Veterans whose contract examinations have been impacted by the pandemic (1,186 living overseas and 4,446 domestic). The report yesterday showed 3,836 affected Veterans.
- The Warrior Training Advancement Course (WARTAC) sessions at Ft Carson in Colorado, Ft Stewart in Georgia and Ft Hood in Texas (Texas) were all cut short.
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- VA national cemeteries remain open for visitation and interment; utilizing limited staff; approximately 500 families have postponed scheduled services citing COVID-19 concerns; will stop all ceremonies starting on March 23rd.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.

Guidance, Communication and Outreach with Stakeholders

- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- Executive in Charge of VHA, Dr. Richard Stone, hosted a conference call with Members of the Senate Veterans Affairs Committee to discuss our funding request and answer general questions on VA's response to COVID 19.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- As of March 17, 2020, Hotline Calls for COVID-19 ramped up to over 100 calls per day, a 20% increase from the previous day; working mitigation strategies to reduce wait times.

Other Notable Responses

- **Current COVID-19 Cases:**
    - 85 Veterans:

      1 in Ann Arbor - VA Inpatient, acute care
      8 in Atlanta – 7 quarantined at home, 1 in VA Inpatient, ICU
      2 in Bronx – 2 quarantined at home
      1 in Cleveland – VA inpatient, acute care
      2 in Columbia (SC) – 2 quarantined at home
      1 in Dayton – VA Inpatient, ICU
      4 in Denver – 2 quarantined at home, 2 VA inpatient, acute care
      1 in Detroit – quarantined at home
      1 in Fresno – quarantined at home
      2 in Hudson Valley – 2 quarantined at home
      1 in Lebanon – quarantined at home
      2 in Long Beach – 1 in VA Inpatient, acute care, 1 quarantined at home
      1 in Miami – VA Inpatient, acute care
      1 in New Jersey – quarantined at home
      7 in New York Harbor – 3 in VA Inpatient, ICU, 3 quarantined at home 1 in VA Inpatient, acute care
      25 in NOLA- 17 quarantined at home (1 discharged); 7 in VA Inpatient, acute care; 1 in VA Inpatient, ICU
      2 in Palo Alto- 1 in VA Inpatient, acute care, 1 quarantined at home
      4 in Portland- 1 in community hospital, 2 in VA Inpatient, acute care
      7 in Puget Sound- 3 quarantined at home, 3 VA Inpatient acute care, 1 VA inpatient ICU
      1 in San Francisco – quarantined at home
      1 in San Juan – quarantined at home
      2 in Sioux Falls – 2 quarantined at home
      1 in Southern Nevada – VA Inpatient, ICU
      2 in Togus – 2 quarantined at home
      1 in Tomah – quarantined at home
      1 in Tucson - VA Inpatient, Acute Care
      1 in West Palm Beach – quarantined at home
      2 in White River Junction – 1 in VA Inpatient, acute care, 1 quarantined at home

    - 23 VA Employees:

      2 Denver, CO
      1 Boise City, ID
      3 Las Vegas, NV
      5 Seattle, WA
      1 Houston, TX
      1 Miami, FL
      1 Indianapolis, IN
      1 Detroit, MI
      1 Washington, DC
      2 New York, NY

1 Nashville, TN
1 Albequeque, NM
3 Palo Alto, CA

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- A total of 13 Transition Assistance Program related events have been cancelled across regions in Asia and Europe. Offering these transition related courses virtually to all Servicemembers and their families.
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected

communities to provide direct counseling to those in need and making connections for them to other services and benefits.

- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, nine (9) medical centers have turned off Disability Benefits Questionnaires (DBQs). C&P exam requests in those areas will now be routed to the contract vendors.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- Submitted updated COVID-19 Supplemental input to OMB on March 17, 2020
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- VA OIT/OALC brokered a deal with Citrix to aggressively increase the telework capacity of the Department.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- In consultation with VA OGC, VA's Senior Procurement Executive issued guidance that, with the President's declaration of a National Emergency, the procurement flexibilities in FAR subpart 18.2, may be applied.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- VA continues to provide updates periodically to Congressional Staff (Committees, Delegations and Leadership) on VA's COVID-19 response posture and the numbers of VA inpatients with COVID-19 and outpatients with COVID-19 who are self-quarantined at home.
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.

- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- OPIA continues to respond to a high volume of media inquiries regarding COVID-19. All responses are being cleared through the VP's Task Force
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- White House / VA Hotline remains fully operational.
- Communications sent to the 4-Corners and Veterans Service Organizations for the suspension of all travel board, video and central office hearings until at least May 1, 2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices. The devices reduce isolation in the vulnerable population. Additionally, VA is exploring possibilities for the Portal devices to be used for telehealth with VA and community medical providers; estimated launch (3/30/2020).
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- VA Office of Information and Technology (OIT) established national testing capability for VA employees and clinical providers to connect remotely to the VA network
    - Remote connections are being scaled to meet the crisis requirement.
    - Additionally, we are developing simulated demand testing in our cloud environment – no impact or expectation of the user community for that testing scenario.
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 21:32:26 +0000
To: (b)(6) OP/WHO
Subject: Re: Policy Ideas

(b)(6) on face value, we can't take on more policy changes in the middle of a crisis, unless it specifically helps for C
Get Outlook for iOS
From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Thursday, March 19, 2020 5:26:12 PM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: [EXTERNAL] Policy Ideas

Thoughts on the below policy options? I think many of these are underway.

1. **Expand Vet Health Care Choices**
   - (b)(5)
2. **Get VA Money into Economy and to Vets**
   - (b)(5)
3. **Utilize full capacity for Corona Response**
   - (b)(5)

- (b)(5)

- **Re-engage retired healthcare professionals**
  - (b)(5)

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 21:42:18 +0000
To: RLW;(b)(6) EOP/WHO
Subject: Re: Private Hospital Cancellations - NOLA

(b)(6) Secretary Wilkie asked me to let you know that his call went well with the Governor. He informed him that we will continue working with him but right now because NO has the largest population of veterans with COVID-19, we will maintain that space for veterans. Governor understood that veterans come first.
Get Outlook for iOS
From: RLW <(b)(6)@va.gov>
Sent: Thursday, March 19, 2020 4:39:34 PM
To: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Cc: Powers, Pamela <(b)(6)@va.gov>
Subject: FW: Private Hospital Cancellations - NOLA

(b)(6)
Major hospital systems in New Orleans still doing elective surgeries. See below—they are all bigger than we are (except Tulane).

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6)@va.gov>
Date: Thursday, Mar 19, 2020, 4:26 PM
To: RLW <(b)(6)@va.gov>
Subject: FW: Private Hospital Cancellations - NOLA

FYI

From: Rivera, Fernando O. (NOLA) (b)(6)@va.gov>
Date: Thursday, Mar 19, 2020, 3:24 PM
To: (b)(6)@va.gov>
Subject: FW: Private Hospital Cancellations - NOLA

Update status:
Ochsner – case by case, determination on policy change is imminent
E Jeff – patient/doctor decision, no systemwide changes
Tulane – (still working on it)
Children's – no elective surgery

Fernando O. Rivera
CEO/Medical Center Director
Southeast Louisiana Veterans HCS

From: Rivera, Fernando O. (NOLA)
Sent: Monday, March 16, 2020 12:03 PM
To: (b)(6) @va.gov>
Subject: Private Hospital Cancellations - NOLA

Following up on our conversation from earlier. Below is the latest on 5 large private hospitals in the New Orleans area.

Ochsner leadership is discussing postponing some surgical cases but has made no announcement yet.

Children's – right now at the discretion of surgeon; head of OR was asked to submit a list of cases that could be postponed. Decision on that will probably happen today.

UMC has cancelled elective procedures

Tulane – discussion is ongoing, working out the parameters of "elective."

E Jeff – no changes yet to OR but have closed their wellness center.

Fernando O. Rivera
CEO/Medical Center Director
Southeast Louisiana Vetertans HCS

From: Powers, Pamela
Sent: Thu, 19 Mar 2020 22:06:04 +0000
To: (b)(6) EOP/OMB
Cc: Sitterly, Daniel
Subject: FW: Comms for the Delegation of Authority to Approve Dual Comp Waivers
Attachments: OPM-VA draft release 3.docx

(b)(6) per your conversation/request on the call today, VA is working on a press release (draft attached) and already sent out the below posts. If you have any suggestions/changes you would like on the draft release, please let us know. It's in coordination with WH now.

This is definitely a good news story!

Related posts on social media for use:

LinkedIn: https://www.linkedin.com/feed/update/urn:li:activity:6646494981236277249
Facebook:
https://www.facebook.com/vacareers/photos/a.382136214757/10158086634589758/?type=3&theater

Instagram: https://www.instagram.com/p/B97Y6jLFzYH/?utm_source=ig_web_copy_link
Twitter: https://twitter.com/vacareers/status/1240735336692625408

March 19, 2020

VA, OPM work hand-in-hand to bolster VA medical staff during Coronavirus outbreak

The Trump administration's Office of Personnel Management (OPM) on Thursday approved a request from the Department of Veterans Affairs (VA) to waive a section of federal law to ensure VA health care facilities have enough medical staff on-hand to deal with the Coronavirus outbreak.

Under federal law, VA has the authority to rehire retired health care workers as needed. When they are rehired, their salaries are normally reduced to reflect the retirement annuity they are already receiving.

But when there is an exceptional difficulty in recruiting or retaining employees, this salary reduction can be waived in order to maintain adequate staffing levels.

On Wednesday, March 18th, VA asked OPM for such a waiver in order to give the department surge capacity as needed, in the event the outbreak worsens. The wavier is also an insurance policy in the event that childcare obligations or the need to care for parents or older relatives make it more difficult for VA employees to make it to work.

Just one day later, on March 19th, OPM approved VA's request for dozens of occupations including physicians, nurses, pharmacists, laboratory technicians, respiratory therapists and many more.

VA Secretary Robert Wilkie praised OPM's quick action as the latest example of how departments across the Trump administration are working together to keep Americans safe.

"OPM's fast action will ensure a higher quality of care for our patients, and could end up saving lives," Wilkie said. "These sorts of waiver requests usually take much longer, and on behalf of all the Veterans we serve, I thank OPM for its quick decision."

OPM's waiver authority expires after one year, and VA expects it will be able to use it to begin hiring retired workers as needed as early as next week.

# # #

From: Powers, Pamela
Sent: Fri, 20 Mar 2020 12:22:34 +0000
To: (b)(6) EOP/OVP
Subject: RE: Secure Call-in Number

Copy. Thanks (b)(6)

From: (b)(6) EOP/OVP <(b)(6) ovp.eop.gov>
Sent: Friday, March 20, 2020 8:12 AM
To: Powers, Pamela (b)(6) va.gov>
Subject: [EXTERNAL] Secure Call-in Number

Hi Pam – here is the secure dial-in for this morning!

Please have your secure voice participant call us at 534-(b)(6)

Thanks,

(b)(6)
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(202) 881-(b)(6)

From: (b)(6)
Sent: Fri, 20 Mar 2020 19:26:31 +0000
To: (b)(6) EOP/WHO
Subject: Re: Telework?

Yes. Please call (b)(6)

Thank you

Get Outlook for iOS
From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 3:14 PM
To: (b)(6)
Subject: [EXTERNAL] FW: Telework?

Hey (b)(6)

Sorry for any confusion this afternoon!

Should I call (b)(6) about the equipment, or are we good on that front?

Best,
(b)(6)

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 2:04 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) OGC) <(b)(6) @va.gov>
Subject: Re: Telework?

Thank you (b)(6)

(b)(6) this will tremendously help us if you can ensure she turns all VA equipment back

I will confirm If any what was signed out

(b)(6)
Get Outlook for iOS

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 2:00:51 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; '(b)(6) EOP/WHO'

(b)(6) @who.eop.gov>; (b)(6) @va.gov (b)(6) @va.gov>
Subject: RE: Telework?

Oh wow, ok. We had no idea she was leaving. Thank you for letting me know, I will do her payroll for this week then next week (no pay) accordingly.

She will still need to outprocess from VA – and importantly, turn in her VA phone and VA laptop.
I do understand you don't want to give out her number - it's fine - but if not could you please ask her to call me at 202.873.(b)(6) or (b)(6) at 202.285(b)(6)? It's important.

Thank you,(b)(6)
(b)(6)

From (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:24 PM
To: (b)(6) va.gov>
Subject: Re: Telework?

(b)(6) has still been going in to the White House on a daily basis. I spoke to Emily last night.

As a matter of fact, today is (b)(6) s last day with the Department of Veterans Affairs. Starting Monday, she will be with HHS. Apparently she still has a cellphone and laptop from VA.

Get Outlook for iOS

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:18:26 PM
To: (b)(6) @va.gov>
Subject: RE: Telework?

OK, I will annotate that as noted – thank you.
I need to call (b)(6) about her timecard, do you have a good number for her?

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:17 PM
To: (b)(6) @va.gov>
Subject: Re: Telework?

I was actually in the office all day on Wednesday.

I will go in on an as needed basis.

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From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:14:32 PM
To: (b)(6) @va.gov>
Subject: RE: Telework?

I know, right?
OK so should I put you down as teleworking for this whole week? I have to annotate telework status (or lack thereof) on all the timecards.

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:13 PM
To: (b)(6) @va.gov>
Subject: Re: Telework?

Holy crap.

Stay safe and stay hunkered down.

Get Outlook for iOS

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:10:43 PM
To: (b)(6) @va.gov>
Subject: RE: Telework?

Yes – hunkered down in my place with my laptop. Lol.
Esp because yesterday I walked out my door to find signs posted around the building that some residents here have coronavirus.
Eek.

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:08 PM
To: (b)(6) @va.gov>
Subject: Re: Telework?

Yes.

I hope you are well also!

Get Outlook for iOS

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:06:45 PM
To: (b)(6) @va.gov>
Subject: Telework?

(b)(6)

Hello! I hope this message finds you well.
Are you telework-capable?

Thank you,

(b)(6)

(b)(6)

Staff Assistant
Office of the Secretary
Department of Veterans Affairs
810 Vermont Ave NW | Rm 1019
Washington, DC 20420
(b)(6) @va.gov
202.461 (b)(6) landline)
202.873 cell)

From: Powers, Pamela
Sent: Fri, 20 Mar 2020 20:14:04 +0000
To: (b)(6) EOP/WHO
Subject: RE: DPC VA Assistance

All good. I think FEMA is making progress on #1 but we'll certainly keep you in the loop.

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 1:50 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] DPC VA Assistance

Pam,

I spoke with (b)(6) and will jump on the OMB calls. Thanks for continuing to send me the daily sitreps.

Trying to plug in and assist on three issues I just discussed with you. Please let me know who the best POC is on each of these.

1. (b)(5)
2.
3.
4.

Anything else?

Thanks for everything,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela
Sent: Fri, 20 Mar 2020 20:56:10 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB(b)(6) . EOP/OMB(b)(6) EOP/OMB;(b)(6) EOP/OMB(b)(6)
(b)(6) EOP/OVP;(b)(6) EOP/OMB;Syrek, Christopher D. (Chris);(b)(6)
EOP/WHO(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.20.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to the COVID-19.

Of note, we have 28 VA Employees who have tested positive (Up 5 from yesterday's count):
2 Denver, CO
1 Boise City, ID
3 Las Vegas, NV
6 Tacoma, WA
1 Houston, TX
1 Miami, FL
1 Indianapolis, IN
1 Detroit, MI
2 Washington, DC (Both employees of Washington, DC VAMC)
2 New York, NY
1 Albany, NY
1 Omaha, NE
1 Honolulu, HI
1 Nashville, TN
1 Albequeque, NM
3 Palo Alto, CA

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

ChooseVA

COVID-19 – Agency Response
3/20/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Widespread reports of medical students, residents, and fellows being pulled by their schools or restrictions being placed on their scope of service due to COVID.
- VA has administered over 1,192 COVID-19 tests nationwide
- Working with OMB on methods to address government-wide child-care challenges.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Closures:** Effective today, the VACO shuttle bus and executive driving services will be suspended until further notice due to concerns with the potential spread of the coronavirus.
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Coordinating with HHS, FEMA, and OMB on the mechanics of reimbursement for VA's 4th Mission should it be activated.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 750 families have postponed scheduled services citing COVID-19 concerns.
- As of Thursday, March 19, 2020, contract vendors reported a cumulative total of 7,758 unique Veterans whose contract examinations have been impacted by the pandemic (1,267 living overseas and 6,491 domestic).
- Pittsburgh – Benefits Delivery at Discharge (BDD) offices in Korea and Germany were closed.
- A total of 388 transition assistance events have been cancelled to date across all regions.
- VA OGC provided advice for VA officials assessing the potential impact on Veterans Canteen Service (VCS) operations of state orders restricting the activities of restaurants and other food service operations. OGC advised: 1) VA officials need to understand the role that VCS plays at each facility with respect to providing necessary food/nutrition to patients and providers at the facility. VA will be able to maintain essential services to its facilities. 2) State orders need to be read carefully. A hospital's necessary food service operations should not be construed to be covered by references to restaurants and other social gathering places.
- VA OGC reviewed proposed legislation that would allow VA to enter into agreements, or contract with telecommunications companies to provide temporary, complimentary or subsidized, fixed and mobile broadband services for the purposes of providing expanded mental health services to isolated Veterans through telehealth to meet their health care needs during the COVID-19 public health emergency.

Guidance, Communication and Outreach with Stakeholders

- Today OIT released a new public webpage on remote access so employees can get the information they need, wherever they are (https://go.us.gov/xduDB)
- Secretary Wilkie conducted calls with Louisiana Gov. Bel Edwards and NYC Mayor Bill DeBlasio (scheduled) to discuss their requests for VA to activate our 4th Mission
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees

- Finalizing preparations for execution of VA leadership's decision to expand VA311 to support VHA contact center overload resulting from general COVID-19 information inquiries.
- A message from the Chief Acquisition Officer was distributed to the VA Acquisition community emphasizing the need for continuous communication and collaboration with the customers and stakeholders throughout the acquisition process, especially to identify and prioritize acquisitions directly related to COVID-19.
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM

- **Other Notable Responses**

  - **130 Positive Veteran COVID-19 Cases**

    1 Ann Arbor – VA Inpatient
    1 Arizona – VA Inpatient
    8 Atlanta – 7 home quarantine, 1 VA Inpatient
    1 Bay Pines – home quarantine
    1 Birmingham – VA Inpatient
    2 Bronx – 2 home quarantine
    1 Chicago – home quarantine
    2 Cleveland – 2 VA Inpatient
    1 Columbia (MO) – VA Inpatient
    2 Columbia (SC) – 2 home quarantine
    1 Dayton – VA Inpatient
    4 Denver – 2 home quarantine, 2 VA Inpatient
    1 Detroit – home quarantine
    1 Fayetteville (NC) – home quarantine
    1 Fresno – home quarantine
    Hudson Valley – 4 home quarantine, 1 CLC
    1 Kansas City – home quarantine
    1 Lebanon – home quarantine
    2 Long Beach – VA Inpatient, home quarantine
    1 Madison – home quarantine
    1 Miami – VA Inpatient
    3 Milwaukee – 2 VA Inpatient, home quarantine
    2 New Jersey – 2 home quarantine
    9 New York Harbor – 5 home quarantine, 4 VA Inpatient
    42 NOLA – 24 home quarantine, 10 VA Inpatient, 8 pending
    3 Orlando – 3 home quarantine
    2 Palo Alto – VA Inpatient, home quarantine
    3 Portland – 1 community hospital, 2 VA Inpatient
    9 Puget Sound – 5 home quarantine, 4 VA Inpatient
    3 San Diego – 3 home quarantine
    1 San Juan – home quarantine
    2 Sioux Falls – 2 home quarantine
    1 Southern Nevada – VA Inpatient
    2 Togus – 2 home quarantine

1 Tomah – home quarantine
2 Washington (DC) – 1 home quarantine, 1 VA Inpatient
1 West Palm Beach – home quarantine
1 White River Junction – home quarantine

- **Veteran Deaths**: 2 (up 1 from yesterday) The one death being reported today is a Veteran patient in their 90s who died March 19 at the White River Junction VA Medical Center. This case was previously reported as a presumptive positive in an earlier case count.

- 28 VA Employees (Up 5 from yesterday's count):
  2 Denver, CO
  1 Boise City, ID
  3 Las Vegas, NV
  6 Tacoma, WA
  1 Houston, TX
  1 Miami, FL
  1 Indianapolis, IN
  1 Detroit, MI
  2 Washington, DC (Both employees of Washington, DC VAMC)
  2 New York, NY
  1 Albany, NY
  1 Omaha, NE
  1 Honolulu, HI
  1 Nashville, TN
  1 Albequeque, NM
  3 Palo Alto, CA

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.

- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA considering draft VA legislation that would temporarily lift the pay limit for physicians and for Title 38 Hybrids, Title 5 employees and nurses to support additional hours worked to address emergency needs during the COVID-19 public health emergency. The legislation would also waive the aggregate pay limit under 38 U.S.C. § 7431 for Veterans Health Administration (VHA) physicians performing work during the COVID-19 public health emergency.
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected communities to provide direct counseling to those in need and making connections for them to other services and benefits.
- Secured Abbott purchase of 125,000 testing kits and coordinating to receive 64,000 bottles of Hand Sanitizer
- Shipped out 60,870 N-95 masks to 28 different facilities
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, nine (9) medical centers have turned off Disability Benefits Questionnaires (DBQs). C&P exam requests in those areas will now be routed to the contract vendors.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- Submitted updated COVID-19 Supplemental input to OMB on March 17, 2020

- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- VA OIT/OALC brokered a deal with Citrix to aggressively increase the telework capacity of the Department.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- In consultation with VA OGC, VA's Senior Procurement Executive issued guidance that, with the President's declaration of a National Emergency, the procurement flexibilities in FAR subpart 18.2, may be applied.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- VA continues to provide updates periodically to Congressional Staff (Committees, Delegations and Leadership) on VA's COVID-19 response posture and the numbers of VA inpatients with COVID-19 and outpatients with COVID-19 who are self-quarantined at home.
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- OPIA continues to respond to a high volume of media inquiries regarding COVID-19. All responses are being cleared through the VP's Task Force

- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- White House / VA Hotline remains fully operational.
- Communications sent to the 4-Corners and Veterans Service Organizations for the suspension of all travel board, video and central office hearings until at least May 1, 2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices. The devices reduce isolation in the vulnerable population. Additionally, VA is exploring possibilities for the Portal devices to be used for telehealth with VA and community medical providers; estimated launch (3/30/2020).
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- VA Office of Information and Technology (OIT) established national testing capability for VA employees and clinical providers to connect remotely to the VA network
    - Remote connections are being scaled to meet the crisis requirement.
    - Additionally, we are developing simulated demand testing in our cloud environment – no impact or expectation of the user community for that testing scenario.
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.

From: Powers, Pamela
Sent: Fri, 20 Mar 2020 22:13:08 +0000
To: (b)(6) EOP/OMB
Subject: FW: letter draft
Attachments: VA Murphy-Bluenthal-Bennett Plus other Members Response re VA 4th Mission 03202020 (002) (CS Edit) on letter head_.docx

FYI, we plan to send the attached letter. Do you see any issues?

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

*name
Address
City, state, zip

Dear Member:

We have received many Congressional inquiries regarding the Department of Veterans Affairs (VA) fourth mission and the process for requesting VA support attendant with that mission and I write to clarify these matters.

VA is prepared to take on its fourth mission of assisting certain non-VA health care systems and communities if they reach their full capacity to care for patients. However, there is a formal process for requesting VA fourth-mission and other Federal support.

America's response to the coronavirus (COVID-19) outbreak is one that is federally supported, state managed, and locally executed. As such, requests for all Federal support should come from the states when they have determined that the maximum capacity of intrastate or interstate resources have been exhausted.

In that event, states may request assistance from the Federal Government through their local Department of Health and Human Services (HHS) Regional Emergency Coordinator (REC), as part of the Federal Emergency Management Agency (FEMA) National Response Coordination Center. Counties, cities, and other municipalities should route all requests for Federal support through their respective states.

FEMA is now leading Federal operations on behalf of the White House Coronavirus Task Force, which oversees the whole-of-Government response to the COVID-19 pandemic, and HHS is now integrated into FEMA's National Response Coordination Center.

VA cannot receive direct requests for assistance from state and local governments. The established central coordination function of FEMA and HHS will ensure that an integrated and effective response is provided to those communities that need assistance the most; but, that assistance is dependent upon the availability of resources and funding, and consistency with VA's mission to provide priority services to Veterans.

The Honorable (INSERT NAME)

VA has defined roles in both the National Disaster Medical System and the National Response Framework in the event of national emergencies. Our COVID-19 emergency preparedness exercises began weeks before the first case was confirmed in the United States, and VA has plans in place to protect everyone who gets care, visits, or works at one of our facilities.

VA has taken a number of significant steps over the past few weeks to maximize capacity and resources so that the Department will be ready if called upon by FEMA and HHS to provide assistance to select non-VA health care systems and communities. These steps include the following:

- Maximizing the use of telehealth and virtual care for routine appointments;
- Canceling elective surgeries; and
- Pre-screening all patients and visitors for COVID-19 symptoms before they enter VA facilities.

We ask for your assistance in encouraging non-VA medical facilities in your states and districts to take similar steps in order to ensure local health care systems are best equipped to help stop the spread of COVID-19, and to handle as many COVID-19 patients as possible.

To request Federal government assistance, please contact your State's HHS REC at https://www.phe.gov/Preparedness/responders/rec/Pages/default.aspx. More information on VA's COVID-19 response activities, updates can be found at https://www.publichealth.va.gov/n-coronavirus.

Sincerely,

Robert L. Wilkie

From: Powers, Pamela
Sent: Fri, 20 Mar 2020 23:26:19 +0000
To: (b)(6) EOP/WHO
Cc: Syrek, Christopher D. (Chris)
Subject: Re: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Standing by to assist.
Get Outlook for iOS
From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 7:23:14 PM
To: Powers, Pamela (b)(6) @va.gov>; (b)(6) OP/WHO (b)(6) @who.eop.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] RE: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Remarks should circulate momentarily – and we'd love your review (note – they can only be one page, 16 pt font)

From: Powers, Pamela (b)(6) @va.gov>
Sent: Friday, March 20, 2020 7:22 PM
To: (b)(6) EOP/WHO <(b)(6) who.eop.gov>(b)(6) EOP/WHO (b)(6) @who.eop.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: Re: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Excellent! Thank you. Is there anything you need from us?

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From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 6:44:32 PM
To: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Powers, Pamela (b)(6) @va.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] RE: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Hi Pam – we will plan on POTUS mentioning.

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 6:43 PM
To: Powers, Pamela (b)(6) va.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO

(b)(6) @who.eop.gov>
Subject: RE: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Adding (b)(6) to help with that.

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela (b)(6) @va.gov>
Sent: Friday, March 20, 2020 6:22 PM
To: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: Re: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Great point and that's good news! Is potus going to mention it or should Secva?

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From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 6:15:41 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] FW: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Pam,

Looks like Staff Sec just received the enrolled bill extending the GI Bill payments despite COVID related distance learning. The plan I'm hearing is that the President might sign tonight… but we'll have to confirm. It's a good news story for the VSO call tomorrow afternoon… whether announced or just amplified there.

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Staff Secretary (b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 5:55 PM
To: Kudlow, Larry A. EOP/WHO <(b)(6) @who.eop.gov>; Grogan, Joseph J. EOP/WHO (b)(6) @who.eop.gov>(b)(6) @who.eop.gov; Grisham, Stephanie A. EOP/WHO (b)(6) @who.eop.gov>; Kushner, Jared C. EOP/WHO <(b)(6) @who.eop.gov>; Conway, Kellyanne E. EOP/WHO <(b)(6) @who.eop.gov>; Liddell, Christopher P. EOP/WHO (b)(6) @who.eop.gov>;(b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>; Short, Marc T. EOP/OVP <(b)(6) @ovp.eop.gov>; (b)(6) M. EOP/WHO <(b)(6) @who.eop.gov>; Miller, Stephen EOP/WHO (b)(6) @who.eop.gov>;(b)(6) EOP/WHO <(b)(6) @who.eop.gov>; DL Chief of Staff Office <(b)(6) @WHO.eop.gov>; O'Brien, Robert C. EOP/WHO (b)(6) @who.eop.gov>; Hicks, Hope C. EOP/WHO (b)(6) @who.eop.gov>
Cc: Staff Secretary <(b)(6) @who.eop.gov>
Subject: Enrolled Bill Memo: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Staff Sec is staffing the attached draft of an Enrolled Bill Memo recommending the President sign S. 3503, An Act to authorize the Secretary of Veterans Affairs to treat certain programs of education converted to distance learning by reason of emergencies and health-related situations in the same manner as programs of education pursued at educational institutions, and for other purposes.

If you have any comments or concerns about this EBM, please send them to STAFF SEC **as soon as possible**.

Please note that Staff Sec is tracking a recommendation from the VA to have this bill signed as soon possible.

From: Staff Secretary (b)(6) @who.eop.gov>
Sent: Friday, March 20, 2020 5:20 PM
To: Kudlow, Larry A. EOP/WHO <(b)(6) @who.eop.gov>; Grogan, Joseph J. EOP/WHO (b)(6) @who.eop.gov>;(b)(6) @who.eop.gov; Grisham, Stephanie A. EOP/WHO (b)(6) @who.eop.gov>; Kushner, Jared C. EOP/WHO (b)(6) @who.eop.gov>; Conway, Kellyanne E. EOP/WHO <(b)(6) @who.eop.gov>; Liddell, Christopher P. EOP/WHO (b)(6) @who.eop.gov>;(b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>; Short, Marc T. EOP/OVP <(b)(6) @ovp.eop.gov>;(b)(6) M. EOP/WHO <(b)(6) @who.eop.gov>; Miller, Stephen EOP/WHO (b)(6) @who.eop.gov>;(b)(6) EOP/WHO (b)(6) @who.eop.gov>; DL Chief of Staff Office (b)(6) @WHO.eop.gov>; O'Brien, Robert C. EOP/WHO (b)(6) @who.eop.gov>; Hicks, Hope C. EOP/WHO (b)(6) @who.eop.gov>
Cc: Staff Secretary (b)(6) @who.eop.gov>
Subject: BILL RECEIVED: S. 3503 - Continuing VA Educational Benefits for education programs converted to distance learning during health-related situations

Today, the White House received S. 3503, An Act to authorize the Secretary of Veterans Affairs to treat certain programs of education converted to distance learning by reason of emergencies and health-related situations in the same manner as programs of education pursued at educational institutions, and for other purposes.

BILL INFO:

- **S. 3503** – An Act to authorize the Secretary of Veterans Affairs to treat certain programs of education converted to distance learning by reason of emergencies and health-related situations in the same manner as programs of education pursued at educational institutions, and for other purposes
  Sponsor: Sen. Jerry Moran (R-KS)
  Floor Action: Passed Senate by Voice Vote; Passed House without objection

LAST DAY FOR ACTION: April 1, 2020

POTENTIAL ACTION ITEMS:

1.) (b)(5)

2.)

3.)

4.)

From: Powers, Pamela
Sent: Sat, 21 Mar 2020 16:48:09 +0000
To: (b)(6)@omb.eop.gov; (b)(6) EOP/OMB
Cc: (b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Miller, Katie R. EOP/OVP
Subject: Fwd: Memorandum: Guidance on Access Standards in response to Coronavirus (COVID-19)

(b)(6)

FYI, we will be instituting a temporary strategic pause to the MISSION Act Standards

In light of the COVID-19 Pandemic, VA must take action to enhance Veteran safety. That is our first priority. Sending Veterans into an environment with uncertain capacity and protections, especially when the majority of the population served by VA is of the age known to be most at risk with COVID-19, appears contrary to the intent of the MISSION Act. In addition, many of our civilian partners are rejecting veteran appointments for the same reasons we have modified our internal system.

Referral to the community for emergent or urgent clinical needs will continue when necessary.

- For non-emergent care, VA has enhanced telehealth capabilities and will be caring for Veterans with routine needs as clinically appropriate to limit Veteran risk for COVID-19.
- Scheduling of non-emergent care with community providers will be reviewed on a case-by-case basis, regardless of wait time or drive time eligibility, until such time as VA determines that it will restart routine care and with exceptions for clinical reasons.
- Veterans with care currently scheduled in the community should continue with this care as clinically appropriate and if available.

From: Powers, Pamela <(b)(6)@va.gov>
Sent: Friday, March 20, 2020 7:32 PM
To: Matthews, Kameron <(b)(6)@va.gov>; (b)(6) (b)(6) va.gov>
Cc: (b)(6)@va.gov>; (b)(6)@va.gov>
Subject: Re: Memorandum: Guidance on Access Standards in response to Coronavirus (COVID-19)

Do you have a few lines you can send me that I can include in our talk Force update? High level policy changes and why? Thanks.

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From: Matthews, Kameron <(b)(6)@va.gov>
Sent: Friday, March 20, 2020 6:24:39 PM

To: (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: Re: Memorandum: Guidance on Access Standards in response to Coronavirus (COVID-19)

Let me know if you need me to walk you through these at all.

Sent from Mobile

From: (b)(6) @va.gov>
Sent: Friday, March 20, 2020 6:12:47 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron <(b)(6) @va.gov>
Subject: FW: Memorandum: Guidance on Access Standards in response to Coronavirus (COVID-19)

Hi Chief – Here is the memo the DUSHOM sent out with the relaxation of the access standards as well as the procedural guidance OCC sent out.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) va.gov
O – 202-382-(b)(6)
C – 202-420-

From: Office of the DUSHOM Communications <(b)(6) @va.gov>
Sent: Friday, March 20, 2020 1:04 PM
To: VHA VISN Directors (b)(6) @va.gov>
Cc: Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; VHA 10D Action <(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) (OGC (b)(6) @va.gov>; Kim, Paul D., MD (b)(6) va.gov>; (b)(6) @va.gov>; Mole, Larry A. @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; VHA 10A1 Action Team <(b)(6) @va.gov>; VHA 10NC Action <(b)(6) @va.gov>; VHA CO 10N Support Staff (b)(6) @va.gov>; VHA COVID Comms <(b)(6) @va.gov>; VHA HOC Action <(b)(6) @va.gov>; VHA OEM EMCC Command Staff <(b)(6) @va.gov>; VHA VISN Admin Reps <(b)(6) @va.gov>; VHA VISN Chief Medical Officers <(b)(6) @mail.va.gov>; VHA VISN DNDs <(b)(6) @va.gov>; VHA VISN QMOs <(b)(6) @va.gov>
Subject: Memorandum: Guidance on Access Standards in response to Coronavirus (COVID-19)

Good Afternoon Network Directors

Please find attached memorandum titled, “Guidance on Access Standards in response to Coronavirus (COVID-19).”

1. Veterans Health Administration (VHA) must take action to ensure the safety of our Veterans and staff. The purpose of this memorandum is to provide guidance on the Relief from Access Standards. VHA requested a temporary pause from the Mission Act access standards.

2. For further questions about guidance on Access Standards, please contact Dr. Kameron Matthews, Deputy Under Secretary for Health for Community Care at (b)(6)@va.gov or Dr. Susan Kirsh, National Clinical Director Practice Management at (b)(6)@va.gov .

Renee Oshinski

Attachment

From: Powers, Pamela
Sent: Sat, 21 Mar 2020 18:04:26 +0000
To: Staff Secretary;DL Chief of Staff Office;(b)(6) EOP/WHO (b)(6) (b)(6) EOP/WHO;Kushner, Jared C. EOP/WHO;(b)(6) @hhs.gov';Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP (b)(6) @treasury.gov (b)(6) @who.eop.gov;Kudlow, Larry A. EOP/WHO (b)(6) EOP/WHO;Grogan, Joseph J. EOP/WHO; (b)(6) Pataki, Tim A. EOP/WHO (b)(6) EOP/WHO; (b)(6) EOP/NSC;Birx, Deborah L. EOP/NSC; (b)(6) @treasury.gov (b)(6) @treasury.gov (b)(6) EOP/WHO;Hicks, Hope C. EOP/WHO; (b)(6) EOP/WHO;Syrek, Christopher D. (Chris)
Subject: RE: FYA: Readout from Call with Veterans Service Organizations

Please disregard the previous email. We have some recommended changes (highlighted below). There are 9.5M veterans in our healthcare system but we serve the more than 19M in various ways.

Thank you,
Pam

Today, President Donald J. Trump and Secretary Robert Wilkie, Department of Veterans Affairs, spoke by telephone with leaders of veteran service organizations on the whole-of-Government response to COVID-19. The President thanked those devoted to serving America's more than 19 million veterans and assured them that his Administration will do whatever is necessary to win this war. The President noted his unprecedented actions to protect American veterans, including the establishment of 19 VA emergency operation centers throughout the country, restricting visitor access to VA community living centers, and maximizing the use of VA telehealth. The President said he, and our country, are inspired by our Nation's veterans to make shared sacrifices to defeat America's newest enemy.

From: Powers, Pamela
Sent: Saturday, March 21, 2020 1:57 PM
To: Staff Secretary (b)(6) @who.eop.gov>; DL Chief of Staff Office (b)(6) @WHO.eop.gov>;(b)(6) EOP/WHO (b)(6) @who.eop.gov>;(b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Kushner, Jared C. EOP/WHO (b)(6) @who.eop.gov>; (b)(6) @hhs.gov'; Short, Marc T. EOP/OVP (b)(6) @ovp.eop.gov>; Miller, Katie R. EOP/OVP <(b)(6) @ovp.eop.gov>; (b)(6) @treasury.gov';(b)(6) @who.eop.gov; Kudlow, Larry A. EOP/WHO <(b)(6) @who.eop.gov>;(b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Grogan, Joseph J. EOP/WHO (b)(6) @who.eop.gov>; '(b)(6) (b)(6) @hq.dhs.gov>; Pataki, Tim A. EOP/WHO <(b)(6) @who.eop.gov>;(b)(6)

(b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/NSC (b)(6) @nsc.eop.gov>; Birx, Deborah L. EOP/NSC <(b)(6) @nsc.eop.gov>; (b)(6) @treasury.gov; (b)(6) @treasury.gov; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Hicks, Hope C. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Subject: RE: FYA: Readout from Call with Veterans Service Organizations

VA Concurs. Thanks for the opportunity to review.

From: Staff Secretary (b)(6) @who.eop.gov>
Sent: Saturday, March 21, 2020 1:46 PM
To: DL Chief of Staff Office <(b)(6) @WHO.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Kushner, Jared C. EOP/WHO <(b)(6) @who.eop.gov>; '(b)(6) @hhs.gov'; Short, Marc T. EOP/OVP (b)(6) @ovp.eop.gov>; Miller, Katie R. EOP/OVP <(b)(6) @ovp.eop.gov>; (b)(6) @treasury.gov'; (b)(6) @who.eop.gov; Kudlow, Larry A. EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Grogan, Joseph J. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) (b)(6) @hq.dhs.gov>; Pataki, Tim A. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/NSC (b)(6) @nsc.eop.gov>; Birx, Deborah L. EOP/NSC <(b)(6) @nsc.eop.gov>; (b)(6) @treasury.gov; (b)(6) @treasury.gov; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Hicks, Hope C. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Cc: Staff Secretary <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] FYA: Readout from Call with Veterans Service Organizations

For awareness, below is a draft readout to be released after the President's call with Veterans Service Organizations. This call is now scheduled for 3 p.m.

If we do not hear from you **by 2:30 p.m.**, we will assume your clearance.

Thank you,

STAFF SEC

Today, President Donald J. Trump and Secretary Robert Wilkie, Department of Veterans Affairs, spoke by telephone with leaders of veteran service organizations on the whole-of-Government response to COVID-19. The President thanked those devoted to serving America's 9.5 million veterans and assured them that his Administration will do whatever is necessary to win this war. The President noted his unprecedented actions to protect American veterans, including the establishment of 19 VA emergency operation centers throughout the country,

restricting visitor access to VA community living centers, and relaxing VA restrictions on telehealth. The President said he, and our country, are inspired by our Nation's veterans to make shared sacrifices to defeat America's newest enemy.

From: Powers, Pamela
Sent: Sat, 21 Mar 2020 21:37:56 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;V(b)(6) EOP/OMB;Syrek, Christopher D. (Chris);(b)(6)
EOP/WHO(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks
Subject: Agency Report - VA
Attachments: VA_3.21.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461(b)(6)
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ChooseVA

COVID-19 – Agency Response
3/21/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections
- There is concern about the hospital ships using Guard/Reservists to staff the ships. VA employs between 3,000 and 5,000 guard/reservists – losing those employees would be significant. Will work with DoD on a solution.
- VA OGC opined on whether there is authority to temporarily waive or change the low-income restriction for childcare subsidies. While there is no specific statute/regulation that allows VA to waive the childcare subsidy requirements, these authorities permit agencies to set their own thresholds for determining what constitutes "low income" for determining subsidies. VA could adjust the policy temporarily to permit a greater number of employees to participate in the program by changing the threshold for total family income (TFI), it would not likely resolve the issue. Even after raising the threshold, a number of healthcare providers would be above that threshold, given TFI is based on adjusted gross income for the household and a number of providers will earn overtime and/or premium pay during this time.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- As of close of business on Friday, March 20, 2020, VBA contract vendors had reported a cumulative total of 10,022 unique Veterans whose contract examinations have been impacted by the pandemic (1,387 living overseas and 8,635 domestic).

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- VA will institute a pause on the MISSION Act Standards. Referral to the community for emergent or urgent clinical needs will continue when necessary. This policy change include:
    - For non-emergent care, VA has enhanced telehealth capabilities and will be caring for Veterans with routine needs as clinically appropriate to limit Veteran risk for COVID-19.

- Scheduling of non-emergent care with community providers will be reviewed on a case-by-case basis, regardless of wait time or drive time eligibility, until such time as VA determines that it will restart routine care and with exceptions for clinical reasons.
- Veterans with care currently scheduled in the community should continue with this care as clinically appropriate and if available.

- VA has converted the Brooklyn VAMC into a COVID only hospital. All VA patients not receiving COVID-19 treatment at Brooklyn will be transferred to other VA hospitals in the NYC area.

Guidance, Communication and Outreach with Stakeholders

- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)

- **Other Notable Responses**

- **156 Positive Veteran COVID-19 Cases**

1 Ann Arbor – VA Inpatient
1 Arizona – VA Inpatient
17 Atlanta –15 home quarantine, 1 VA Inpatient, 1 ICU
1 Bay Pines – home quarantine
1 Birmingham – VA Inpatient
2 Bronx – 2 home quarantine
1 Chicago – home quarantine
3 Cleveland – 2 VA Inpatient, 1 home quarantine
1 Columbia (MO) – VA Inpatient
3 Columbia (SC) – 2 home quarantine, 1 inpatient care
1 Dayton – VA Inpatient
5 Denver – 3 home quarantine, 2 VA Inpatient
1 Detroit – home quarantine
2 Fayetteville (NC) – 2 home quarantine
1 Fresno – home quarantine
5 Hudson Valley – 4 home quarantine, 1 CLC
1 Kansas City – home quarantine
1 Lebanon – home quarantine
2 Long Beach – VA Inpatient, home quarantine
1 Madison – home quarantine
1 Miami – VA Inpatient
3 Milwaukee – 2 VA Inpatient, home quarantine
1 Minneapolis – 1 home quarantine
2 New Jersey – 2 home quarantine
10 New York Harbor – 5 home quarantine, 2 VA Inpatient, 3 ICU
34 NOLA – 24 home quarantine, 10 VA Inpatient (Note, 8 pending tests)
1 Northport – 1 home quarantine
3 Orlando – 3 home quarantine
2 Palo Alto – VA Inpatient, home quarantine
4 Portland – 1 community hospital, 3 VA Inpatient
9 Puget Sound – 5 home quarantine, 4 VA Inpatient
3 San Diego – 3 home quarantine

1 San Juan – home quarantine
2 Sioux Falls – 2 home quarantine
1 Southern Nevada – VA Inpatient
2 Togus – 2 home quarantine
1 Tomah – home quarantine
6 Washington (DC) – 3 home quarantine, 1 VA Inpatient, 2 ICU
1 West Palm Beach – home quarantine
2 White River Junction – 2 home quarantine
1 Wichita – Home quarantine

- **Veteran Deaths**: 2 veterans have died from COVID- 19. 1 in Portland, 1 in White River Junction

- 31 VA Employees (Up 3 from yesterday's count):
  2 Denver, CO
  1 Boise City, ID
  3 Las Vegas, NV
  6 Tacoma, WA
  1 Houston, TX
  1 Miami, FL
  1 Indianapolis, IN
  1 Detroit, MI
  2 Washington, DC (Both employees of Washington, DC VAMC)
  2 New York, NY
  1 Albany, NY
  1 Omaha, NE
  1 Honolulu, HI
  1 Nashville, TN
  1 Albequeque, NM
  3 Palo Alto, CA
  1 Augusta, ME
  1 Boston, MA
  1 Northampton, MA

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)

- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA considering draft VA legislation that would temporarily lift the pay limit for physicians and for Title 38 Hybrids, Title 5 employees and nurses to support additional hours worked to address emergency needs during the COVID-19 public health emergency. The legislation would also waive the aggregate pay limit under 38 U.S.C. § 7431 for Veterans Health Administration (VHA) physicians performing work during the COVID-19 public health emergency.
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected communities to provide direct counseling to those in need and making connections for them to other services and benefits.
- Secured Abbott purchase of 125,000 testing kits and coordinating to receive 64,000 bottles of Hand Sanitizer
- Shipped out 60,870 N-95 masks to 28 different facilities
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, nine (9) medical centers have turned off Disability Benefits Questionnaires (DBQs). C&P exam requests in those areas will now be routed to the contract vendors.

- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- Submitted updated COVID-19 Supplemental input to OMB on March 17, 2020
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- In consultation with VA OGC, VA's Senior Procurement Executive issued guidance that, with the President's declaration of a National Emergency, the procurement flexibilities in FAR subpart 18.2, may be applied.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Communications sent to the 4-Corners and Veterans Service Organizations for the suspension of all travel board, video and central office hearings until at least May 1, 2020.

- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Widespread reports of medical students, residents, and fellows being pulled by their schools or restrictions being placed on their scope of service due to COVID.
- VA has administered over 1,192 COVID-19 tests nationwide
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Closures:** Effective today, the VACO shuttle bus and executive driving services will be suspended until further notice due to concerns with the potential spread of the coronavirus.
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Coordinating with HHS, FEMA, and OMB on the mechanics of reimbursement for VA's 4th Mission should it be activated.
- A total of 388 transition assistance events have been cancelled to date across all regions.
- Today OIT released a new public webpage on remote access so employees can get the information they need, wherever they are (https://go.us.gov/xduDB)
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM

From: (b)(6) @whmo.mil
Sent: Sat, 21 Mar 2020 17:38:28 -0400
To: Powers, Pamela
Subject: Undeliverable: Agency Report - VA
Attachments: Agency Report - VA

Delivery has failed to these recipients or groups:

(b)(6) EOP/OMB (b)(6) @omb.eop.gov)
This user is no longer able to receive mail

Your message wasn't delivered because the email admin for the organization 'whmo.mil' created an email rule restriction. Please contact the email admin for that organization and ask them to remove or update the rule restriction.
For more information about this error, see DSN code 5.7.1 in Exchange Online - Office 365.

Diagnostic information for administrators:

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(b)(6) @omb.eop.gov
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Subject: Agency Report - VA
Attachments: VA_3.21.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461 (b)(6)
Cell: 202-430 (b)(6)
(b)(6) VA.gov

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From: Powers, Pamela
Sent: Sun, 22 Mar 2020 21:11:48 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB (b)(6) EOP/OMB;(b)(6) EOP/OMB (b)(6)
(b)(6) EOP/OVP;(b)(6) EOP/OMB;Syrek, Christopher D. (Chris);(b)(6)
EOP/WHO;(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks
Subject: Agency Report - VA
Attachments: VA_3.22.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

(b)(6)
Veterans Affairs Chief of Staff
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ChooseVA

COVID-19 – Agency Response
3/22/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- NYC: Mobile Vet Center currently on Staten Island and connected with over 100 Veterans since the beginning of deployment
- VA will receive 20,000 testing swabs tomorrow
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
  - Currently reviewing all patients in their care.
  - Awaiting approval of the locations from CMS; they will share a draft list with VA so that we can alert our facilities.
- Issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes.
  - For per diem rates (both basic and prevailing), an increase in the rates will not address the financial impact that the epidemic will cause.
  - Coordinating re-admission policy with safety precautions in place including isolation for 14 days upon admission.
- VA OGC advised that the Government cannot generally pay for lodging for employees at their duty station working extended shifts. If lodging (a travel expense) is not authorized under the Federal Travel Regulation (FTR), VA cannot utilize a "necessary expense" theory to incur the expense. VA OGC also advised that VA cannot pay for meals for employees working extended shifts. However, that could change if, for example, the employees are quarantined and cannot leave the premises.
- VA OGC provided draft supplemental appropriations language to VA's Office of Management that would make additional appropriations to various VA discretionary appropriations accounts and provide VA flexible transfer authority to shift funds among accounts for coronavirus prevention, preparedness, and response expenses.
- As of close of business on Saturday, March 21, 2020, VBA contract vendors had reported a cumulative total of 12,128 unique Veterans whose contract examinations have been impacted by the pandemic (1,416 living overseas and 10,712 domestic).
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- VA will institute a pause on the MISSION Act Standards. Referral to the community for emergent or urgent clinical needs will continue when necessary. VA is working with TF Comms on press release. This policy change includes:
  - For non-emergent care, VA has enhanced telehealth capabilities and will be caring for Veterans with routine needs as clinically appropriate to limit Veteran risk for COVID-19.

- Scheduling of non-emergent care with community providers will be reviewed on a case-by-case basis, regardless of wait time or drive time eligibility, until such time as VA determines that it will restart routine care and with exceptions for clinical reasons.
- Veterans with care currently scheduled in the community should continue with this care as clinically appropriate and if available.

Guidance, Communication and Outreach with Stakeholders

- OIT's next VEText message will address "What to do next" for Veterans and may leverage video from Executive in Charge, Veterans Health Administration, Dr. Stone

- **Other Notable Responses**

- **160 Positive Veteran COVID-19 Cases**

Location	Total	VA Inpatient ICU	VA Inpatient, Acute Care	Quarantined Home	Discharge, Quarantined Home	Deceased	Community Hospital	CLC, Community Hospital
Total	**160**	**18**	**26**	**109**	**2**	**2**	**2**	**1**
Ann Arbor	1	1						
Arizona	1		1					
Atlanta	17	1	1	15				
Bay Pines	1			1				
Birmingham	1		1					
Bronx	8	1		7				
Chicago	1			1				
Cleveland	3		2	1				
Columbia MO	1	1						
Columbia SC	3		1	2				
Dayton	1	1						
Denver	5		2	3				
Detroit	1			1				
Fayetteville NC	2			2				

Fresno	1			1				
Hines	1			1				
Hudson Valley	5			4				1
Kansas City	1			1				
Lebanon	1			1				
Long Beach	2		1	1				
Madison	1			1				
Miami	1		1					
Milwaukee	3	1	1	1				
Minneapolis	1			1				
Montana HCS	1			1				
Mountain Home	1			1				
New Jersey	2			2				
New Mexico	1				1			
New York Harbor	10	3	2	5				
NOLA	34	4	6	23	1			
Northport	1			1				
Orlando	3			3				
Palo Alto	2	1		1				
Portland	3		2			1		
Puget Sound	9	1	3	5				
San Diego	3			3				
San Juan	7		1	6				
Sioux Falls	3			2			1	

Southern Nevada HCA	1	1						
Spokane	1						1	
Togus	2			2				
Tomah	1			1				
Washington, DC	7	2	1	4				
West Haven	1			1				
West Palm Beach	1			1				
White River Jct	2			1		1		

- **Veteran Deaths**: 2 veterans have died from COVID- 19. 1 in Portland, 1 in White River Junction

- 34 VA Employees (Up 3 from yesterday's count):
  - 2 Denver, CO
  - 1 Boise City, ID
  - 3 Las Vegas, NV
  - 6 Tacoma, WA
  - 1 Houston, TX
  - 1 Miami, FL
  - 1 Indianapolis, IN
  - 1 Detroit, MI
  - 2 Washington, DC (Both employees of Washington, DC VAMC)
  - 2 New York, NY
  - 1 Albany, NY
  - 1 Omaha, NE
  - 1 Honolulu, HI
  - 1 Nashville, TN
  - 1 Albequeque, NM
  - 3 Palo Alto, CA
  - 1 Augusta, ME
  - 1 Boston, MA
  - 1 Northampton, MA
  - 1 Memphis , TN
  - 1 Salt Lake City, UT
  - 1 Madison, WI

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Released guidance on managing Operations of Mental Health Unit with preventative measures for mental health workers
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- VA considering draft VA legislation that would temporarily lift the pay limit for physicians and for Title 38 Hybrids, Title 5 employees and nurses to support additional hours worked to address emergency needs during the COVID-19 public health emergency. The legislation would also waive the aggregate pay limit under 38 U.S.C. § 7431 for Veterans Health Administration (VHA) physicians performing work during the COVID-19 public health emergency.
- VA deployed Mobile Vet Centers to Penn Station/Madison Square Garden area in NYC. Staff are reaching out to Veterans, active duty Service members, and their families in these affected

communities to provide direct counseling to those in need and making connections for them to other services and benefits.

- Secured Abbott purchase of 125,000 testing kits and coordinating to receive 64,000 bottles of Hand Sanitizer
- Shipped out 60,870 N-95 masks to 28 different facilities
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA.
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA is staffing the FEMA center with VA health care experts
- As of March 18, 2020, nine (9) medical centers have turned off Disability Benefits Questionnaires (DBQs). C&P exam requests in those areas will now be routed to the contract vendors.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- Submitted updated COVID-19 Supplemental input to OMB on March 17, 2020
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- In consultation with VA OGC, VA's Senior Procurement Executive issued guidance that, with the President's declaration of a National Emergency, the procurement flexibilities in FAR subpart 18.2, may be applied.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)

- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Communications sent to the 4-Corners and Veterans Service Organizations for the suspension of all travel board, video and central office hearings until at least May 1, 2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Widespread reports of medical students, residents, and fellows being pulled by their schools or restrictions being placed on their scope of service due to COVID.
- VA has administered over 1,192 COVID-19 tests nationwide
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met

- **Closures:** Effective today, the VACO shuttle bus and executive driving services will be suspended until further notice due to concerns with the potential spread of the coronavirus.
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Coordinating with HHS, FEMA, and OMB on the mechanics of reimbursement for VA's 4th Mission should it be activated.
- A total of 388 transition assistance events have been cancelled to date across all regions.
- Today OIT released a new public webpage on remote access so employees can get the information they need, wherever they are (https://go.us.gov/xduDB)
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections
- There is concern about the hospital ships using Guard/Reservists to staff the ships. VA employs between 3,000 and 5,000 guard/reservists – losing those employees would be significant. Will work with DoD on a solution.
- VA OGC opined on whether there is authority to temporarily waive or change the low-income restriction for childcare subsidies. While there is no specific statute/regulation that allows VA to waive the childcare subsidy requirements, these authorities permit agencies to set their own thresholds for determining what constitutes "low income" for determining subsidies. VA could adjust the policy temporarily to permit a greater number of employees to participate in the program by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.

From: Powers, Pamela
Sent: Sun, 22 Mar 2020 21:46:32 +0000
To: (b)(6) EOP/WHO
Subject: Re: Agency Report - VA

You too (b)(6)
Get Outlook for iOS
From (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Sunday, March 22, 2020 5:43:41 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Agency Report - VA

Thank you, Pam! Have a great evening!

From: Powers, Pamela (b)(6) @va.gov>
Sent: Sunday, March 22, 2020 5:12 PM
To (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; DL OMB Dir Office OMB_COVID19OPS (b)(6) @omb.eop.gov>
Cc: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OVP (b)(6) @ovp.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Cashour, Curtis <(b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>
Subject: Agency Report - VA

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461 (b)(6)
Cell: 202-430 (b)(6)
(b)(6) @VA.gov

From: (b)(6) @whmo.mil
Sent: Sun, 22 Mar 2020 17:12:17 -0400
To: Powers, Pamela
Subject: Undeliverable: Agency Report - VA
Attachments: Agency Report - VA

Delivery has failed to these recipients or groups:

(b)(6) EOP/OMB (b)(6) @omb.eop.gov)
This user is no longer able to receive mail

Your message wasn't delivered because the email admin for the organization 'whmo.mil' created an email rule restriction. Please contact the email admin for that organization and ask them to remove or update the rule restriction.
For more information about this error, see DSN code 5.7.1 in Exchange Online - Office 365.

Diagnostic information for administrators:

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(b)(6) omb.eop.gov
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EOP/WHO (b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks
Subject: Agency Report - VA
Attachments: VA_3.22.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461 (b)(6)
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(b)(6) VA.gov

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(b)(6)@ovp.eop.gov>, "(b)(6) EOP/OMB"
<(b)(6)@omb.eop.gov>, "Syrek, Christopher D. (Chris)"
<(b)(6)@va.gov>, "(b)(6) EOP/WHO"
(b)(6)@who.eop.gov>, "(b)(6)@va.gov>,
(b)(6) EOP/WHO" (b)(6)@who.eop.gov>, "Cashour, Curtis"
(b)(6)@va.gov>, "Tucker, Brooks" <(b)(6)@va.gov>
Subject: Agency Report - VA
Thread-Topic: Agency Report - VA
Thread-Index: AdX9alnYjoBSn6zSQ1+zstJTE90wxAAxQVIAADJzRXAAM+YAQAAxaUcQ
Date: Sun, 22 Mar 2020 21:11:48 +0000
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Return-Path: (b)(6) va.gov

From: Powers, Pamela
Sent: Mon, 23 Mar 2020 15:06:56 +0000
To: (b)(6) EOP/OMB; (b)(6) EOP/WHO
Subject: Fwd: Draft Letters for Review
Attachments: VA Murphy-Bluenthal-Bennett Plus other Members Response re VA 4th Mission 03202020 (002) (CS Edit) on letter head_.docx

Get Outlook for iOS
From: Cashour, Curtis (b)(6) @va.gov>
Sent: Saturday, March 21, 2020 6:49:40 PM
To: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; McVicker, Carrie A. <(b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Kim, Paul D., MD (b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>
Subject: RE: Draft Letters for Review

Task Force just cleared the language in the attached.

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6) va.gov
@curtcashour

From: Cashour, Curtis
Sent: Saturday, March 21, 2020 5:31 PM
To: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Kim, Paul D., MD (b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>
Subject: RE: Draft Letters for Review

I'm still waiting on task force approval. Will ping them again.

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6) va.gov
@curtcashour

From: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Sent: Saturday, March 21, 2020 5:31 PM
To: McVicker, Carrie A. (b)(6) @va.gov>; Powers, Pamela <(b)(6) @va.gov>; Kim, Paul D., MD <(b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Haverstock, Cathy

(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>
Subject: RE: Draft Letters for Review

These all look good to me.

What is our time frame to get them out?

From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Saturday, March 21, 2020 8:53 AM
To: Powers, Pamela <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Kim, Paul D., MD (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Haverstock, Cathy <(b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>
Subject: Draft Letters for Review

Good morning Ladies and Gentlemen.

Please find attached documents for review and approval.

First set: Incoming and Response to Murphy / Blumenthal / Bennet

Second set: Incoming and Response to Reed (I added this one in – it is asking the same thing)

Third set: Generic Senate and MOC letters.

Standing by for edits or to finalize.

In the interim my kids are forcing me to play Twister all morning….

V/R

Carrie

Carrie A. McVicker
Executive Secretary
Office of the Secretary
Department of Veterans Affairs
(b)(6) va.gov
(202) 461 (b)(6)

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

*name
Address
City, state, zip

Dear Member:

We have received many Congressional inquiries regarding the Department of Veterans Affairs (VA) fourth mission and the process for requesting VA support attendant with that mission and I write to clarify these matters.

VA is prepared to take on its fourth mission of assisting certain non-VA health care systems and communities if they reach their full capacity to care for patients. However, there is a formal process for requesting VA fourth-mission and other Federal support.

America's response to the coronavirus (COVID-19) outbreak is one that is federally supported, state managed, and locally executed. As such, requests for all Federal support should come from the states when they have determined that the maximum capacity of intrastate or interstate resources have been exhausted.

In that event, states may request assistance from the Federal Government through their local Department of Health and Human Services (HHS) Regional Emergency Coordinator (REC), as part of the Federal Emergency Management Agency (FEMA) National Response Coordination Center. Counties, cities, and other municipalities should route all requests for Federal support through their respective states.

FEMA is now leading Federal operations on behalf of the White House Coronavirus Task Force, which oversees the whole-of-Government response to the COVID-19 pandemic, and HHS is now integrated into FEMA's National Response Coordination Center.

VA cannot receive direct requests for assistance from state and local governments. The established central coordination function of FEMA and HHS will ensure that an integrated and effective response is provided to those communities that need assistance the most; but, that assistance is dependent upon the availability of resources and funding, and consistency with VA's mission to provide priority services to Veterans.

The Honorable (INSERT NAME)

VA has defined roles in both the National Disaster Medical System and the National Response Framework in the event of national emergencies. Our COVID-19 emergency preparedness exercises began weeks before the first case was confirmed in the United States, and VA has plans in place to protect everyone who gets care, visits, or works at one of our facilities.

VA has taken a number of significant steps over the past few weeks to maximize capacity and resources so that the Department will be ready if called upon by FEMA and HHS to provide assistance to select non-VA health care systems and communities. These steps include the following:

- Maximizing the use of telehealth and virtual care for routine appointments;
- Canceling elective surgeries; and
- Pre-screening all patients and visitors for COVID-19 symptoms before they enter VA facilities.

We ask for your assistance in encouraging non-VA medical facilities in your states and districts to take similar steps in order to ensure local health care systems are best equipped to help stop the spread of COVID-19, and to handle as many COVID-19 patients as possible.

To request Federal government assistance, please contact your State's HHS REC at https://www.phe.gov/Preparedness/responders/rec/Pages/default.aspx. More information on VA's COVID-19 response activities, updates can be found at https://www.publichealth.va.gov/n-coronavirus.

Sincerely,

Robert L. Wilkie

From: Powers, Pamela
Sent: Mon, 23 Mar 2020 17:13:01 +0000
To: (b)(6) EOP/OMB
Subject: Re: Excess Resources

That would be fantastic.
Get Outlook for iOS
From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Monday, March 23, 2020 12:56:16 PM
To: Powers, Pamela (b)(6) va.gov>
Subject: [EXTERNAL] Re: Excess Resources

Maybe your (b)(5)

Sent from my iPhone

On Mar 23, 2020, at 12:45 PM, Powers, Pamela (b)(6) @va.gov> wrote:

(b)(6)
You mentioned on the line that the WH is considering repurposing (b)(5)
(b)(5)

We will look at our shortages and excess elsewhere and let you know.
Pam
Get Outlook for iOS

From: Powers, Pamela
Sent: Mon, 23 Mar 2020 18:02:15 +0000
To: (b)(6) EOP/OVP
Cc: (b)(6) EOP/OVP; (b)(6) EOP/WHO; (b)(6) EOP/WHO; (b)(6) EOP/OVP (b)(6) EOP/OVP;Cashour, Curtis (b)(6)
Subject: Re: [EXTERNAL] Re: Op ed 3.22.20

Barbara,

Please work with Curt and (b)(6) on this. They are cc'd. They have suggestions on how we can make this more positive as well.

We will send this through TF approval and will cc you, (b)(6) and (b)(6) once it's gone through VA coord.

Pam

Pam

Get Outlook for iOS
From: Van Dahlen, Barbara L. (b)(5) @va.gov>
Sent: Monday, March 23, 2020 1:58 PM
To: (b)(6) . EOP/OVP
Cc: (b)(6) . EOP/OVP; (b)(6) . EOP/WHO; (b)(6) EOP/WHO; (b)(6) (b)(6) EOP/OVP; (b)(6) ; Powers, Pamela; (b)(6) . EOP/OVP
Subject: RE: [EXTERNAL] Re: Op ed 3.22.20

Thank you (b)(6)
I know everyone is wildly busy - appreciate the focus on this piece of the response.
We will work on cutting down this piece - will wait for thoughts from (b)(6) re getting on a call.
Take care,
Barbara

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Date: Monday, Mar 23, 2020, 1:55 PM
To: Van Dahlen, Barbara L. <(b)(6) @va.gov>
Cc: (b)(6) . EOP/OVP <(b)(6) @ovp.eop.gov>, (b)(6) EOP/WHO <(b)(6) @who.eop.gov>, (b)(6) . EOP/WHO <(b)(6) @who.eop.gov>, (b)(6) (b)(6) . EOP/OVP <(b)(6) @ovp.eop.gov>, (b)(6) @va.gov>, Powers, Pamela <(b)(6) @va.gov>, (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>

Subject: Re: [EXTERNAL] Re: Op ed 3.22.20

Adding Pam Powers from VA as well.

Sent from my iPhone

On Mar 23, 2020, at 1:32 PM, Van Dahlen, Barbara L. <(b)(6)@va.gov> wrote:

Thank you (b)(6)
Hello (b)(6) good to meet you.
Happy to get on a quick call if that would be easiest. I can (b)(5)
(b)(5)
And I would love to talk with the team about how this specific piece fits with the overall coronavirus effort. In my prior life I had experience launching public health efforts to address mental health.
Take care,
Barbara

Sent with BlackBerry Work
(>www.blackberry.com<)

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Date: Monday, Mar 23, 2020, 12:44 PM
To: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>, Van Dahlen, Barbara L. (b)(6)@va.gov>, (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Cc: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>, (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Subject: [EXTERNAL] Re: Op ed 3.22.20

Adding Dr. VanDahlen.
Barbara, please see (b)(6) s question on editing/shortening.
Thanks!

(b)(6)

Sent from my iPhone

On Mar 23, 2020, at 12:28 PM, (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov> wrote:

Hey (b)(6) Adding (b)(6) from the President's team who is helping us with op-eds. This is a good idea but it's a bit (b)(5)

(b)(5)

Happy to relay this myself, but if you want to forward this to her and CC me that's probably the best place to start.

Thanks!

- (b)(6)

From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Monday, March 23, 2020 12:09 PM
To: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Subject: Fwd: Op ed 3.22.20

Hi (b)(6)

Is this something we can assist with?

Thanks,
(b)(6)

Sent from my iPhone

Begin forwarded message:

From: "Van Dahlen, Barbara L." (b)(6) @va.gov>
Date: March 23, 2020 at 10:52:07 AM EDT
To: (b)(6) EOP/WHO"
<(b)(6) @who.eop.gov>, (b)(6) EOP/OVP"
(b)(6) @ovp.eop.gov>
Subject: Op ed 3.22.20

(b)(6) and (b)(6)

I would like to get this to the NYT as soon as possible – hopefully later today.

Can you help me get this approved. I started it at the VA – but they are going to go through their usual process which, understandably, will take days. They are, as everyone, overloaded.

There is an urgency to this – I want to get this out there now. We have an entire campaign attached to this – ready to go as soon as it is published.

Thank you for your help.

Take care,
Barbara

Barbara Van Dahlen, Ph.D.
Executive Director
PREVENTS Executive Order Task Force
Office of the Secretary
Department of Veterans Affairs
(b)(6) @VA.Gov

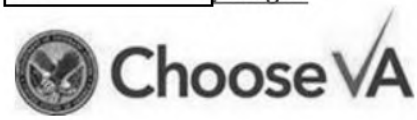
<More Than Ever Before.. Op Ed 3.22.20.docx>

From: Powers, Pamela
Sent: Mon, 23 Mar 2020 21:10:22 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB(b)(6) EOP/OMB(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;(b)(6) EOP/OMB;Syrek, Christopher D. (Chris);(b)(6)
EOP/WHO(b)(6) ;(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K.
EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.23.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) VA.gov



COVID-19 – Agency Response
3/23/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- VA OGC reviewed and provided technical edits to proposed legislation that would create a presumption that any VA employee's contraction of COVID-19 was proximately caused by their employment for workers compensation purposes. OGC, along with the Office of Occupational Safety and Health, advised that establishing this presumption is not something VA should support. The language is overly broad and would encompass employees who very likely were never in contact with someone with COVID-19 within the scope of their employment.
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn
- All Area Emergency Managers are in place at each FEMA region.
- White House / VA Hotline remains operational.
    - On 3/22/2020, it was reported that an employee of the White House/VA Hotline tested positive for COVID-19. A Second employee was also tested for COVID-19 (results pending). Request was made for deep cleaning of the space. In the interim, the Hotline has established a virtual call center with staff working from home on government equipment.
- Gathering data on total number of VA employees on National guard / reserve duty / eligible for being called up – requires working with DOD to obtain full data and coordination with DOD to determining who at this moment is active/called up vs. performing their VA job.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- As of close of business on Sunday, March 22, 2020, VBA contract vendors had reported a cumulative total of 12,580 unique Veterans whose contract examinations have been impacted by the pandemic (1,416 living overseas and 11,164 domestic).
- As of March 23, 2020, 36 medical centers have turned off Disability Benefits Questionnaires (DBQs). The number of DBQs turned off varies by medical center and ranges from 50 to 82 (all). Compensation &Pension exam requests in those areas will now be routed to the contract vendors.
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- VA will institute a pause on the MISSION Act Standards following a discussion with OIRA, scheduled for 3/24/20.
- VA considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis.

Guidance, Communication and Outreach with Stakeholders

- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19

- **Other Notable Responses**

  - 204 Positive Veteran COVID-19 Cases (Note this is a 44 case increase from yesterday)

Location	Total	Pending Confirmation	VA Inpatient, ICU	VA Inpatient Acute Care	Quarantined Home	Discharged, Quarantined Home	Deceased	Community Hospital	CLC, Comm. Hospital
Total	**204**	**31**	**22**	**30**	**113**	**2**	**2**	**2**	**1**
Ann Arbor	1		1						
Arizona	1			1					
Atlanta	17		1	1	15				
Bay Pines	1				1				
Birmingham	1			1					
Bronx	8		1		7				
Chicago	2		1		1				
Cincinnati	4				4				
Cleveland	3			2	1				
Columbia MO	1		1						
Columbia SC	3			1	2				
Dayton	1		1						
Denver	5			2	3				
Detroit	1				1				
Fayettevill e NC	2				2				
Fresno	1				1				

Hines	1				1				
Hudson Valley	6			1	4				1
Kansas City	2				2				
Lebanon	1				1				
Long Beach	2			1	1				
Los Angeles	1		1						
Madison	1				1				
Manchester	1				1				
Miami	1			1					
Milwaukee	4		1	2	1				
Minneapolis	2			1	1				
Montana HCS	1				1				
Mountain Home	1				1				
New Jersey	2				2				
New Mexico	1					1			
New York Harbor	10		3	2	5				
NOLA	65	31	6	7	19	1			
Northport	1				1				
Orlando	3				3				

Palo Alto	2		1		1				
Portland	3			2			1		
Puget Sound	9		1	3	5				
San Diego	3				3				
San Juan	7			1	6				
Sioux Falls	3				2			1	
Southern Nevada HCA	1		1						
Spokane	1							1	
St. Louis	1				1				
Togus	2				2				
Tomah	1				1				
Washington, DC	8		2	1	5				
West Haven	1				1				
West Palm Beach	1				1				
White River Jct	2				1		1		
Wichita	1				1				

- **Veteran Deaths**: 2 veterans have died from COVID- 19. 1 in Portland, 1 in White River Junction

- **37 VA Employees (Up 3 from yesterday's count):**
  - 2 Denver, CO
  - 1 Boise City, ID
  - 3 Las Vegas, NV
  - 6 Tacoma, WA
  - 1 Houston, TX
  - 1 Miami, FL
  - 1 Indianapolis, IN

1 Detroit, MI
2 Washington, DC (Both employees of Washington, DC VAMC)
2 New York, NY
1 Albany, NY
2 Omaha, NE
1 Honolulu, HI
1 Nashville, TN
1 Albuquerque, NM
3 Palo Alto, CA
1 Augusta, ME
1 Boston, MA
1 Northampton, MA
1 Memphis , TN
1 Salt Lake City, UT
1 Madison, WI
1 Martinsburg, WV
1 Cincinnati, OH

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field

    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.

- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select

vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts

- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- VA OGC opined on whether there is authority to temporarily waive or change the low-income restriction for childcare subsidies. While there is no specific statute/regulation that allows VA to waive the childcare subsidy requirements, these authorities permit agencies to set their own thresholds for determining what constitutes "low income" for determining subsidies. VA could adjust the policy temporarily to permit a greater number of employees to participate in the program by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- Issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes.

From: Powers, Pamela
Sent: Mon, 23 Mar 2020 21:56:13 +0000
To: (b)(6) OP/OMB
Subject: Re: Agency Report - VA

Not great. But thanks for asking.
Get Outlook for iOS
From (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Monday, March 23, 2020 5:53:57 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Agency Report - VA

Very close to the WH ;)

How are you feeling?

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Monday, March 23, 2020 5:52 PM
To: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Subject: Re: Agency Report - VA

West Virginia.

Get Outlook for iOS

From (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Sent: Monday, March 23, 2020 5:48:10 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] RE: Agency Report - VA

Where is the hotline located?

From: Powers, Pamela (b)(6) @va.gov>
Sent: Monday, March 23, 2020 5:10 PM
To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; DL OMB Dir Office OMB_COVID19OPS (b)(6) @omb.eop.gov>
Cc: (b)(6) EOP/OMB (b)(6) @omb.eop.gov> (b)(6) (b)(6) @va.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) EOP/OMB (b)(6) @omb.eop.gov> (b)(6) EOP/OMB (b)(6) @omb.eop.gov> (b)(6) EOP/OMB (b)(6) @omb.eop.gov> (b)(6) (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>; (b)(6) OP/OMB (b)(6) @omb.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) @va.gov>; (b)(6) . EOP/WHO <(b)(6) @who.eop.gov>; Cashour, Curtis (b)(6) @va.gov>; Tucker, Brooks <(b)(6) r@va.gov>; Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>
Subject: RE: Agency Report - VA

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

From: Powers, Pamela
Sent: Tue, 24 Mar 2020 17:38:56 +0000
To: (b)(6) EOP/WHO (b)(6) EOP/OMB
Cc: Cashour, Curtis;Tucker, Brooks;Miller, Katie R.
EOP/OVP;(b)(6) @omb.eop.gov
Subject: VA COVID-19 Operations Plan
Attachments: VHA COVID-19 03232020_vF.pdf

(b)(6)

FYSA. VA has developed a COVID-19 Operations Plan (attached) to outline Veterans Health Administration (VHA) response activities for COVID-19 in the United States. This is the first of its kind and is very much needed to continue to operate in a consistent and effective manner across the VHA enterprise.

VHA will conduct all activities necessary to protect Veterans and staff from COVID-19 and ensure continuity of access to and delivery of healthcare services to Veterans as appropriate. Also, as defined in the Pandemic Crisis Action Plan (PanCAP) Adapted U.S. Government COVID-19 Response Plan (March 13, 2020)1, VHA will support U.S. Department of Health and Human Services (HHS) through Emergency Support Functions (ESFs) as requested. This response will be carried out in accordance with the National Response Framework (NRF)2 and in accordance with established departmental authorities and standing policies.

The primary goal of the operations plan is to protect Veterans and staff from acquiring COVID-19 infection by leveraging technology, communications as well as using dedicated staff and space to care for COVID-19 patients. The Department of Veterans Affairs (VA) will create a safe environment by implementing a system where one VA facility operates as two separate "zones" (Standard and COVID-19) for inpatient care. VA will provide most outpatient care for Veterans through telehealth services as appropriate. This approach minimizes the risk of infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care. The plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19.

VHA will be releasing this to the field in the near future. If you have any questions or concerns, please let me know.

Thanks,
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

Veterans Health Administration - Office of Emergency Management

COVID-19 Response Plan

Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan

Version 1.6 March 23, 2020

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

MAR 2 3 2020

To Whom It May Concern:

The Department of Veterans Affairs is unified with our Federal partners in leading the medical response to combat the COVID-19 pandemic.

Within days of the first confirmed COVID-19 case, Veterans Health Administration (VHA) began a comprehensive response and operations plan to protect our Veterans, their families and the workforce. The enclosed COVID-19 Response Plan is a living document and just as the pandemic evolves, the guidance will also evolve. Revisions of this document will be provided and published as more information, guidance, and best practices become available.

As the Nation's largest healthcare network, our transparency is foundational to provide the American healthcare delivery system the opportunity to leverage and contribute to how the medical community collaborates when faced with the significant challenges associated with global pandemic.

This COVID-19 Response Plan is the result of the work of dedicated VHA employees devoted to providing high-quality, compassionate care to the Nation's Veterans and more broadly when necessary. I am very appreciative of their tireless efforts. It is important for all of us to work together to protect the American people at this critical time. Thank you for your continued commitment to serve those in need.

Sincerely,

Richard A. Stone, MD
Executive in Charge, Veterans Health Administration

Introductory Material

Record of Changes:

Date	Description of Change	Page of section	Posted by

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Executive Summary

COVID-19 has been declared a Pandemic by the World Health Organization (WHO) and a Public Health Emergency (PHE) by the U.S. Government. A pandemic, as defined by the WHO, is a worldwide spread of a new disease; occurring over a wide geographic area and affecting an exceptionally high proportion of the population. Current evidence shows that the virus infects others at a higher rate than influenza and has higher rates of hospitalization and death when compared to influenza. U.S. citizens, including Veterans and healthcare personnel are at risk for COVID-19 infection.

The primary goal of the operations plan is to protect Veterans and staff from acquiring COVID-19 infection by leveraging technology, communications as well as using dedicated staff and space to care for COVID-19 patients. The Department of Veterans Affairs (VA) will create a safe environment by implementing a system where one VA facility operates as two separate "zones" (Standard and COVID-19) for inpatient care. VA will provide most outpatient care for Veterans through telehealth services as appropriate. This approach minimizes the risk of infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care. The plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19.

Purpose

This plan outlines Veterans Health Administration (VHA) response activities for COVID-19 in the United States. VHA will conduct all activities necessary to protect Veterans and staff from COVID-19 and ensure continuity of access to and delivery of healthcare services to Veterans as appropriate. Also, as defined in the *Pandemic Crisis Action Plan* (*PanCAP) Adapted* U.S. Government COVID-19 Response Plan *(March 13, 2020)*[1], VHA will support U.S. Department of Health and Human Services (HHS) through Emergency Support Functions (ESFs) as requested. This response will be carried out in accordance with the National Response Framework (NRF)[2] and in accordance with established departmental authorities and standing policies.

Situation

Background

A pneumonia of unknown cause detected in Wuhan, China was first reported to the World Health Organization (WHO) Country Office in China on 31 December 2019. The

[1] As of March 18, 2019, this plan is not available for public distribution or release. Public release of this document is pending approval.
[2] National Response Framework, Fourth Edition, published on October 29, 2019, and revised on February 27, 2020. https://www.fema.gov/media-library/assets/documents/117791

virus was later named “SARS-CoV-2” and the disease it causes named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a “Public Health Emergency of International Concern (PHEIC). On January 31, 2020, HHS Secretary Alex M. Azar II declared a PHE for the United States to aid the U.S. healthcare community in responding to COVID-19. On March 11, 2020 WHO publicly characterized COVID-19 as a pandemic.

Pandemic

A pandemic is a global outbreak of disease. Pandemics generally happen when a new virus emerges to infect people and can spread between people sustainably. People have little to no pre-existing immunity against the new virus and it holds the potential to spread worldwide.

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a “Pandemic Intervals Framework.” Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.

Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in several species of animals, including bats, camels, cattle, and cats. Rarely, animal coronaviruses can infect people and then spread between people, as observed with Middle East Respiratory Syndrome (MERS)-CoV, Severe Acute Respiratory Syndrome (SARS)-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. Similar sequences between patients from U.S. and initial patients in China likely suggest a single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China,

including in the U.S. Community spread means some people in a given area have been infected and it is not known how or where they became exposed.

Illness Severity

The complete clinical picture of COVID-19 is not fully known at this time. Reported illnesses range from very mild (including some with no reported symptoms) to severe including illness resulting in death). While information suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in approximately 16 percent of cases[3]. Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease, and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.

Risk Assessment

Risk depends on characteristics of the virus, including how well it spreads between people; the severity of resulting illness, the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness) and the relative success of these measures. In the absence of a vaccine or treatment medications, nonpharmaceutical interventions become the most important response strategy; these include community interventions that can reduce the impact of disease.

Risk from COVID-19 can be broken down into risk of exposure versus risk of serious illness and death:

Risk of Exposure is increased for:

- People in places of reported, ongoing community spread of the virus that causes COVID-19, with the level of risk dependent on the location
- Healthcare workers caring for patients with COVID-19
- Close contacts of persons with COVID-19
- Travelers returning from affected international locations where community spread is occurring, with level of risk dependent on where they traveled

Risk of Severe Illness is increased for:

- Older adults, with risk increasing by age
- People who have serious chronic medical conditions, such as: heart disease, diabetes, lung disease, and hypertension

[3] Dr. Nancy Messonnier, Director of the National Center for Immunization and Respiratory Diseases (NCIRD) cited this in a recent telebriefing. https://www.cdc.gov/media/releases/2020/t0303-COVID-19-update.html

Planning Assumptions

The focus of VHA's preparedness model has been to maintain an "all hazards" core High Consequence Infection (HCI) response capability at all VA medical facilities. VHA is ensuring active liaisons between VA and public health authorities at all levels, and between VA Medical Centers and local healthcare coalitions. The following generalized assumptions specific to COVID-19 include:

- Efficient and sustained person-to-person transmission that is documented by authoritative U.S. and international scientists and that occurs anywhere in the world will indicate an imminent pandemic.
- Susceptibility to the virus may be universal.
- Illness rates may be highest among the elderly (65 years of age and older).
- Some persons will become infected but may not develop clinically significant symptoms, i.e., they will not be aware that they have been infected with the COVID-19 virus for 14 days.
- As would symptomatic individuals, persons who have COVID-19 with little to no symptoms may be capable of transmitting infection.
- Most estimates of the incubation period for COVID-19 range from 1-14 days. Recent work reports the median incubation period to first symptoms to be 5.1 days.[4]
- Children play a major role in transmission of infection as their illness rates are likely to be higher, they usually shed more virus, and they do not control their secretions as well.
- Approximately 20 percent of the infected population will require hospitalization, of this, approximately 5 percent will require ICU level care and approximately 2.3 percent will require ventilator support.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence in the U.S. and the difference between more and less severe scenarios may be tenfold.
- Risk groups for severe or fatal infection cannot be predicted with certainty but are likely to include the elderly and persons with specific chronic medical conditions.
- In a severe outbreak, absenteeism (the number of absent employees) may reach 40 percent, due to illness, the need to care for ill family members, or fear of infection during the peak weeks of a community outbreak. Lower rates of absenteeism are expected during the weeks before and after the peak.

---

[4] Lauer SA, Grantz KH, Bi Q, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. Ann Intern Med. 2020; [Epub ahead of print 10 March 2020]. https://doi.org/10.7326/M20-0504

- There may be critical shortages of healthcare resources, such as Personal Protective Equipment (PPE), staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of deceased, and other resources. This is only mitigated by meticulous planning.
- Public health measures, such as temporarily closing schools, and quarantining household contacts of infected individuals are likely to increase rates of absenteeism due to employees with school-aged children.
- Potentially 30 percent of the workforce could be non-available due to illness or caring for sick family members.
- Similar to influenza, the event could last 18 months or longer and could include multiple waves of illness.
- Multiple waves of epidemics are likely to occur across the country, lasting many months altogether. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Authorities

National Authorities

Primary national authorities are listed below. For a full list of authorities, reference the Biological Incident Annex (BIA) or PanCAP Annex A: Authorities.

1. Public Health Service Act, Pub L. No. 78-410, 58 Stat. 682 (1944) (codified as amended at 42 United States Code (U.S.C.) §§ 201 et seq.; 42 U.S.C. §§ 300hh-1 and 16).
2. Public Readiness and Emergency Preparedness Act, Pub. L. No. 109-148 (codified as amended in the Public Health Service Act at 42 U.S.C. §§ 247d-6d).
3. Economy Act, Pub. L. No. 73-2 (1933) (codified as amended at 31 U.S.C. §1535).
4. Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (as amended at 42 U.S.C. §§ 5121-5207).
5. Presidential Policy Directive 44 (PPD 44), Enhancing Domestic Incident Response (2016).
6. Homeland Security Presidential Directive 5 (HSPD-5), Management of Domestic Incidents (2003).

VHA Specific Authorities

1. Title 38, U.S.C., Section 8117, Emergency Preparedness (Pub L. No.107-287, as amended).
2. VA/DoD Health Resources Sharing and Emergency Operation Act, Pub L. No. 97-174, May 4, 1982.
3. Department of Veterans Affairs Emergency Preparedness Act of 2002, Pub L. No. 107-287, November 1, 2002.

Guiding Doctrine

The BIA and Response and Recovery Federal Interagency Operational Plans (FIOP), approved January 2017, provides strategic guidance for the coordination of the interagency during a biological incident. The PanCAP (approved in January 2018), and the VA Pandemic Influenza Plan (March 2006) operationalize the BIA with a focus on viral pandemic pathogens. The U.S. Government and VHA COVID-19 Response Plan(s) provide adapted Federal response actions to this disease.

Mission

HHS is the Lead Federal Agency (LFA) and reports to the Office of the Vice President, the task force lead for the whole government response. HHS will take all necessary action to leverage U.S. Government (USG) resources to prepare for, respond to, and recover from COVID-19. VHA, in conjunction with VA, will coordinate activities with HHS to:

- Limit the spread of COVID-19 infection to Veterans and staff,
- Provide care for those infected with COVID-19,
- Provide continuity of care for non-infected Veterans, and
- Provide resources to HHS in support of ESF mission assignment tasking, as requested.

Roles and Responsibilities

National Level Roles and Responsibilities

The Federal Emergency Management Agency (FEMA) coordinates Federal support and consequence management. VHA supports Federal interagency support with HHS, as requested, to assist State, Local, Territorial, and Tribal (SLTT) partners with preparedness and response activities. As defined in Annex F. Federal Roles and

Responsibilities of the U.S. Government COVID-19 Response Plan (March 13, 2020), VA is responsible for the following:

- VHA will provide PPE fit-testing, medical screening, and training for ESF #8[5] and other Federal response personnel.
- Provide VHA staff as ESF #8 liaisons to FEMA the Incident Management Assistance Teams deploying to the state emergency operations center.
- Provide VHA planners currently trained to support ESF #8 teams.
- VHA provides vaccination services to VA staff and VA beneficiaries in order to minimize stress on local communities.
- VHA furnishes available VA hospital care and medical services to individuals responding to a major disaster or emergency, including active duty members of the armed forces as well as National Guard and military Reserve members activated by state or Federal authority for disaster response support.
- VHA provides ventilators, medical equipment and supplies, pharmaceuticals, and acquisition and logistical support through VA National Acquisition Center.
- National Cemetery Administration (NCA) provides burial services for eligible Veterans and dependents and advises on methods for interment during national security emergencies.
- VHA designates and deploys available medical, surgical, mental health, and other health service support assets.
- VHA provides one representative to the National Response Coordination Center (NRCC) during the operational period on a 24/7 basis.

VA Level Roles and Responsibilities

Under Secretary for Health (USH):

- Establishes policy for VHA HCI preparedness in concert with the Secretary of VA, the HHS, Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC).
- Designates VHA program offices with leadership and support responsibilities for HCI preparedness and response.
- Provides funding necessary for COVID-19 response efforts, including but not limited to equipment, supplies, pharmaceuticals, training, and human resources.

[5] Emergency Support Function #8 – Public Health and Medical Services Annex, https://www.fema.gov/media-library/assets/documents/25512

Deputy Under Secretary for Health (DUSH)

- The DUSH is responsible for ensuring the support and participation of VHA program offices with the national-level HCI advisory committee.

Assistant Under Secretary for Health for Operations (AUSHO)

- The AUSHO is responsible for ensuring Veteran Integrated Service Network (VISN) and VA medical facility requirements are provided to the VHA Emergency Management Coordination Cell (EMCC).

Directors of the Offices of Emergency Management (OEM) and Population Health (PH)

The Directors of OEM and PH are responsible for establishing and managing a national-level COVID-19 advisory group that is composed of subject matter experts from VHA program offices, as well as VISN and facility-level representation. The advisory group is responsible for:

- Developing policy, plans, guidance, and education to support VHA's readiness for response and recovery from the COVID-19 outbreak.
- Coordinating VHA COVID-19 response plans with officials from VA, HHS Assistant Secretary for Preparedness and Response (ASPR), CDC, and other Federal agencies.
- Making recommendations for the strategic management of supplies and equipment necessary to support the response to the outbreak.
- Determining requirements for the capabilities of VA healthcare facilities.

VISN Director

- Designating responsibility for the oversight of equipment and supplies maintained within the VISN for the COVID-19 outbreak.
- Communicate VISN response efforts to local media, the Congress, Veteran Service Organizations, and Veterans
- Maintaining active liaison with the State departments of public health for the integration of VA Medical Center (VAMC) preparedness and response activities, as appropriate.

VAMC Directors

- Establishing a COVID-19 advisory workgroup. This interdisciplinary workgroup has both clinical and non-clinical expertise. Suggested composition includes representation from infectious diseases/infection prevention and control, nursing,

industrial hygiene/safety, emergency management, ethics, and other subject matter experts, as appropriate.

- Maintaining situational awareness and identifying sources of medical and epidemiological information.
- Establishing procedures for the identification, screening, isolation, diagnosis and treatment of Persons Under Investigation (PUIs), including processes for cleaning/disinfecting and infectious waste removal, as appropriate.
- Maintaining and ensuring an adequate amount of medical supplies, equipment, medication, and PPE is available at the point of patient care.
- Designating space to care for COVID-19 patients while minimizing the risk of contagion to non-infected patients and visitors.
- Determining and communicating a clear ethical framework for the allocation of scarce resources in coordination with the facility's Ethics Consultation Service.
- Documenting patient and employee responses to risk assessment screening questions.
- Providing education and training to those staff members who will be involved with COVID-19 patients consistent with their roles and responsibilities and risk-based job analysis at least annually.
- Conducting periodic exercises that integrate non-VA community partners.
- Coordinating VAMC COVID-19 preparedness and response activities with the VISN and with local healthcare coalitions, public health, and emergency management authorities, as appropriate.
- Identifying any needed corrective actions through COVID-19 training, exercises or actual incidents, and include in overall improvement plans that are approved by leadership.

Execution

Concept of Operations

This plan outlines key decisions, actions, and interagency coordinating structures implemented during the COVID-19 response. In addition to our core mission objective of protecting Veterans and staff from infection, providing care for those infected, and maintaining continuity of care for non-infected Veterans, VHA also provides support nationally as outlined in the Pandemic and All-Hazards Preparedness Act and the NRF.

Operational Phases and Triggers

The concept of operations for this incident is based on the VHA COVID-19 Strategic Response Plan (*VHA COVID-19 Workgroup, Emergency Management Coordination*

Cell, version 1.0, March 3, 2020). It aligns with the interagency triggers to the CDC intervals for each phase as well as the COVID-19 Containment and Mitigation Strategy developed by the National Security Council (NSC).

The table below provides mapping between these operational constructs:

Table 1: Mapping of Operational Constructs

Phase	Pre-Incident Phase 1C	Post-incident Operations Phase 2A	Post-incident Operations Phase 2B	Post-incident Operations Phase 2C	Recovery and Restoration Operations Phase 3
USG COVID-19 Response Plan Phase	Near Certainty of Credible Threat	Activation, Situational, Assessment, and Movement	Employment of Resources	Intermediate Operations	Restoration and Long-Term Recovery
CDC Interval	Recognition	Initiation	Acceleration		Deceleration
NSC COVID-19 Containment / Mitigation Strategy	Containment	Aggressive Containment	Transition from Containment to Community Mitigation	Community Mitigation	Preparing for Future Epidemics
VHA Phases of Implementation	Phase 1 – Contingency Planning and Training	Phase 2 – Initial Response		Phase 3 - Alternate Sites of Care	Phase 4 - Extended Operations and Recovery

NOTE: Transitions between phases are informed by triggers outlined in the sections below.

National level Response Phases of Implementation

Table 2: VA Specific ESF #8 Responsibilities

Phase	1c - Near Certainty or Credible Threat	Phase 2A – Activation, Situational Assessment, and Movement	Phase: Phase 2B – Employment of Resources and Stabilization	Phase: Phase 2C – Intermediate Operations
VA Specific ESF #8 Responsibilities	- Enhance VA Facility Surveillance	- Identify and request interagency Liaison Officer (LNO) to support HHS Secretary's Operations Center (SOC).	- Designate and deploy available medical, surgical, mental health, and other health service support resources. - Provide liaisons as ESF #8 assets to Federal and state emergency coordination entities.	- Provide mortuary assistance in the interment of human remains. - Furnish available VA hospital care and medical services in a major disaster or emergency. - Provide acquisition and logistics support to public health/medical response operations.

As specified in Annex F and Annex X of the U.S. Government COVID-19 Response Plan, VHA has assigned responsibilities to HHS regarding mission assignment taskings under Emergency Support Function #8 - Public Health and Medical Services. The table below provides the details regarding the responsibilities and operational phases where these assignments may be exercised:

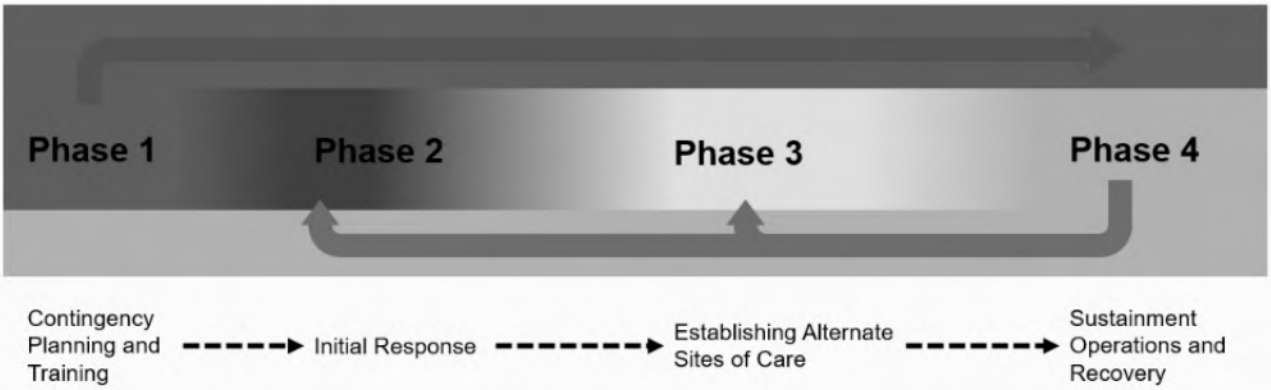
VHA Response Phases of Implementation

VHA will respond using a 4-phase approach to COVID-19:

1) Contingency Planning and Training;
2) Initial Response;
3) Establishing Alternate Sites of Care; and
4) Sustainment and Recovery.

This document provides an overview of the changes that are necessary within VHA to mitigate the impacts from the COVID-19 outbreak on Veterans, employees, and healthcare operations.

Figure 1: VHA Concept of Operations - Phases of Operation



Phase 1 – Contingency Planning and Training

VHA's overall strategy for mitigating the impact of COVID-19 on Veterans, employees, visitors and the VHA healthcare delivery system. The overarching principles guiding the strategy are:

- Protect patients not infected and employees from acquiring COVID-19 infection.
- Shift priorities, resources, and standards of care to accommodate a large influx of infectious patients.
- Physically and functionally separate suspected or confirmed COVID-19 patients from individuals who have not been exposed to the virus.
- Use dedicated employees to care for COVID-19 patients.
- Leverage technology and communications to minimize exposure.
- Identify opportunities to deliver supportive care to large populations of patients, in coordination with community partners.

Trigger: Phase 1 is triggered during an outbreak outside of the US. This phase ends with the occurrence of an outbreak of COVID-19 in the US.

Objective: Update plans, procedures, and techniques and conduct training to protect Veterans and staff in the event of an outbreak of the COVID-19.

Table 3: Phase 1- Strategies for Mitigating COVID-19

Strategies	Stabilization Targets
a. Develop plans, policies and procedures to protect Veterans and staff.	Provisional plans are complete, approved and issued as guidance across the VHA enterprise.
b. Conduct training on the developed plans, policies, and procedures.	Initial training programs developed and published based on initial planning guidance with mechanisms; update/revise as necessary.
c. All VAMCs conduct a Tabletop Exercise (TTX).	100 percent of facilities completing a TTX, lessons learned reviewed and integrated into planning cycle.
d. Identify PPE Stockage Levels and Requirements.	Verify national stock levels, monitor/track utilization, implement proactive strategies to ensure no interruption in care.
e. Identify existing capability and "just in time capability" requirements.	Ensure plans in place and ready to accommodate rapidly developing resource needs to fulfill emerging capability gaps.
f. Develop "one voice" messaging for Veterans and staff.	Develop and communicate initial messaging. Develop processes to update, refresh, and reinforce messaging.

Phase 2 – Initial Response

VAMCs must be prepared to implement a response to COVID-19 outbreaks in their areas. The strategies include:

- Ensure situational awareness reporting procedures are in place.
- Ensure transparent communications across the enterprise.
- Receive and triage Veterans with suspected or confirmed COVID-19 infection.
- Provide acute and outpatient care for Veterans with COVID-19.
- Maintain care for Veterans without COVID-19 through telehealth services, a preferred delivery system, if possible.

Trigger: Phase 2 is triggered when there is an initial outbreak of COVID-19 in the US. This phase ends when either existing capability/supply chain cannot maintain levels to meet demand or when the response capabilities can meet and sustain the response operations indefinitely.

Objective: Implement containment and mitigation actions to respond to local and/or regional outbreaks.

Table 4: Phase 2 - Strategies for Mitigating COVID-19

Strategies	Stabilization Targets
a. Ensure situational awareness reporting procedures are in place at all levels.	Implement procedures to capture current situation information and provide clear, accurate, and timely operational information to senior management.
b. Transparent communication to ensure information availability and analysis is getting all levels.	Implement systems to capture, aggregate, and report the latest situational information at all levels across the enterprise.
c. Receive and triage initial patients: i. Protect uninfected patients and staff from infectious patients and staff. ii. Provide acute care for COVID-19 patients. iii. Support mildly ill COVID-19 patients in home isolation –and use telehealth. iv. Support patients in voluntary home quarantine – use telehealth. v. Continue to address routine healthcare needs for all patients.	• Initial guidance developed and published. • Physical measures implemented at the facilities to provide isolation of COVID-19 cases while ensuring continuing care operations for non-effected patients. • Implement Telehealth programs to reduce the number of cases entering medical facilities. • Provide mechanism to monitor and track patients under care in home quarantine.
d. Implement response plans and adjust as necessary.	Procedures to ensure management objective and operational info inform the planning cycle.

Each facility will establish workflows that create two zone types: one for outpatient and inpatient zones for suspected and confirmed COVID-19 cases and another for standard healthcare cases. The “two zone approach” allows every VAMC to establish separate solutions to safely care for Veterans with COVID-19 while continuing to provide care for Veterans in need of standard VA facility-based healthcare. Separate locations for these two populations allow for the creation of secured areas, implementation of appropriate infection control practices, and deployment of staffing models to limit risk to Veterans and staff.

Triage: VA will deploy various tools to prompt Veterans to call VA before visiting a VA facility while sick. Some of the tools will provide extensive triage capabilities (e.g., Call Centers) while other will be self-reported answers to standard questions (e.g., check-in kiosks). The table below highlights Veteran touchpoints and strategies. Virtual and in-person triage strategies are presented below.

Table 5: Phase 3 – Virtual and In-person Triage Strategies

Veteran VA Interface										
Strategy	Web	VA APP	Online Appt. Mgt.	MyHealth -eVet	Nat. Call Center	VISN/ Facility Phone	Scheduled Visit Virtual	Scheduled Visit Physical	Facility Drop in	In-house
Provide education on COVID-19	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Remind to call before going to any healthcare site	✔	✔	✔	✔	✔	✔				
Provide self-screening tool	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Provide education on isolation and quarantine	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Link "If you have these symptoms" to actionable path	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Pathway for Veteran to move within physical space	✔		✔	✔	✔	✔	✔	✔	✔	✔
Set expectations	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Isolation, Quarantine, and monitoring	✔	✔		✔	✔	✔	✔			

Virtual: Veterans and staff will be directed to "call first" when they have symptoms of a cold or flu before traveling into a VA facility. For Veterans, VA call centers (contract, VISN, facility) have scripted language and workflows to assess fever/symptoms and will conduct a warm handoff to trained clinical staff for additional triage over the telephone. Veterans with confirmed symptoms may be instructed to come to a VA facility for additional triage or may be asked to remain at home with VA providing virtual follow up (e.g., telehealth or telephone care). VA staff, volunteers, and trainees will follow a similar process and notify their supervisor and/or occupational health before coming to work.

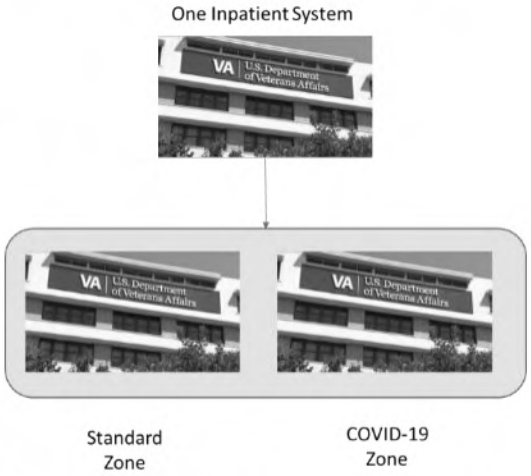
Patients triaged and without suspicion of COVID-19 infection who require urgent or emergency care will be directed to an area separate from the COVID evaluation area. Standard acute inpatient and ICU units will be also separate from those dedicated to COVID-19 care.

In-person: Patients who are referred to a facility by a call center or present at the facility will enter a local system designed to limit the exposure of other Veterans and VA staff to COVID-19. Veterans will be instructed by the call center or through local signage to use a limited number of designated entry points into the facility and to ask for a face mask when they enter the facility. COVID-19 triage stations are located close to these entrances and employees outfitted with appropriate PPE will screen all individuals for signs, symptoms, or epidemiological exposures that put them at high risk for COVID-19 infection. The possible outcomes of this triage are:

- Patient is sent home with or without instructions for self-care and self-quarantine or isolation as appropriate, for non-face-to-face medical evaluation, or to an alternate site of care; or
- Patient is directed to the standard urgent care or emergency department; or
- Patient is directed to the COVID emergency department.

Inpatient Care: The "two zone" plan applies to all inpatient areas and is designed to limit exposures to COVID-19 in the ICU and acute care areas, community living centers, and VA rehabilitation programs. By shifting outpatient care from facility-based to virtual care for all Veterans, VA addresses potential risk through social distancing and isolation and quarantine of Veterans who have or are under investigation for COVID-19. VA facilities will be able treat increasing numbers of Veterans with COVID-19 in a safe and high-quality environment due to these preparedness efforts.

Figure 2: Facility Zones



The implementation of these principles will begin immediately through actions to address how Veterans will be triaged; to split facilities — both physically and functionally — into a "COVID-19 Hospital" encompassing COVID-19 ED/urgent care, hospitalization, and ICUs where patients suspected or confirmed to have COVID-19 would be housed and cared for, and a "Standard Hospital" for uninfected patients.

Standard Zone: The Standard Zone's primary mission is the safe care for acute conditions in patients who do not have known COVID-19, symptoms of COVID-19, or high-risk exposure to COVID-19. All elective admissions should be cancelled to limit the risk of these Veterans entering the facility as well as to free up staff to provide care to either sicker standard patients or patients with COVID-19.

Employees should not cross-cover between COVID-19 and standard units. Traffic routes between units should be separate whenever possible. Employees and patients in the standard hospital must be screened periodically for signs or symptoms of COVID-19 infection and, if positive, immediately isolated and transferred to the COVID-19

hospital. In some instances, a standard unit (e.g., Medical/Surgical) should be converted to a COVID-19 unit based on suspected widespread exposure inside that unit (such as from an infected healthcare employee). Visitors should also be restricted and encouraged to use non-face-to-face methods to communicate with loved ones.

COVID-19 Zone: The COVID-19 Zone's primary mission is the safe care of acutely ill confirmed or suspected COVID-19 patients or those with high-risk COVID-19 exposures, whether their condition relates to COVID-19 or not. The Medical Center will dedicate complete areas for emergency/urgent care, acute care, and ICU care to COVID-19 hospitalized patients. These areas will limit COVID-19 exposure by staffing with dedicated personnel to minimize the number of individuals who become potentially exposed; restricting visitors and training activities; and minimizing patient movement. New areas capable of caring for COVID-19 patients may be found by:

- Decreasing elective admissions or procedures
- Shifting and consolidating standard patients in certain locations
- Discharging individuals not deemed at immediate need for hospitalization (such as patients in residential programs)
- Activating new (e.g., tents) or non-clinical areas

The air flow in these areas should be isolated from standard areas, and the air exhausted, or high-efficiency particulate air (HEPA)-filtered, prior to recirculation. Facilities will plan for cascading designation and activation of COVID-19 units, as necessary. The COVID-19 hospital will have dedicated ancillary services, such as radiology and phlebotomy. Employees working in the COVID-19 hospital need access to dedicated PPE, restrooms, and break and call rooms. Medical care, infection control, and environmental management will be done in accordance with CDC guidance. Mental health, medical, and surgical specialty consultation should be conducted using non-face-to-face methods (e.g., telehealth, telephone, and e-consults), when possible.

Outpatient Care: Ambulatory care areas include in-hospital primary care, mental health, specialty clinics, and Community Based Outpatient Clinics (CBOCs). The strategies for these areas are:

- Postpone routine and 'non-urgent' care of patients who do not have known COVID-19, symptoms of COVID-19, or high-risk exposure to COVID-19 or shift to Telehealth.
- Telehealth follow-up of Influenza-Like-Illness (ILI)/COVID-19 patients at home.
- Triage of patients with ILI for home isolation versus emergency evaluation for possible hospitalization.

Larger CBOCs will maintain point of entry triage for those patients that physically present at the facility. Facilities will need to determine how smaller CBOCs will function, including whether suspected COVID-19 patients will be seen at these locations. Clinics may also be closed, and staff directed to work from home or assist at other facility locations. Clinics should attempt to shift to an "all telehealth" mode, with phone, video, and/or electronic communication to meet the immediate needs of ambulatory patients,

with the exception of some "standard" urgent care (including primary and mental health). Patient Aligned Care Teams (PACT) and specialty clinics should use non-face-to-face methods to communicate with all their scheduled patients, and to respond to any urgent needs.

COVID-19 Outpatient Care: Veterans who are being tested for, and those who have been confirmed to have, COVID-19 infection should be assessed for at home quarantine or isolation[6]. With approximately 80 percent of persons with COVID-19 having asymptomatic disease or mild symptoms, limited inpatient resources should be reserved for those with severe disease or significant contraindications to at-home quarantine or isolation. At-home Veterans will be managed through telehealth with the potential use of mobile services, such as the Annie App – a VA service that sends automated text messages to Veterans to help them stay focused on their self-care and assist with follow up. Documenting recovery from COVID-19, including a series of negative laboratory tests, continues to evolve and will require adjustments to specimen collection routines. At-home patients requiring face-to-face visits should first be considered for Home Based Primary Care-type solutions or follow guidance above for triage and inpatient care.

Residential Populations: Special consideration is needed for residential populations at the medical center: nursing homes/hospice, mental health, rehabilitation, mental health rehabilitation treatment programs, spinal cord, and blind rehabilitation. Strategies to be considered include discharging some of these patients, temporarily closing some programs, or safely sequestering these patient populations, especially particularly vulnerable populations like nursing home residents. Facilities should provide an extra layer of entry restriction, infection control precautions, and supply chain scrutiny. These areas should have limited or no visitors and careful monitoring of employees, both for symptoms and history of sick close contacts. Social distancing on the ward may be required to limit viral transmission within a care unit.

Phase 3 - Alternate Sites of Care

Phase 3 includes activities that focus on how VHA organizes with community partners to address overwhelming numbers of patients who need hospitalization.

Trigger: This phase only occurs if VHA cannot meet the demands of the incident. This phase occurs when demand outpaces capability and alternate capabilities are needed. Phase 3 ends when capabilities are stabilized and can meet and maintain demand requirements.

[6] Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. Quarantine is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill.

Objective: Ensure VHA's ability to meet all Veterans' needs when demand outpaces capabilities and continue to protect our Veterans and staff while responding to an outbreak of the COVID-19.

Table 6: Phase 3 - Strategies for Coordination with Community Partners

Strategies	Stabilization Targets
a. Activate identified alternate sites of care to meet demand	Alternate physical care site plans developed and ready to implement for VA medical centers. This includes alternate buildings as well as mobile field hospital capacities.
b. Implement activities and procedures to meet limited capabilities to include facilities, staff, and supplies	Plans implemented to reduce or stop all routine care at a VA medical facility and provide for continuation of care of non-infected patients at other locations or through other mechanisms.
c. Be prepared to support local communities as possible	Plans developed and ready to implement regarding contingencies to support care of non-Veteran patients if required.
d. Be prepared to implement contingency planning for worst case scenario	Plans developed and ready to support alternate care standards of care for facilities operating with greatly reduced resources.

VHA will establish alternate sites of care should the healthcare system not be able to meet demands on care. The goal will be to ensure VHA maintains the capability to meet the Veterans' need when demand outpaces capabilities. The strategies are:

- Activate identified alternate sites of care in accordance with the facility Emergency Operations Plan to meet surge demand (e.g., outlying ward or building, field hospital, site off VA campus).
- Implement activities and procedures to meet limited activities to include facilities, staff and supplies.
- Be prepared to support local communities under agreement to provide care.
- Be prepared to implement contingency planning for worst case scenario.
- Be prepared to move non-critical patients to alternative sites.

Activities should focus on expanding space within the COVID-19 hospital; identifying opportunities within each VISN for housing large numbers of Veterans; and/or, integrating with local, state and Federal partners to address overwhelming numbers of patients who need hospitalization. Some solutions require legal authority to purchase services or to provide services to non-Veterans.

Phase 4 - Extended Operations and Recovery

This phase begins when the public health authorities recognize that the outbreak is beginning to wane, and clinical operations are beginning to stabilize. It also includes activities designed to sustain the VHA healthcare system during extended periods of active virus transmission and intervals during which transmission slows. A couple of the top priorities to consider would be to prepare for a second wave, reinitiate curtailed services during the surge phase, monitor the health and well-being of staff and rehabilitate (clean, service, and renew) all rooms, equipment and resources utilized in the response phase.

Trigger: This phase begins with the ability to meet and maintain the long-term response capabilities needed to combat the COVID-19 outbreak. The phase ends with a return to usual job functions and scopes of practice.

Objective: Maintain the highest standards of care for all Veterans, continue to protect Veterans and staff and return to normal operations.

Table 7: Phase 4- Strategies for VHA Healthcare System Sustainment

Strategies	Stabilization Targets
a. Conduct sustained operations	Plans to measure and monitor availability of routine care at all VA medical facilities, and mechanisms to deliver and source care for non-affected Veterans at alternate facilities.
b. Recover facilities, staff and equipment and return to normal operations	Plans implemented to support additional resource needs: • Staff augmentation plans to provide rest and recovery • Restock medical equipment • Mental healthcare for Veterans, Employees, and families • Communication strategies on returning of normal operations

The overall goal of Phase 4 is to maintain the highest standards of care for all Veterans, continue to protect Veterans and staff and return to normal operations. It is also to identify facility recovery needs and develop priority recovery processes to support a return to pre-incident operations or a new standard of normalcy for the provision of healthcare delivery. The organization will use its emergency operations plan to define its response to emergencies and recovery after the emergency has passed. Various aspects of a recovery effort could take place during an event or after an event. Recovery strategies and actions are designed to help restore the systems that are critical to providing care, treatment, and services in the most expeditious manner

possible. Emergency operations plans are designed to provide optimum flexibility to restore critical services as soon as possible to meet community needs. Recovery strategies maintain a focus on continuity of operations.

Direction, Control, and Coordination

The EMCC serves as the Multi Agency Coordination System (MACS) for VHA and coordinates with:

- All VA Administrations
- Federal, state, and local agencies and offices
- Private sector partners and stakeholders
- Non-governmental organizations

VISN Level: Direction, control, and coordination activities at the VISN level will occur in the VISN Emergency Operations Center (EOC). The VISN will provide coordination as a regional level MACS and direction and control as an EOC for the VA facilities within its catchment area.

VAMC Level: Direction, control, and coordination activities at the facility level will occur in the Hospital Command Center. The facility will assume tactical and operational control of all deployed response resources in response to an incident. Administrative control of resources will remain with the originating facility.

Program Offices: Direction, control, and coordination activities at the VHA Program level will occur congruently with the EMCC. The Program Offices may have certain tactical and operational responsibilities, specific to their programs controlling, tracking, and deploying program specific resources to a VISN or facility in response to an incident. Administrative control of resources will remain with the originative Program conjunction with the requesting VISN/facilities.

Workgroup: Direction, control, coordination activities at the Workgroup level will occur within and under the supervision of the EMCC. The Workgroups will be formulated based on the scale and scope of the incident and the need from the VISN/field. The purpose of the Workgroup is to develop specific COVID-19 guidance and developing answers to “Frequently Asked Questions” sent from VHA Staff to the EMCC.

Information Collections, Analysis, and Dissemination

Essential Elements of Information (EEI) provide context, informs decision making, and contributes to analysis. The baseline EEI's for the COVID-19 incident include, but are not limited to the following:

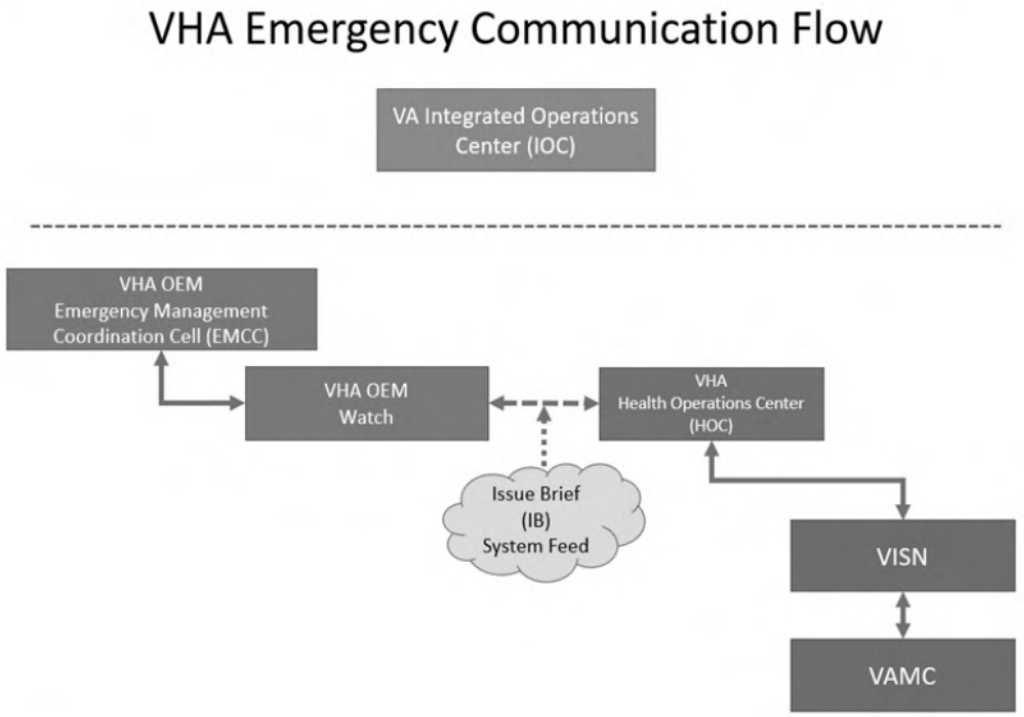
Table 8: Essential Elements of Information

Component	Sub-Component	Essential Element of Information
Medical	Hospitals	Number of COVID-19 patients seen and number of admissions. Number of COVID-19 isolation beds available/committed
	Dialysis	Status of dialysis services. If discontinued, number of patients impacted and actions to mitigate
	Pharmacies	When available, status of vaccination program - vaccinations available, given, and shortfalls
	Home Care	Number of COVID-19 patients under home monitoring
	Community Based Outpatient Clinics (CBOC)	Operational Status of CBOC facilities, Veterans impacted if shut down, and continuation of service plan
	Readjustment Counseling Services (RCS)	Operational Status of RCS facility. Veterans impacted if shut down, and continuation of service plan including community outreach via mobile vet center deployments
	Long Term Care Facilities	Operational status of facility, number of COVID-19 admitted, and facility shortfalls
	Telehealth	Number of COVID-19 calls and limitations in availability
Patient Movement	Emergency Medical Services	Status of facility emergency services department, and limitations/shortfalls
	Transportation	Patient transportation needs, availably of resources, shortfalls/unmet needs, and special transportation needs
Epidemiological Surveillance	Laboratory	Availability of COVID-19 testing, number of cases tested, and shortfalls in testing resources
Facility Management	Security	Status of security operations, limitations, and special needs
	Human Capital	Status of personnel resources, shortfalls, and unmet needs
	Mortuary	Number of COVID-19 fatalities and resource shortfalls
Medical Supply Chain	Personal Protective Equipment	Status of PPE (masks, isolation gowns, etc.), resource shortfalls, and unmet needs
	Veterans Canteen Services	Status of VCS services, resource shortfalls, unmet needs, and special considerations

The VHA OEM Watch (Watch) will be responsible for collecting, analyzing, and disseminating information regarding the disease outbreak. Information shall be formatted and shared in a manner most easily used by stakeholders and customers.

Information flow will travel from the facility Hospital Command Center (HCC) to the VISN EOC and finally through the National Healthcare Operations Center (HOC). The Watch will continuously monitor the inbound information sent to the HOC, and coordinate with the HOC to monitor and ensure all incident specific information is communicated to the EMCC Planning Section Situational Unit through the Issue Brief (IB) process (see Figure 3: VHA Emergency Communication).

Figure 3: VHA Emergency Communication



Issue Briefs

Issue Briefs (IBs) are short summary briefs of knowledge on topics specified by critical information requirements. The knowledge base of an IB consists of Essential Elements of Information (EEIs) surrounding the specifics of the event or incident. The typical EEIs of an HCI event disease outbreak are listed on the page above. IBs are created and transmitted via the Issue Brief Tracker Web Application (The Tracker). This System is owned by the HOC and monitored by the VHA Watch. Typically, IBs are produced at the facility or VISN level, although a VHA Program Office could also create an IB. The Essential Elements of information (EEI) written on the IB are tracked, monitored and briefed to VHA leadership and the IOC.

Situational Reports

A Situation Report (SitRep) provides a brief update on an event to make certain that VHA leadership is informed of the details of an HCI event. The SitRep gives details containing facts and verified information to gives a Common Operating Picture (COP) of the "who, what, when, where, why, and how" regarding the current HCI event. Information is captured at the facility level, usually by the Emergency Manager and the HCC, and then reported to the VISN, with a courtesy copy often sent to the Office of Emergency Management. At the VISN level, the Incident Management Team and its Emergency Program Coordinator (EPC) will collect, collate, review and combine (if a multiple facility event) SitReps and report up to the EMCC.

Additionally, the EMCC maintains situational awareness in the field through the Area Emergency Managers (AEMs) in the affected areas. When the AEM is not deployed for the HCI event and is embedded within the VISN EOC Incident Management Team, the AEM can capture information at the VISN level and coordinate reporting through the Regional Emergency Manager (REM) to the EMCC Planning Section.

Communications

Communication protocols and coordination during a disease outbreak will follow established procedures, with exceptions put into place to implement social distancing and minimize face-to-face contact. Communications at the VHA, VISN, and VAMC levels will integrate into the appropriate governmental level Joint Information System (JIS).

There are two functional areas within the EMCC which focus on communications: 1) the VHA OEM Watch and 2) the EMCC Public Affairs Officer (in conjunction with the Communications Workgroup).

VHA OEM Watch

The Watch serves as the lead entity in the EMCC for risk and situational awareness communications by creating storyboards each evening. A storyboard is a sequence PowerPoint(s) representing the current COVID-19 situation as it is laid out in a pre-illustrative manner. Storyboards are briefed by the Watch to VHA leadership during the HOC morning coordination call.

The EMCC will coordinate two-way communication with program offices, VISNs and VAMCs, and other partnering agencies via conference calls and video conferences throughout the duration of COVID-19. The Watch is available 24 hours per day, 7 days a week.

The EMCC Public Information Officer (PIO) & Communications Workgroup

The EMCC PIO and the Communications Workgroup, serve as the focal point for development of messaging and the distribution of communications and public education material regarding the COVID-19 incident to VHA Program Offices, VISNs, and facilities. The EMCC PIO will coordinate with other interagency and program office's PIOs to ensure the consistency of communications and education messaging regarding COVID-19.

Health and medical Veteran information messaging will be coordinated among VHA healthcare partners through a Joint Information System.

Communication Approval and Dissemination

Unified Command serves as the lead approving entity within VHA for COVID-19 risk messaging to staff and Veteran messaging to VHA veteran constituents. The Unified Command for VHA's COVID-19 response consist of two lead agencies, Population Health and Office of Emergency Management. The directors comprise the Unified Command and are appointed to approve and/or disapprove of all outbound messaging relating to COVID-19.

Currently, there are three (3) points of distribution for information upon approval from Unified Command:

- HCI SharePoint: A central hub which Workgroups can make available approved informative documents, guides, AUSHO correspondence with the Field and other related COVID-19 materials for use of VA staff.
- Daily Coronavirus: VHA Leadership Coordination Call - A call setup by the EMCC Plans Section with Program offices, VISNs and facility leadership to discuss concerns, develop items for action, and track the developments of COVID-19.
- PIO/Communication Workgroup: The Communication Workgroup consists of PIOs from various VA and VHA program offices. The Communication Workgroup develops information and educational materials in a "one-voice" method to disseminate to Veterans and staff concerning COVID-19. This process can be distributed through e-mail, video or telephone conferences.

Administration, Finance, and Logistics

Administration, Finance, and Logistics support requirements will be accomplished through the appropriate level of coordination or command center (EMCC, VISN EOC, VAMC HCC). Multi-agency agreements will generally be coordinated and executed at the EMCC or VISN EOC levels. (Additional details are contained in the finance and logistics appendixes of this plan)

Plans Development and Maintenance

This plan is an incident-specific annex to the VHA HCI Base Plan. This annex and associated appendices plan shall be reviewed and revised on the same periodic schedule as the HCI Base Plan.

Key Information Sources and References

Information Sources

- VHA nCoV Web Site: https://www.publichealth.va.gov/n-coronavirus/index.asp
- VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program has been approved for publication; it can be found by clicking on the following link: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=8644
- CDC Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States: https://www.cdc.gov/flu/pandemic-resources/pdf/community_mitigation-sm.pdf
- CDC Community Mitigation Guidelines to Prevent Pandemic Influenza - United States: https://www.cdc.gov/media/dpk/cdc-24-7/preventing-pandemic-influenza/community-mitigation-guidelines-for-preventing-pandemic-flu.html
- NETEC 2019 nCoV Repository: https://repository.netecweb.org/
- ASPR TRACIE, Infectious Disease Topic Collection: https://asprtracie.hhs.gov/infectious-disease

References:

- Executive Order, Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats, November 2016
- Institute of Medicine, Crisis Standards of Care, A System's Framework for Catastrophic Disaster Response, 2012. Available at: https://www.nap.edu/catalog/13351/crisis-standards-of-care-a-systems-framework-for-catastrophic-disaster
- Presidential Policy Directive-2 (PPD-2) Implementing National Strategy for Countering Biological Threats, November 2009.
- Federal Emergency Management Agency, Biological Incident Annex, January 2017.VHA National Center for Ethics in Health Care, "Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders & Health Care Professionals in the Veterans Health Administration," July 2010; Ethical Issues in Ebola Virus Disease Preparedness and Response, November 2014. Available at: https://www.ethics.va.gov/policy.asp

Appendix A – Patient Screening and Treatment

Purpose

The purpose of this document is to outline best practices for screening and triage of suspected COVID-19 cases. The overarching goal is quick recognition of possible COVID-19 cases in order to:

- Appropriately triage and care for patients with COVID-19.
- Appropriately triage and care for patients who are not infected with COVID-19.
- Minimize interactions between infected and uninfected persons.

Scope

Triage: Entails the entire process of clinical screening, and efficient and appropriate determination as to whether a patient requires hospitalization or can be cared for at home with monitoring.

Screening: Includes assessment for clinical signs, symptoms, and exposure history concerning for COVID-19 infection. Focus of screening should be on quick recognition and isolation of potential cases, with appropriate use of Personal Protective Equipment and Infection Control practices, and protection of uninfected patients from those who may be infected.

Triage and screening require either physical or virtual interaction. The triage and screening process includes both in-person and virtual and options by which patients enter a medical evaluation.

Screening should occur not only for patients, but also for staff entering all VA facilities. Non-essential visitors should not be permitted in VA facilities. Non-essential visitors are persons whose physical presence is not necessary for provision of medical care.

Visitors whose presence *is necessary* for provision of care should also undergo screening.

Virtual screening and virtual care will be utilized as first line care whenever possible to minimize exposure of Veterans, visitors, and staff to respiratory pathogens including COVID-19.

Within VA: Physical Entry into VA facilities should be limited, controlled, and monitored. Screening and triage of Veterans and staff will take place in multiple sites across VA:

- Virtual triage, including:
    - Clinical Contact Call Centers

- Telephone care appointments
- VA video connect telehealth care
- Secure messaging e-mails

- Emergency Department
- Clinics, including primary care, mental health, geriatrics, specialty, and surgical care
- Inpatient Areas – within Standard area, recognition and transfer patients with possible COVID-19
- Home Based Primary Care
- Other VA care sites that are separate from medical centers

Outside of VA: Non-VA Partners should be encouraged to call VA to assist in triage, as many patients will be appropriate for virtual care rather than emergency or in-person care. Screening and triage of Veterans and staff will also take place in sites outside of VA:

- Local public health authority
- Residential facilities, such as nursing homes, inpatient substance abuse programs.
- Non-VA clinics
- Non-VA hospitals
- Non-VA dialysis centers
- Other sites providing Non-VA care

If a Veteran is transferred from a non-VA site to a VA site of care, whether in-person or virtual, triage and screening should be repeated.

Planning Assumptions

Clinical Operations other than emergency and inpatient services will have shifted to primarily virtual/telehealth modalities. Clinics may still be operating on a limited basis for face-to-face needs, so will need ability to triage patients appropriately to determine whether they have respiratory illness potentially concerning for COVID-19, and whether they require emergency vs home care.

At some sites, essential outpatient clinical operations, such as hemodialysis, infusions, and chemotherapy, will need to continue.

Key assumptions:

- Efficient and sustained person-to-person global transmission is documented by authoritative U.S. and international scientists signaling a pandemic that will affect VA and trigger utilization of this strategy.
- About 50 percent of those who become ill will seek care. If effective antiviral drugs become available for treatment, more people will be expected to seek medical care.
- Risk groups for severe illness or fatal infection cannot be predicted with certainty but are likely to include the elderly and persons with chronic medical conditions.
- Susceptibility to the virus may be universal in wave one. Future waves can expect some population immunity.

Additional assumptions to consider:

- The event could last 18 months or longer and could include multiple waves of illness.
- Multiple waves of epidemics are likely to occur across the country, lasting many months altogether. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
- Effective response to the virus requires coordinated efforts of a wide variety of organizations.
- There may be critical shortages of healthcare resources, such as Personal Protective Equipment (PPE), staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of deceased, and other resources.
- Some persons will become infected, but may not develop clinically significant symptoms, i.e., they will not be aware that they have been infected with COVID-19 virus.
    - As would symptomatic individuals, individuals who have COVID-19 but no or minimal symptoms may be capable of transmitting infection.
    - The typical incubation period (interval between infection and onset of symptoms) for COVID-19 is up to 14 days.
- Absenteeism:
    - In a severe outbreak, workforce absenteeism may reach 40 percent attributable to illness, the need to care for ill family members, or fear of infection during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
    - Public health measures of temporarily closing schools, declaring other closures, and quarantining household contacts of infected individuals are likely to increase rates of absenteeism due to employees with school-aged children.

- Staff may be capable of performing some of their duties via telework and participating in provision of virtual care.

Concept of Operations

In-Person Triage and Screening

In-Person Triage and Screening – Physical Entry Points

All staff and patients who physically present to the Medical Center will be admitted through limited triage stations set up at designated entry point(s). Best practices, locations, and number of triage points will vary based on capacity, size, layout, and other individual facility needs and constraints, but all entry into facilities should be monitored.

- Where possible, these should include separate entrances for patients requiring emergency evaluation, staff members, and patients presenting for nonemergent (scheduled) face-to-face outpatient needs.
- In facilities where provision of chemotherapy, infusion of immunosuppressive agents, or dialysis occurs, consider separate entry points for these patients away from entry for emergency patients, but triage and standardized questions should still take place prior to entry.
- All entry points should be manned, and there should be no entry into the hospital outside of these checkpoints. Nonessential visitors should not be allowed.
- The emergency triage checkpoint should be located as close as possible to the Emergency Department (ED) and to parking to minimize crossing of infected patients through hospital common areas. If the ED and parking are distant from one another, a dedicated hallway should be used to get from parking to ED, and this should not be used for patients presenting for scheduled outpatient needs.
- Individual sites should consider best practices based on facility needs or constraints. Sites are encouraged to share best practices with the EMCC.
- Should consider rotating staff manning screening sites on and off screening assignments to avoid fatigue and burn-out.

In-Person Preliminary Triage and Screening: Emergency Care Entry

At the pre-emergency triage checkpoint, staff (outfitted with appropriate PPE for COVID19 per CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) should screen all individuals to determine whether virtual care may be appropriate, or if there is need for emergency, in-person, evaluation. If there is need for emergency care, signs, symptoms, or epidemiological exposures that put them at high risk for COVID-19 infection.

The following questions are suggestions for preliminary triage to emergency versus virtual care:

Preliminary Triage: Checkpoint staff ascertains whether Veteran needs acute or in-person care. Potential questions include:

- Do you need emergency care?
- Do you need to be seen by a medical provider?
- Are you able to care for yourself at home?
- Are you having difficulty breathing?
- Are you having chest pain or pressure, weakness, or other symptoms that worry you?
- If well, patient is offered option for virtual care and is provided access instructions. If not well or requesting an in-person evaluation, proceed with preliminary screening.

The following questions are suggestions for preliminary screening to determine whether a patient needing emergency services should be evaluated in the COVID-19 or Standard area. *Questions regarding exposure should change as the course of the pandemic evolves.*

Preliminary Screening:

- Are you having fever, cough, shortness of breath, cold or flu-like symptoms?
  - If yes, mask patient and escort to COVID-19 triage area for further care.
  - Consider use of a sticker or other marker to designate area of triage.
  - If no, do you have a recent close contact with someone with COVID-19 or travel to an area where COVID-19 is spreading in the community?
    - If yes, mask patient, escort to COVID-19 triage area for further care.
    - If no, escort to Standard area for further care.

In-Person Clinical Triage and Screening: Emergency Care Areas

Clinical triage and screening occur after the preliminary triage and screening at the emergency entry checkpoint. The purpose of the preliminary triage and screening is to determine whether the patient may be appropriate for virtual care and, if not, whether they should be evaluated in the COVID-19 or Standard area. The purpose of clinical triage and screening is to assess the patient clinically, in order to provide appropriate medical care.

This evaluation should be per the evaluation clinical team and per CDC guidance. Personal protective equipment requirements for staff conducting the screening and those performing sample collection following CDC guidance.

- Veterans with respiratory symptoms and/or fever are clinically evaluated and cared for in the COVID-19 Emergency area.
    - If decision is made to admit, consider re-screening to determine admission to COVID-19 versus Standard area.
- Veterans without respiratory symptoms and/or fever are clinically evaluated and cared for in the Standard Emergency area.
    - If decision is made to admit, a careful exposure history should be obtained to ensure that the Veteran is at low risk for subclinical or asymptomatic infection with COVID-19.

In-Person Initial Triage and Screening: High-Risk Outpatient Care Entry

High risk outpatient care entry sites should be the intake point for ongoing outpatient needs of patients at high risk for complications of COVID-19, particularly those requiring hemodialysis, chemotherapy, or immunomodulating infusions.

- Site should be geographically separate from the area in which high-risk outpatients will receive care.
- Site should have one or more rooms with a closed door proximate to the entry point for second tier triage and screening of persons with concerning symptoms or exposure.

The following questions are suggestions for preliminary triage in areas serving patients at high risk of complications from COVID-19 infection. *Questions regarding exposure should change as the course of the pandemic evolves.*

Preliminary Triage:

- Questions: Are you feeling sick or unwell? Are you able to take care of yourself right now? Are you having trouble breathing? Do you have other symptoms that worry you or that you need evaluated or looked at?

Preliminary Screening:

- Questions: Have you had fever, cough, or cold symptoms? Have you had recent contact with someone with COVID-19? Have you had recent travel to an area where COVID-19 has been spreading in the community? Have you had recent travel in or outside of the U.S. (sites of travel should be noted and checked against CDC list)? Is anyone in your home sick?

- Physical: Assess temperature. Is the patient coughing, sweaty, appearing ill?
    - If any positives on triage and screening, bring to room with closed door for secondary clinical screening.

In-Person Initial Triage and Screening: Staff

Consider a designated entry for staff. Staff do not need medical triage but should be asked screening questions and temperature should be checked daily. Alternative options for completing the screening, such as two-way-texting, or a written set of questions to be filled out by staff prior to each shift, can be considered for screening of staff prior to physical arrival; but all staff should be screened daily prior to entry to the facility. Employees should be encouraged and reminded regularly to stay home if they have any symptoms of illness.

The following are best practices that some facilities are utilizing, but are not required:

- Consider a sticker or marker to indicate persons that have passed through appropriate screening.
- Consider virtual or pre-arrival options for answering pre-determined questions for staff.
- Consider staggering usual tour times to minimize bottlenecks and consider starting work and clinical duties 30 minutes after start of tour to allow for screening and entry time.

Screening Questions: Have you had fever, cough, shortness of breath, cold or flu-like symptoms? Have you had recent contact with someone with COVID-19? Have you had recent travel to an area where COVID-19 has been spreading in the community? Have you had recent travel in or outside of the U.S. (sites of travel should be noted and checked against CDC list)? Is anyone in your home sick?

Physical: Assess temperature.

In-Person Initial Triage and Screening: Visitors

In general, visitors should not be allowed unless their in-person presence is necessary for care of a patient. If their presence is necessary, they do not require medical triage, but do require screening questions prior to entry. Again, consider use of a sticker or marker to indicate persons who have passed through appropriate screening. Encourage visitors who are not necessary for care for a patient to contact the patient via phone, e-mail or other virtual means.

Screening Questions: Have you had fever, cough, cold or flu-like symptoms? Have you had recent contact with someone with COVID-19? Have you had recent travel to an area where COVID-19 has been spreading in the community? Have you had recent

travel in or outside of the U.S. (sites of travel should be noted and checked against CDC list)? Is anyone in your home sick?

Physical: Assess temperature. Is the visitor coughing, sweaty, appearing ill?

Virtual Triage and Screening

Virtual Triage and screening will be via phone, telehealth, secure e-mail messaging, texting or other non-face-to-face communication. The goal is to determine whether the patient needs emergency care and, if not, to provide a plan for provision of virtual care.

Minimize the need for in-person screening by screening for signs of respiratory illness and exposure to COVID-19 using standardized screening questions / scripting in all administrative call centers and Clinical Contact Centers (CCC). Administrative call center screening scripting includes defined escalation triggers and hand-off processes for positive screens.

Virtual Triage and Screening via RN

- **Triage:** Nurse will assess severity of illness and for red flags that indicate likely or potential need for hospitalization.
- **Screening:** Nurse will screen for respiratory symptoms and fever.
- **Potential Outcomes:**
  - Patient has severe illness or red flags
    - Triage to Emergency Care ***and call ahead***
  - Patient can manage at home, has no red flags and:
    - No respiratory, cold, flu-like symptoms or fever
      - Provide Virtual Care (RN triage)
      - Arrange for initial virtual visit with provider, such as primary care, if indicated
    - Respiratory symptoms and/or fever
      - Provide Virtual Care (RN triage)
    - Advise on home isolation and provide instructions including:
      - How to protect self and household members
      - When to call if symptoms worsen
    - Arrange for initial virtual visit with provider, such as primary care, if indicated

      Consider home isolation self-monitoring protocols, such as “Annie”, home telehealth COVID-19 protocol. Consider whether a VA loaned tablet is needed. Consider use of tools similar to the CDC CARE (Check and Report Every Day) booklet to assist patients in monitoring symptoms (please note

this is designed for persons on quarantine, rather than isolation): https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_CAREKit_ENG.pdf

- Arrange for ongoing virtual follow up to extend through expected course of illness, and in particular, to assess symptoms in the second week, when illness may be severe.

Virtual Triage and Screening via primary care provider

- **Triage:** Provider will assess severity of illness and for red flags that indicate likely or potential need for hospitalization.
- **Screening:** Provider will screen for respiratory symptoms and fever.
- **Potential Outcomes:**
  - Patient has severe illness or red flags
    - Triage to Emergency Care ***and call ahead***
      - Patient can manage at home, has no red flags and:
        - No respiratory, cold, flu-like symptoms or fever
        - Provide Virtual Care Visit (e.g., RN triage, PCP)
  - Respiratory symptoms and/or fever
    - Provide Virtual Care Visit (e.g., RN triage, PCP)
    - Assess for possibility of influenza, consider test or treat
    - Assess for possibility of COVID-19, consider test
    - Advise on home isolation, provide instructions including
      - How to protect self and household members
      - When to call if symptoms worsen
        - Consider home isolation self-monitoring protocols, such as "Annie", home telehealth COVID-19 protocol. Consider whether a VA loaned tablet is needed. Consider use of tools similar to the CDC CARE (Check and Report Every Day) booklet to assist patients in monitoring symptoms (please note this is designed for persons on quarantine, rather than isolation): https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_CAREKit_ENG.pdf
        - Arrange for ongoing virtual follow up to extend through expected course of illness, and in particular to assess symptoms in the second week, when illness may be severe.

Virtual Triage and Screening via Specialty Provider

- **Triage:** Provider will assess severity of illness and for red flags that indicate likely or potential need for hospitalization.
- **Screening:** Provider will screen for respiratory symptoms and fever.
- **Potential Outcomes:**
  - Patient has severe illness or red flags
    - Triage to Emergency Care **and call ahead**
      - Patient can manage at home, *has no red flags* and:
        - No respiratory symptoms or fever
          - Provide Virtual Care
            - Arrange for initial virtual visit with provider, such as primary care, if indicated
        - Respiratory symptoms or fever
          - Provide Virtual Care (e.g., Registered Nurse [RN] triage, Primary Care Physician [PCP])
          - Assess for possibility of influenza, consider test or treat
          - Assess for possibility of COVID-19, consider test
          - Advise on home isolation, provide instructions including:
            - How to protect self and household members
            - When to call if symptoms worsen
          - Arrange for initial virtual visit with provider, such as primary care, if indicated

Virtual Triage and Screening via electronic interface

- **Triage:** Automated questions and responses will assess for difficulty breathing, symptoms worrisome to the patient, or difficulty managing at home.
- **Screening:** Automated questions will assess for fever, cough, cold, flu-like symptoms.
- **Potential Outcomes:**
  - Shortness of breath, difficulty managing, or other concern
    - Call from healthcare/virtual care provider
  - No concern
    - Continued automated virtual monitoring

Environmental Services

Triage areas will need regular cleaning per CDC guidance. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

If a person screens positive for respiratory symptoms or COVID-19 exposure in the entry for high-risk patients (dialysis, infusion, chemotherapy), that area should undergo additional cleaning before additional patients are screened.

Organization and Assignment of Responsibilities

Planning for patient screening and treatment requires a multidisciplinary team to address the continuum of patient assistance and care surrounding a medical visit. Small rapid response teams were assembled with program office staff and facility-based SMEs to quickly address patient triage and healthcare system workflows. These teams developed recommendations to VHA senior leadership for decision. Approved recommendations were then implemented across the enterprise through policy update and broad communications. Below is a list of rapid response teams for the initial phases of the response:

- Communications
- Diagnostics
- HR and Finance
- Infection control
- Interagency and States
- Isolation, Quarantine and Treatment
- Surveillance
- Veteran and Employee Triage

Communications

Veterans, staff and potential visitors will need communication on this plan. This should be done via all available channels including, but not limited to:

- Automated phone and text messaging
- E-mails

- Secure messaging
- Posters and signs
- Mailings
- Recorded messages when calling in

Appendix B – Infection Control

Purpose, Scope, Situations, Overview, and Assumptions

Purpose

The purpose of this Annex is to provide guidance concerning the infection prevention and control (IPC) aspects in VA healthcare during the pandemic environment due to COVID-19. This document provides guidance and information on IPC procedures for staff working in VA healthcare settings for all pandemic phases. The goal is to provide information for all healthcare workers (HCWs) to know how to protect themselves and protect others.

First, and foremost, the basic infection prevention and control principles applied during this pandemic are not new. How they are applied is based on what is known about the mode of transmission (see definitions) for the infectious disease (COVID-19) causing this pandemic. Guidance from the Centers for Disease Control and Prevention (CDC) and this document may evolve as information on this pandemic virus emerges. The most current CDC COVID-19 guidance is to be followed. Refer to the VA Emergency Management Coordination Cell (EMCC) High Consequence Infection (HCI) Share Point/ intranet site for the most current version of this document, which may be updated as new information arises.

This guidance has been based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of personal protective equipment such as facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns. Certain precautions may be feasible only in the early pandemic periods, as they may not be achievable or practical as the pandemic spreads and resources (equipment, supplies, and human resources) become scarce.

Please refer to CDC and VA guidance for conservation of PPE:

CDC “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings” https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

A comprehensive local infection prevention and control program forms the basis of a successful pandemic plan. Adherence to IPC policies and procedures and basic IPC principles is imperative to minimize the transmission of COVID-19, regardless of the availability of vaccine and/or antiviral medications.

These guidelines are to be incorporated with other ongoing IPC principles, guidelines and recommendations put forth by the CDC "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)" https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

IPC resources may need to be prioritized. Critically evaluate situations in which Personal Protective Equipment (PPE) is indicated, following CDC guidance:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Infection prevention and control measures are to be followed by all employees. The facility Infection Prevention and Control Professional, Hospital Epidemiologist, and Infectious Diseases physician are key persons and subject matter experts (SMEs) especially during times of pandemic. They should be consulted for any practice/process changes and/or issues identified related to infection prevention and control. During times of pandemic, the responsibilities and demands on these SMEs may become stretched. It is advisable to designate a key person in each department to act as the liaison for infection prevention and control. The department level person can assist with keeping abreast of updates related to infection prevention and control, fielding questions to clarify with the SMEs, coordinate educational offerings, and monitoring adherence to infection control practices in the department.

Scope

VA is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China in December 2019 and is now responsible for a global pandemic as of March 11, 2020. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

Mode of Transmission of SARS-CoV-2 Virus - The SARS-CoV-2 virus is transmitted primarily by respiratory droplets or airborne transmission. "Primarily" by droplets reflects that in certain circumstances, droplets can turn into aerosol particles, typically during aerosolizing procedures, such as intubation.

The main difference between the two types of transmission is: droplets drop, and airborne particles float. Droplets are larger and generally easier to control than the smaller airborne particles. Additionally, SARS-CoV-2 may be transmitted by direct or indirect contact.

Routine IPC practice, Non-Pharmacological Interventions (NPI), and additional measures to limit/ prevent transmission of infection are important. The primary NPIs for healthcare systems involve surveillance/screening, patient cohorting, staff cohorting, visitor restriction, hand hygiene, respiratory etiquette, isolation, and PPE use.

Additional NPIs include, but are not limited to:

- Education of staff, patients/residents and visitors regarding the transmission and prevention of COVID-19, stressing individual responsibility and measures to be implemented. This information must be understandable and reinforced. Additional controls, such as the segregation of patients/residents with COVID-19 from those with other medical conditions within the healthcare facility.
- Social distancing - changing practices within healthcare facilities to provide social distancing (e.g., closure of dining rooms, limiting or stopping outside visitors, pre-arranged traffic flow patterns in the facility which separate COVID-19 patients from non-COVID-19 patients, restricting communal/group activities [e.g. recreational facilities/activities, dedicated space in physical therapy/occupational therapy for COVID-19 patients or care provided in the patient's room, etc.]).
- Dedicating specific areas for treatment/care of COVID-19 patients (e.g., specific rooms in radiology, operating rooms, use of portable x-rays at the point of care when feasible, etc.). A shift in paradigm concerning modalities for care delivery for COVID-19 patients or the converse (e.g., drive-through pick-up of medications, screening for COVID-19, virtual visits).
- Alternate sites for provision of care may be employed (e.g. home care, telemedicine, temporary sites set up specifically for the care of COVID-19 persons which is spatially separate from the site where persons seeking non-COVID related medical care are seen, etc.). Limit movement of patients to medically essential purposes.

IPC resources may need to be prioritized. Situations must be critically evaluated to determine situations in which Personal Protective Equipment (PPE) is indicated, based on CDC guidance. Prior to any patient interaction, all Healthcare Professionals (HCPs)/staff have a responsibility to assess the infectious risk posed to themselves, other patients, visitors, and co-workers by a patient, situation or procedure. The risk assessment is based on professional judgment about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of PPE. All HCPs are responsible to wear the recommended PPE and to properly don and doff PPE. Transmission of virus can occur from contaminated surfaces on PPE, if not removed properly.

Current recommendations from CDC for Transmission Based precautions for COVID-19 are to be followed. These can be located at:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

In addition to standard precautions, droplet or airborne infection isolation and contact precautions should be followed for patients with known or suspected COVID-19 as well as persons under investigation (PUI). Refer to the CDC Guidance "Interim Infection

Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings" for current information.

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Standard Precautions include strict adherence to hand hygiene and selection of appropriate PPE, such as gloves, gowns, masks, face, and eye protection. During aerosol-generating medical procedures (e.g., endotracheal intubation or bronchoscopy), a N95 respirator, eye and face protection, a gown, and gloves are to be worn.

NOTE: The CDC also considers collection of nasopharyngeal specimens as an aerosol-generating medical procedure.

Healthcare personnel are at high risk of exposure and illness during an infectious disease outbreak/epidemic/pandemic due to their close contact with contagious patients. The infection prevention aspect of this emergency management plan includes provisions to protect healthcare personnel during an infectious disease outbreak/epidemic/pandemic.

These provisions include, but are not limited to:

- Encouraging and monitoring compliance with IPC practices, including PPE selection and appropriate donning and doffing of PPE. Having adequate PPE for staff. Having a fit-testing program for designated HCP for respirators. Having a culture supporting employees to not report to work while ill. Encouraging employees to develop personal/family disaster plans that enable them to work. Providing telework options for employees, when the work can be accomplished via telework. Explicitly state the scope of emergency and disaster response and the entities (e.g., departments, agencies, private sector, and citizens) and geographic areas to which the plan applies.

This Appendix/chapter provides IPC information which applies to all VA healthcare settings so all sites can use and adapt it for their areas.

Planning Assumptions

Infection Prevention and Control Guidance in this Annex (Infection Prevention and Control) is based on the guidance provided by Centers for Disease Control and Epidemiology (CDC) for COVID-19 and evidence-based outcome data.

Concept of Operations

This Annex will provide specific guidance to VHA employees concerning Infection Prevention and Control principles and measures to be followed for COVID-19. This information will guide practices to mitigate and prevent transmission of COVID-19 in VA healthcare facilities. Specific guidance follows key definitions:

Definitions

Aerosol-Generating Medical Procedures (AGMPs): Any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include, but are not limited to:

Collection of Nasopharyngeal cultures/swabs; Non-invasive positive pressure ventilation (BIPAP); Continuous positive airway pressure (CPAP); Endotracheal intubation; respiratory/airway suctioning; High-frequency oscillatory ventilation; Tracheostomy care; Chest physiotherapy; Aerosolized or nebulized medication administration; Diagnostic sputum induction; bronchoscopy procedure; Autopsy of lung tissue

Airborne Infection Isolation Room (AIIR) (previously referred to as Negative Pressure Isolation Room): A room with air pressure differential between two adjacent airspaces such that air flow is directed into the room relative to the corridor ventilation, e.g., room air is prevented from flowing out of the room and into adjacent areas. These rooms are used for patients requiring Airborne and Airborne/Contact Precautions.

Close Contact for healthcare exposures is defined as follows:

- Being within approximately six feet (two meters), of a person with COVID-19 for a prolonged period (such as caring for or visiting the patient; or sitting within six feet of the patient in a healthcare waiting area or room);
- Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include 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.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Mode of Transmission: The manner in which an infectious disease is transferred to a person. Breaking the chain of mode of transmission is one of the most important ways to interrupt the spread of infection. This is where infection prevention strategies can be

most effective. Microorganisms can be transmitted by three main routes: 1) airborne mode of transmission, 2) contact mode of transmission, and 3) droplet mode of transmission.

Airborne Contact: Direct & Indirect Droplet. Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity (within three to six feet). The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.

COVID-19 is considered to be transmitted by Airborne Contact: Direct & Indirect Droplet. PPE selection and cleaning/disinfection practices for COVID-19 are based on breaking the chain of transmission for these modes of transmission.

Airborne Mode of Transmission: Airborne transmission of infectious agents can occur by airborne droplet nuclei (small particles of five mm or smaller in size) or dust particles containing infectious agents.

Microorganisms carried in this manner remain suspended in the air for long periods of time (float) and can be dispersed widely by air currents. There is risk that all the air in a room may be contaminated.

Some examples of other microorganisms that are transmitted by the airborne route are: M. tuberculosis (TB), rubeola, varicella, and hantaviruses.

Contact Mode of Transmission: Can be divided into two types: direct and indirect.

- Direct: Involves direct body surface contact and physical transfer of microorganisms between an infected or colonized person to another by touch.
- Indirect: Involves contact between a person and a contaminated object. This frequently involves unclean hands contaminating an object or surface in the environment. The microorganism remains on the surface to be picked up by the next person who touches it. The length of time COVID-19 stays viable on surfaces is unknown at this time. Studies of similar coronaviruses indicate viability on environmental surfaces for up to nine days.[7]

Droplet Mode of Transmission: Transmission occurs when droplets containing microorganisms generated during coughing, sneezing, and talking are propelled through the air. These microorganisms may land on another person, entering their body through contact with the eye conjunctivae, nasal mucosa or mouth. These can then be breathed

[7] Kampf, G. et al. Journal of Hospital Infection, Volume 104, Issue 3, 246 – 251. https://www.journalofhospitalinfection.com/article/S0195-6701(20)30046-3/fulltext

into the lungs. These microorganisms are relatively large and travel only short distances (up to six feet/two meters). These infected droplets may remain on surfaces for long periods of time, so these surfaces (within the range of the coughing/sneezing person) are to be considered contaminated and require cleaning and disinfecting. For this reason, there may be both Droplet and Contact Precautions required at the same time.

Standard Precautions
Infection prevention measures that are used for all patient care. They are based on a risk assessment and make use of common-sense practices and personal protective equipment (PPE) use that protect healthcare providers from infection and prevent the spread of infection from patient to patient. These precautions include, but are not limited to the selection and use of PPE whenever there is an expectation of potential exposure to infectious material, proper use of hand hygiene, respiratory hygiene/cough etiquette principles, and proper handling, cleaning, and disinfection of patient care equipment, and proper patient placement according to infection transmission risk. Room placement decisions are made balancing risks to other patients.

Non-Pharmaceutical Interventions (NPIs)
Actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic influenza (flu). NPIs are also known as community mitigation strategies. When a virus spreads among people, causing illness worldwide, it is called pandemic virus. The human population has little or no immunity against this novel virus. This allows the virus to spread quickly from person to person worldwide. NPIs are among the best ways of controlling pandemics when vaccines are not yet available.

There are 3 basic types of NPIs:

- Community NPIs: Policies and strategies that organizations and communities put into place to help slow the spread of illness during an infectious disease outbreak, such as a pandemic.

  Two of the most commonly used community NPIs include:

  - **Social distancing:** Creating ways to increase distance between people in settings where people commonly come into close contact with one another. Specific priority settings include schools, workplaces, events, meetings, and other places where people gather.
  - **Closures:** Temporarily closing child-care centers, schools, places of worship, sporting events, concerts, festivals, conferences, and other settings where people gather.
- Environmental NPIs Examples: Routine surface cleaning that helps to eliminate the virus from frequently touched surfaces and objects, such as kiosks, keyboards, cell

phones, desks, and doorknobs in homes, childcare facilities, schools, workplaces, and other settings where people regularly gather.

- Personal NPIs Examples: Staying home when you are sick, covering coughs and sneezes, and hand hygiene.
    - Examples of NPIs during a pandemic: Staying home if you have been exposed to a family or household member who is sick, staying in a separate section of your home from others you live with if you are sick or have been exposed to someone who is ill, in case you are incubating the infectious diseases.

Transmission-Based Precautions

Transmission-Based Precautions are the second tier of basic infection control measures. These are used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to break the chain of transmission. These are the types of transmission-based precautions:

- Airborne Infection Isolation (AII): Patients known or suspected to be infected with pathogens transmitted by the airborne route.
- Source Control: Put a mask on the patient. Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.
- HCPs: Use PPE appropriately, including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel. Limit transport and movement of patients outside of the room to medically necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask.

Contact Precautions

For patients with known or suspected infections that represent an increased risk for contact transmission with direct or indirect contact.

Patient placement: Ensure appropriate patient placement in a single patient space or room if available in acute care hospitals. Cohorting may be required depending on space availability. In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible. Use PPE appropriately, including gloves and gown. For COVID-19, eye protection with

goggles or facemask with eye protection is recommended. Refer to the CDC website for the most current guidance: https://www.cdc.gov/coronavirus/2019-nCoV/index.html. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens and prevent unintentional contamination. Limit transport and movement of COVID-19 patients outside of the room to medically necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient. Prioritize cleaning and disinfection of the rooms of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting), focusing on frequently touched surfaces and equipment in the immediate vicinity of the patient.

Droplet Precautions

For patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

Source Control: Put a mask on the patient. Ensure appropriate patient placement in a single room if possible. In acute care hospitals, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the CDC Guideline for Isolation Precautions. In Community Living Centers / long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In ambulatory settings, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.

PPE: Don mask upon entry into the patient room or patient space. Limit transport and movement of patients outside of the room to medically necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene and Cough Etiquette.

Personal Protective Equipment (PPE)

It is very important to don and doff PPE in the correct order to prevent contamination.

The CDC presentation (below)* provides guidance concerning PPE, including doffing and donning. We encourage this to be shared widely.

*The following link, Guidance for the Selection and Use of PPE in Healthcare Settings may be helpful for staff review for PPE: https://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf

PPE for care of persons under investigation (PUI) or diagnosed with COVID-19. Follow CDC Guidelines for Transmission Based Precautions as outlined in "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)": https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Specific to COVID-19, follow CDC guidance:

"Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings":

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

In addition to Standard Precautions, the following Transmission-Based precautions are recommended for care of COVID-19 persons: AII AND Contact Precautions plus Eye Protection.

Airborne Infection Isolation (AII) Precautions:

- Place COVID-19 person in AIIR/negative airflow room
- PPE requirements for HCP
- Respirator

Respiratory Protection:

Respiratory protection for CDC-defined high risk exposures (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator or Purified Air Purifying Respirator (PAPR). These respirators offer a higher level of protection and are used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.

The respirator is to be donned before entry into the patient room or care area. Fit testing of an N95 or higher-level mask is required. Special attention to proper technique for donning and doffing masks is required to prevent transmission of microorganisms. The surface of the mask can become contaminated from droplet nuclei that land on the mask surface.

In the event there is a shortage of N95 level respirator masks during the pandemic, there may be a need to allocate according to risk stratification. If this occurs, there may be a need to reserve use of available N95 respirators (or respirators that offer a higher level of protection) for performing or when present for an aerosol-generating procedure (per CDC guidance). As per CDC, a regular facemask may be used when the supply of N95 level respirators is limited, in the milieu of the pandemic.

Eye Protection:

Goggles or disposable face shield that protects the membranes/conjunctivae of the eyes and covers the front and sides of the face. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

Contact Precautions:

A single-patient room is preferred for patients who require contact precautions. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate).

In multi-patient rooms, more than three feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients.

PPE: HCPs wear gowns and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.

Don PPE upon room entry and discard before exiting the patient room.

*"Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings"

Located at:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

If unable to provide AII due to lack of AIIR or shortage of N95 masks, Droplet Precautions are to be followed, in addition to Contact Precautions and Eye Protection.

In the event there is a shortage of AIIRs - negative airflow rooms - alternate settings may need to be used (e.g., single patient room with the door closed).

At any given time, a shortage of PPE supplies could occur. Per CDC*: Based on local and regional situational analysis of PPE supplies, regular facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- Facemasks protect the wearer from splashes and sprays
- Respirators, which filter inspired air, offer respiratory protection

When the supply chain is restored, facilities should return to use of respirators for patients with known or suspected COVID-19.

Droplet Precautions:

Patient placed in private room with door closed. PPE: Masks and Eye Protection.

Masks may be used in combination with goggles to protect the mouth, nose and eyes, or a face shield may be used instead of a mask and goggles, to provide more complete protection for the face. Masks should not be confused with particulate respirators that are used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route. Masks are effective as a barrier for larger droplets.

PPE & ICP considerations: Aerosol Generating Medical Procedures (AGMPs)

Perform a risk assessment based on professional judgement about the procedure and current information to determine the appropriate administrative controls, environment controls, and PPE. Whenever possible, ensure AGMPs are conducted in a controlled setting. Early recognition of patients who may require high-risk interventions is required (e.g., intubation, bronchoscopy) in order to avoid emergency situations. Perform these procedures in an AIIR, whenever possible. The availability of these rooms may be limited. If this is not possible, perform the procedures in a single room. If a single room is not available, a minimum of six feet (two meters) separation with privacy curtains should be used. Limit personnel in the room. All personnel in the room must wear PPE (e.g. gowns, gloves, N95 respirators or equivalent, and eye protection). Do not delay urgent procedures waiting for an AIIR. Refer to the definitions in this Annex (B) for a list of AGMPs.

PPE: Gowns

Gowns are identified as the second-most-used piece of PPE, following gloves, in the healthcare setting. Isolation gowns are defined by Association for the Advancement of Medical Instrumentation (AAMI) as the protective apparel used to protect HCWs and patients from the transfer of microorganisms and body fluids in patient isolation situations.

The Food and Drug Administration (FDA) also defines isolation gowns similarly: “a gown intended to protect healthcare patients and personnel from the transfer of microorganisms, body fluids, and particulate material”. Standard isolation gowns are to be worn.

Standard isolation gowns are typically Level 2 or 3 gowns, based on the Levels of gowns as determined by standards of the American National Standards Institute (ANSI) and the Association of the AAMI: ANSI/AAMI PB70:2003 & the FDA.

Check with the manufacturer of the gown to determine what level of protection the gown is designated and/or provides. Sterile gowns, surgical gowns, and chemo gowns are not indicated as PPE of persons suspected/known to have COVID-19. Isolation gowns are not the same as surgical gowns. It may be helpful to monitor gown use to assure appropriate use, based on this guidance and in the event of shortages, conduct a risk assessment for allocating gowns for highest risk procedures (e.g., contact with body fluids, splashes, etc.)

According to the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting 2007, pg. 52 II.E.2., Isolation gowns are used, as specified by Standard and Transmission-Based Precautions, to protect the HCP's arms and exposed body areas and prevent contamination of clothing with blood, body fluids, and other potentially infectious material.

The need for and type of isolation gown selected is based on the nature of the patient interaction, including the anticipated degree of contact with infectious material and potential for blood and body fluid penetration of the barrier. The wearing of isolation gowns and other protective apparel is mandated by the Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens Standard 739. Clinical and laboratory coats or jackets worn over personal clothing for comfort and/or purposes of identity are not considered PPE.

Here is the link to the CDC Guideline for Isolation Precautions:
https://www.cdc.gov/infectioncontrol/guidelines/isolation/

The CDC published guidance for PPE for the previous outbreak of SARS-CoV. This document indicates the following:

"Gown and gloves - Wear a standard isolation gown and pair of nonsterile patient-care gloves for all patient contacts. The gown should fully cover the front torso and arms and should tie in the back. Gloves should cover the cuffs of the gown."

Here are links to the CDC SARS guidance documents concerning PPE/gowns:

https://www.cdc.gov/sars/guidance/i-infection/healthcare.html

https://www.cdc.gov/sars/guidance/i-infection/app2.html

PPE Recommendations for Mortuary Services

Follow CDC guidance: "Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020"

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

Strategies for PPE Conservation during COVID-19

- PPE & VHA MDRO Prevention Program: With increasing cases of Coronavirus as well as PUI shortages across the country, there are concerns about the availability of gowns, gloves, masks and other PPE at any given time, at local facilities. The VA National Methicillin Resistant Staphylococcus Aureus (MSRA)/Multi-Drug Resistant Organism (MDRO) Task Force members made "temporary" changes to the Contact Precautions and Enhanced Barrier Precautions policy for the MDRO/MRSA Prevention Program during the COVID-19 pandemic.

Check the most current version of the clarification document posted on the VHA High Consequence Infection (HCI) Preparedness Program Share Point: MDRO Initiative "MRSA" website: http://vaww(b)(6); (b)(5)

- PPE- N95 Masks Conservation: Refer to CDC Guidance for "Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response":

  https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html

CDC Guidance documents include:

- "Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response":

  https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html

- "Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response": https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html

Environmental Cleaning and Disinfection

Equipment should be cleaned and disinfected according to manufacturer's instructions and facility policies. The same guidance applies to medical equipment for patient care/use and IT equipment, such as kiosks and keyboards. Consider use of wipeable covers for electronics. Check with your local IT department for further guidance.

Surface Disinfectants: Products with EPA-approved "emerging viral pathogens" claims are recommended for use against COVID-19, based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Verify with the manufacturer's instructions that the EPA-approved "emerging viral pathogen" product is compatible for the surface being cleaned and disinfected.

These products can be identified by the following claim:

"[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."

This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to healthcare facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites, and company websites (non-label related). Specific claims for "COVID-19" will not appear on the product or master label. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label

instructions. https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html

References

1. APIC Text of Infection Control and Epidemiology. Chapter 121- "Infectious Disease Disasters: Bioterrorism, Emerging Infections, and Pandemics. Published 10/3/14-Revised 3/5/20 https://text.apic.org/toc/community-based-infection-prevention-practices/infectious-disease-disasters-bioterrorism-emerging-infections-and-pandemics#embed-17236 - *accessed 3/12/20*
2. Centers for Disease Control and Prevention (CDC). Coronavirus Disease 19 (COVID-19) https://www.cdc.gov/coronavirus/2019-nCoV/index.html - *accessed 3/12/20*
3. Department of Veterans Affairs. National Infectious Diseases Service (NIDS) "VHA Suggested Strategies for PPE During COVID-19"- 3/11/20 The document can be found on the MDRO Initiative "MRSA" website: http://vaww. (b)(6); (b)(5)
4. Kampf, G., Todt,D, Pfaender, S., and Steinmann, E. "Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents" Journal of Hospital Infection Volume 104, Issue 3, March 2020, Pages 246-251 https://www.sciencedirect.com/science/article/pii/S0195670120300463?via%3Dihub- - *accessed 3/12/20*
5. U.S. Department of Health and Human Services Pandemic Influenza Plan 2017 UPDATE: https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf - *accessed 3/12/20*

Appendix C – Guidance for the safe performance of laboratory testing and mortuary care.

The following Appendix supports the VHA COVID-19 Incident-specific Annex.

Scope

The latest recommendations are available from the Centers for Disease Control and Prevention (CDC), and World Health Organization for the safe laboratory and mortuary care in cases of Coronavirus Disease 2019 (COVID-19) infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Planning Assumptions

In accordance with these recommendations, laboratories must develop facility specific policies and procedures that take into account local capabilities and regulations.

Concept of Operations

Laboratory Services
Specimens from COVID-19 patients are considered infectious and should be handled appropriately by lab workers using disposable gloves, laboratory coat/gown, and eye protection. Generation of aerosols should be avoided. Any procedure expected to generate aerosol or droplets should be conducted within a Class II Biological Safety Cabinet (BSC2). Centrifugation should occur either in a BSC 2 cabinet or a sealed centrifuge, with loading /unloading occurring within a BSC2 cabinet. Any procedure occurring outside a BSC2 should be done with eye and face protection or behind a physical barrier.

Specimen Procurement and Transport to Laboratory
Use of nasopharyngeal or oropharyngeal swabs or sputum to collect diagnostic specimens are likely to produce coughing or sneezing and should be performed in a negative pressure room or at a minimum a closed room with the minimal number of persons present who are wearing appropriate Personal Protective Equipment (PPE). Specimens should be double bagged with the specimen placed in the first bag in the collection room. Specimens should be hand delivered to lab. Use of pneumatic tube systems is to be avoided.

Point of Care Testing
Point of care instrumentation should be left in the isolation room with the patient. If removed from isolation it should be decontaminated according to manufacturer's instructions.

Mortuary Care

Transfer of Human Remains to Morgue
Transfer of the recently deceased from bed to gurney may result in air being expelled from the lungs. Patients should be placed in a body bag prior to transfer and the outer surface of the body bag decontaminated using an Environmental Protection Agency (EPA)- registered hospital disinfectant.

Autopsy
Autopsy may be performed using aerosol precautions. Generally, this includes the use of full PPE and avoidance of the use of power tools such as oscillating saws. Detailed instructions including the procurement of specimens for CDC, cleaning and waste disposal are provided at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

Disposition of remains
Transport and disposition of may occur using standard procedures.

Organization and Assignment of Responsibilities

For Laboratory Directors
Laboratory directors are responsible for all laboratory testing (including Point of Care testing) that occurs in their facilities (outlined in the Pathology Handbook 1106.1), and as a result they will develop their own policies and procedures for the testing for COVID-19. These will vary according to the public health lab (VA/State/CDC) used for testing. A standardized test build for VistA was provided in the attached memo.

Currently there are no special precautions for blood or blood products and COVID-19. There has been no documented blood transmission of SARS-CoV-2COVID 19, previous SARS, or Middle East Respiratory Syndrome (MERS) corona viruses. No special blood precautions are recommended at this time. Directors should be prepared to manage short term blood shortages if restriction on movement or quarantine effect the rate of blood donation.

Direction, Control, and Coordination

Pathology and Laboratory Medicine Services (10P11P)

- Provide technical guidance for laboratory collection, examination and disposition of samples;
- Provide guidance on internal and external specimen collection, preparation, chain of custody, and transportation to identified laboratory;
- Identify appropriate analytical laboratories for specimen analysis and guidelines for any in-house lab work; and
- Provide guidance for mortuary protocols and policies.

References

1. https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html
2. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html
3. https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html
4. http://www.aabb.org/advocacy/regulatorygovernment/Documents/Impact-of-2019-Novel-Coronavirus-on-Blood-Donation.pdf

Addendum to Appendix C - Standardization - Laboratory Reporting of *COVID-19* Test Instructions

Each VA facility is to implement the following test names and laboratory reporting for COVID-19 tests. This standardization allows for national collection of data on COVID-19 Virus testing results. VHA Laboratory Services must record results of COVID-19 Tests performed within a VA laboratory, Public Health Reference Lab, Local or State Health Lab, or Commercial Reference using the following methodology.

CH-subscripted tests will be used for COVID-19 screening because they have limited defined values. The results are used to establish prevalence, or monitor and control a situation (i.e., identification of asymptomatic individuals or carriers).

Implementation Notes

Panel CH-Subscripted Tests:

- The orderable panel test name must be "COVID-19 PANEL". The test subscript must be CHEM, HEM, TOX, SER, RIA, ETC.
- Atomic tests used within the orderable panel will be defined according to the following scenarios:

Setup for test to be sent to Public Health Reference Lab (PHRL)

COVID-19 (PHRL)

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "YES"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

COVID-19 CONFIRMATORY

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "NO"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

The following National Laboratory Test (NLT) code will be:

1. 94983.8640 for *Human Coronavirus RNA QI PCR~ VA PALO ALTO, CA*
2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

Setup for test to be sent to Local/State Health Reference Lab (Local/State)

COVID-19 (State Health Lab)

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "YES"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

COVID-19 CONFIRMATORY

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "NO"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

The following National Laboratory Test (NLT) code will be:

1. 94983.8051 for *Human Coronavirus RNA QI PCR~ State Health Lab*
2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

Setup for test to be sent to commercial labs:

COVID-19 (Reference Lab Name)

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "YES"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

COVID-19 CONFIRMATORY

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "NO"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

The following National Laboratory Test (NLT) code will be:

1. 94983.8xxx for *Human Coronavirus RNA QI PCR~ Quest/Labcorp*
2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

Setup for test to be performed in house

COVID-19 (xxxxxxxxxx) instrument name or vendor name

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "YES"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

COVID-19 CONFIRMATORY

1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created.
2. **REQUIRED TEST** sets to "NO"
3. **TYPE** sets to "OUTPUT"

   ***NOTE:** There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

The following National Laboratory Test (NLT) code will be:

1. 94983.xxxx for *Human Coronavirus RNA QI PCR~ Instrument or vendor suffix*
2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

For integrated or co-located sites that need to offer site/division specific tests, the test name has to start with "*COVID-19*" (or any other standard test name listed above).

To standardize data entry format, when the Data name is created for each test the CH-subscript test input transform needs to be Set of Codes:

- DETECTED is to DETECTED
- CONFIRMED is to CONFIRMED
- Not Detected is to Not Detected
- Inconclusive is to Inconclusive
- Invalid is to Invalid

  ***NOTE: DETECTED is intentionally in uppercase for impact.**

- Enter the data type of ***COVID*-19**: (N)umeric, (S)et of Codes, or (F)ree text ? **S**
  - INTERNALLY-STORED CODE://DETECTED WILL STAND FOR:// DETECTED
  - INTERNALLY-STORED CODE://Not Detected WILL STAND FOR:// Not Detected
  - INTERNALLY-STORED CODE://Inconclusive WILL STAND FOR:// Inconclusive
  - INTERNALLY-STORED CODE://Invalid WILL STAND FOR:// Invalid
  - Enter the data type of ***COVID-19* CONFIRMATION**: (N)umeric, (S)et of Codes, or (F)ree text ?
  - INTERNALLY-STORED CODE://CONFIRMED WILL STAND FOR:// CONFIRMED
  - INTERNALLY-STORED CODE://Not Detected WILL STAND FOR:// Not Detected
  - INTERNALLY-STORED CODE://Inconclusive WILL STAND FOR:// Inconclusive
  - INTERNALLY-STORED CODE://Invalid WILL STAND FOR:// Invalid
- The results must be documented under a specifically created *COVID-19* Section of Laboratory Results display in Computerized Patient Record System (CPRS) Graphic User Interface (GUI). The report sections must be set up in the Lab Reports File (File 64.5) under the Cumulative Reports entry.
  - VistA GUI Cumulative View will need to be set-up for Horizontal Format reporting to ensure that test results will be easily accessible.
  - At least one Major Header will need to be created. Only the Minor Headers show in the CPRS Cumulative View, but they are grouped together by the Major Header.
    - Sample Major Header: CORONAVIRUS TESTING
    - Sample Minor Header: COVID-19 TESTING

    ***NOTE:** A new test should be created **only** if the original test and the new test are vastly different (i.e., methodology is different, new reference ranges that are clinically significant, etc.).

Critical View Alert: A delta check can be created to provide a mechanism to alert providers if a patient is DETECTED. When the test is resulted as DETECTED and/ or CONFIRMED it will set the flag to a CRITICAL high to generate a View Alert to the provider. The test must be set up as a Set of Codes with DETECTED stands for DETECTED or CONFIRMED stands for CONFIRMED to ensure consistency of reporting and flagging. If sites need to generate a Critical View Alert the following Delta Check can be created in File 62.1 that will then need to be added to the File 60 test set up in the Site/Specimen (field 100) multiple subfield 7, Type of Delta Check. This mechanism is case-sensitive so the Set of Codes should match the following if this specific coding is utilized.

- **For COVID-19 (xxxxx) test delta check:**
  - NAME: TEXT ALERT DETECTED *H
  - XECUTABLE CODE: Q:$D(LRGVP) I X="DETECTED" S LRFLG="H*"
- **For COVID-19(Confirmatory) test delta check:**
  - NAME: TEXT ALERT CONFIRMED *H
  - XECUTABLE CODE: Q:$D(LRGVP) I X="CONFIRMED" S LRFLG="H*"

  NOTE*: If your referral test result does not conform with this standard then you need to have your Lab Information Manager or Lab for mapping determination.

Laboratory Management Index Program (LMIP): *COVID-19* testing is countable (billable) for the LMIP program. The suffix on the National Laboratory Test (NLT) code chosen as the Verify WKLD Code on each of the atomic tests in this panel is based on the methodology each site uses to perform the test. This suffixed NLT code must have the Billable Procedure field set to Yes in File 64 so that the Verify WKLD Code is collected for workload recording purposes. Since method specific NLT codes are not available in File 64 for *COVID-19*, the following NLT codes will need to be created by adding a method specific suffix from the WKLD Suffix codes file (File 64.2) to the WKLD Code file (File 64) NLT code. Create the suffixed workload code necessary using VistA option "Add a new WKLD code to file [LRCAP CODE ADD]". The recommended suffixed NLT codes to use as Verify WKLD Codes for *COVID-19* atomic tests are as follows:

- Human Coronavirus RNA Ql PCR 94983.8640 for CH-subscripted “PCR” tests sent to PHRL at VA Palo Alto HCS.
- Human Coronavirus RNA Ql PCR 94983.8051 for CH-subscripted “PCR” tests sent to a State health lab. Note: Laboratories may choose to use the State Health Dept suffix code created specifically for their state, for example, .8068 CA STATE HEALTH DEPT suffix can be used by labs in California.
- Human Coronavirus RNA Ql PCR 94983.8xxx for CH-subscripted “PCR” tests sent to a commercial reference lab.
- Human Coronavirus RNA Ql PCR 94983.xxxx for CH-subscripted “PCR” tests performed in-house.
- Corona Virus 87408.8035 for specimens sent to CDC for COVID-19 confirmation.

Current Procedural Terminology (CPT): At this point in time, *COVID-19* tests are not usually billable to a third-party payer for reimbursement therefore, these *COVID-19* tests should not be passing CPT codes to the Patient Care Encounter (PCE) application.

***NOTE:** Refer to the Additional Notes section under LEDI and HDR for related information if your site sends this testing to a reference lab.

Additional Notes for Sites:

Lab Electronic Data Interchange (LEDI) and Health Data Repository (HDR): Tests require National VA Lab codes for the HDR (the CH-subscripted tests need this information) and if LEDI is used by a site and they send their testing to another lab then the tests need National VA Lab codes as Order NLT codes and Result NLT codes as Result codes. There is an issue that it would be good to have National codes assigned to tests BUT the lab shouldn't pass CPT codes for surveillance issues. Since the National VA Lab code field is one of the mechanisms the lab uses to pass CPT coding to PCE this needs to be considered. The way to handle this is to leave the field blank if LEDI is not an issue or have a generic NLT code that doesn't carry any CPT code in it and/or remove the CPT code if one is there. This is not a critical issue at this point as long as these tests are not passing CPT codes to billing. Sites may need to address this issue at some point for LEDI issues and HDR issues.

This revised testing standardization setup information is targeted to the Lab Information Managers, Lab ADPACs, and/ or Lab Managers.

LOINC and/ or LEDI TOPOGRAPHY FILE 61 set-up issue: As per directions from PERFORMING LABS.

Appendix D – Logistics

Purpose, Scope, Situations, Overview, and Assumptions

Purpose

To outline how Veterans Health Administration (VHA) Procurement & Logistics Office (P&LO) 10NA2 will support the directive of the President of the United States to the Secretary of Veterans Affairs (VA) to "do everything imaginable, as aggressively as possible, to help protect the 9.5 million Veterans who are part of the Department of Veterans Affairs."

Scope

The P&LO Emergency Response Team (ERT) will conceive, develop and provide operational directives, tactical oversight, strategic plans and communications on behalf of the P&LO Executive Director to the Emergency Management Coordination Cell (EMCC) and VISN Chief Supply Chain Officers (CSCO) undertaking medical supply, equipment, and procurement actions during the Coronavirus 2019 (COVID-19) National Emergency. All related organization, management, monitoring, and reporting activities will be provided by the P&LO ERT to the P&LO Executive Director for approval and processing throughout the enterprise's 18 Emergency Operations Centers established across the country over the past month.

Situation Overview

To ensure the planning environment remains organized, information provided must be unquestionable and properly analyzed. Efforts to expand unity of effort and Subject Matter Expertise (SME) related to supply, equipment, and procurement emergency preparedness and contingency medical assemblage management during this time of uncertainty is underway. An Emergency Operations Plan and Response Team is critical in order to keep control of the Personal Protective Equipment (PPE) and prophylactic materiel management performed to date; and as importantly, the anticipated and imminent requirements associated with Laboratory, Pathology, Mortuary, Transportation, Patient Flow, and Holding reserves.

Planning Assumptions

- VHA human resource susceptibility and exposure will degrade the timelines and efficiency of response efforts.
- The COVID-19 pandemic will last 18 months or longer and could include multiple waves of illness, which will require an adaptable response.

- The spread and severity of COVID-19 will be especially difficult to forecast and characterize for an at-risk Veteran population over the age of 65.
- Increasing COVID-19 suspected or confirmed cases among VHA beneficiaries will result in increased hospitalizations, straining VA Medical Centers.
- States will request VHA assistance as the largest U.S. healthcare system when requirements exceed state, local, tribal, and territorial (SLTT) capabilities to respond to COVID-19.
- Supply, equipment, procurement, and transportation impacts due to ongoing COVID-19 outbreak will likely result in significant shortages for VHA, as well as other government, private sector, and individual U.S. consumers.
- As the Federal response to COVID-19 evolves beyond a VHA medical response, Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) will be required to respond to the outbreak and secondary impacts, thereby increasing the need for VHA P&LO coordination to ensure a unified, complete, and synchronized Agency response.

Concept of Operations (CONOP)

This P&LO CONOP identifies the VA Emergency Management Coordination Cell (EMCC) as the center of gravity for coordination to lead the VHA health response for the COVID-19 National Emergency. The Office of Operations, Plans, and Readiness (OPR) will execute P&LO responsibilities and provide additional support to the EMCC on request.

The P&LO COVID-19 response plan triggers will be adapted from the EMCC and harmonized with the phases of overall VHA, VA, and U.S. Government Response to the 2019 Novel Coronavirus, dated February 11, 2020.

Tasks performed by position and organization:

- Office of Procurement: Administer the full range of emergency procurement services through the effective and innovative use of procurement policies, procedures, and processes to provide the best possible care to Veterans.
- Office of Logistics: Provide a full range of consumable supply, equipment, and contingency assemblage management services to VISN and VAMC operations.
- Regional Procurement Offices (RPO): RPO East, RPO Central, and RPO West, will ensure ready access, expert assistance, and local knowledge throughout the COVID-19 National Emergency.

Direction, Control, and Coordination

The framework for all direction, control, and coordination activities rests with the Office of OPR on behalf of the P&LO Executive Director. Tactical and operational control of response assets rests with the EMCC. Additionally, Direction, Control, and Coordination is in coordination with Standard Operating Procedures.

Organization and Assignment of Responsibilities

Organization and Assignment of Responsibilities:

VHA P&LO is organized into two functional business lines to address both the Procurement actions and activities and the Logistics activities to support emergency operations: 1) Procurement and 2) Logistics/Supply Chain.

Procurement:

VHA Executive Director of Procurement: Provides oversight and high-level coordination of all VHA Contracting assets to address urgent and compelling procurement priorities.

- 3 VHA Regional Procurement Offices: Provide oversight and coordination between the VHA's 18 Network Contracting Offices.
- Procurement Contracting Activity Central (PCAC): Procurement cell supports many national VHA requirements associated with COVID-19 in addition to routine customer support.
- Consolidated Mail Outpatient Pharmacy (CMOP) Contracting Office: Provides routine and emergency contract support to CMOPs and activities.

Logistics/Supply Chain:

- Logistics Operations, Plans, & Readiness (Log OPR): Provides direct operational and readiness support to the EMCC.
- Medical Supply Program Office (MSPO): Commodities and Medical / Surgical Prime Vendor.
- Equipment Lifecycle Management (ELCM): Medical Equipment and Equipment Systems planning and management.
- Metrics & Analytics (M&A): Ensures continuity of logistics and supply chain system enablers.

Information Collections, Analysis, and Dissemination

- COVID-19 updates, outbreaks, or pandemic response require short-notice VHA and are critical information requirements for P&LO.
- Responses must involve vertical and horizontal integration between VHACO, VISNs, and VAMCs as well as interagency partners, Federal Emergency Management Agency (FEMA) officials, and the private sector.
- Different VISNs are in different operational response phases depending upon the COVID-19 spread and illness severity in impacted communities.
- Critical supply, equipment, and procurement resources need to be prioritized and directed to meet evolving demands and to maximize mission effectiveness.
- P&LO management should include prioritization and redirection of essential critical resources to meet evolving demands and to facilitate VHA mission effectiveness, Veteran health and safety.
- VISN and VAMC employee outbreaks will require social distancing and telework to continue operations, lengthening execution times for some tasks.
- Clear and coordinated P&LO messages to key audiences are important to avoid confusion, prompt customizable support measures, minimize adverse impact to critical organization structure and continuity of operations, and limit misinformation.

Communications

Communication protocols and coordination procedures used between P&LO ERT and EMCC are the single authoritative source and flow of information and activity. The framework for delivering communications support and how the jurisdiction's communications integrate is in accordance with EMCC Standard Operating Procedures.

Administration, Finance, and Logistics

All in accordance with Standard Operating Procedures and Emergency Operations.

Authorities and References

1. Public Health Service Act, Pub L. No. 78-410, 58 Stat. 682 (1944) (codified as amended at 42 U.S.C. et seq.; 42 U.S.C. $300hh-1 and 16)
2. Public Readiness and Emergency Preparedness Act, Pub. L. No. 109-148 (codified as amended in the Public Health Service Act at 42 U.S.C.-6d)
3. Economy Act, Pub. L. No. 73- 2 (1933) (codified as amended at 31 U.S.C. $1535)
4. Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93 288 (as amended at 42 U.S.C. $ $ 5121-5207)

5. Presidential Policy Directive 44 (PPD 44), Enhancing Domestic Incident Response (2016)
6. Homeland Security Presidential Directive 5 (HSPD-5), Management of Domestic Incidents (2003)

Appendix E – Communications

Purpose, Scope, and Assumptions

Purpose

The purpose of this Annex of the EOP is to establish communication processes, procedures, materials, and points of contact for field Public Affairs Officers (PAOs) or those acting in the capacity of field communications specialists regarding communications about the ongoing Coronavirus Disease 2019 (COVID-19) outbreak with staff, patients, volunteers ,and visitors at VHA care facilities and community stakeholders. These will guide field communications specialists as to the approved messaging, audiences and materials for communicating means of preventing infection, limiting disease spread, and protecting the health of all persons passing through VHA-run locations, as well as to provide a clear chain of command and approval process for any unique communications needs that arise, inquiries from media, lawmakers, community partners, or other stakeholders, and to maintain available information in an up-to-date and accessible form throughout these very fluid circumstances.

Scope

The scope of this plan includes all communications to staff, patients, volunteers, visitors, and the general public. These communications are intended to inform, educate, and reassure stakeholders of VA's readiness to respond during the outbreak.

Planning Assumptions

For purposes of this plan, it is assumed:

- Information about the ongoing COVID-19 outbreak will remain highly fluid;
- Conditions and instructions under which VHA staff will be operating may change often, with little notice, and with significant operational and public health implications;
- Demand for, nature, and content of informational materials will be somewhat similar from location to location, allowing for standardized tools and procedures to provide manageable, consistent, coordinated, and compliant communications (and obviating the need for each site to prepare their own materials);
- All communications that could reasonably be assumed to represent the organizational authority of VHA should be approved, coordinated, and up to date to reflect the most recent available information and instructions, and as necessary messaging and materials may require review and modification by other Federal Government entities;
- Routinizing those communications functions that can be anticipated will allow personnel more resources to respond to unforeseen communications needs;

- Comprehensive, timely, and accurate information can alleviate anxiety and protect public health.

Concept of Operations

The Emergency Management Coordination Cell (EMCC) communications workgroup comprises 10 members from various offices across the network. These members assist the other EMCC workgroups to identify the disparate communications needs of Veterans and staff, help to monitor and explain CDC guidance for lay audiences, and develop communications resources for customization and distribution to field public affairs officers and leadership.

The workgroup has adopted a centralized, communications strategy that relies heavily on digital tools such as a Website and social media apps. To prepare for eventual decentralization of communications, the workgroup has developed and continues to expand a tool kit of templated materials for use by facility public affairs officers and other communicators to maintain a single voice and a coordinated, unified message.

The tool kit is being updated daily based on feedback from field communicators, VA and VHA leadership, and other stakeholders. The tool kit contains guidance to the field, communications contacts, key messages, and both templated and sample communications tools, including press statements, signage, social media posts, and blog posts.

Additionally, a Joint Task Force has been established to formalize the clearance process and enhanced tracking ability. The Task Force comprises four communications subgroups: Veteran, Field, External, and Congressional.

Organization and Assignment of Responsibilities

Organization	Responsibilities
EMCC Communications Workgroup	• Monitor CDC guidance for impacts on communications. • Develop communications strategy and tools. • Attend daily EMCC coordination calls. • Brief leadership as needed on daily coronavirus update call. • Serve as liaison to other EMCC workgroups. • Clear responses to media queries.
Joint Task Force	• Define strategic direction of communications. • Develop content for Veteran-, Field-, External-, and Congressional-facing communications. • Review and approve communications products.
VHA Communications	• Coordinate update calls with facility communicators as needed. • Communicate top-down guidance to workgroup and field communicators. • Assist in response to questions from the field, which help drive development of the tool kit. • Review and comment on field generated products and offer determinations of what constitutes operational communications. • Clear responses to media queries.
Patient Care Services Communications	• Create and update web content. • Draft blogs and social media messaging. • Assist in response to questions from the field, which help drive development of the tool kit.
VA Office of Public and Intergovernmental Affairs (OPIA)	• Interface with the White House Coronavirus Task Force and obtain necessary approvals. • Monitor CDC press conferences and scope of the outbreak. • Communicate top-down guidance to workgroup and field communicators. • Interface with the media. • Review and approve communications products.
VISN and Field Public Affairs Officers	• Attend update calls as needed. • Work with facility leadership to respond to local communications needs. • Align communications with national messaging and obtain required approvals.

Direction, Control, and Coordination

1. National media queries must be e-mailed to VHA Media Relations ((b)(6) @va.gov) for coordination with and/or approval by VA OPIA. This guidance does not apply to national media outlets.
2. Facility directors are authorized to provide interviews with local media outlets regarding their COVID-19 response. All media interviews should be cleared by the Office of Public and Intergovernmental Affairs (OPIA) and interview participants

should conduct media preparation with their local OPIA representative before conducting interviews.

3. Any Congressional queries must be coordinated with the Office of Congressional and Legislative Affairs (OCLA). The queries are being managed through the established "VHA COVID Comms" e-mail group.
4. Any operational messages (patient and employee health and safety communications, facility instructions, signage, etc.) do not require VA or VHA approval. Help to determine operational communications is available through the VHA COVID Comms e-mail group (b)(6) @va.gov).
5. Operational examples include but are not limited to screening, Personal Protective Equipment (PPE), or any cancellations of activities due to COVID-19. Previously approved materials are approved for use unless they are updated or withdrawn.
6. All communications activities must comply with all standard operating procedures and official VA and VHA Policies to protect all Veterans' and patients' personal information, especially Protected Health Information (PHI), Protected Personal Information (PII), and any other confidential information as provided by law.
7. Offices that produce local communications (using pre-approved messaging and graphics) or devise useful communications techniques are encouraged to share these with the VHA COVID Comms e-mail group (b)(6) @va.gov) so that best practices can be disseminated.

Guidance for Local Interviews

- Take the opportunity to highlight your facility's successes.
- Don't speculate or discuss hypotheticals. Speak factually about topics that facility leadership can discuss with confidence.
- Focus on your facility's operations and your local situation.
  - Avoid debating or critiquing policies that are outside of your control.
  - Avoid political matters.
- If you don't know the answer to a question, it's OK to say so.

Recommended Talking Points (for localization)

- [Name of hospital] offers comprehensive COVID-19 screening and treatment services. When it comes to testing, we are taking samples on-site and getting them processed [insert name of lab].
- The facility is equipped with essential items and supplies to handle an influx of coronavirus cases and is following CDC and [local/state] Department of Health guidelines for testing and reporting. [Name of hospital] **has not encountered any patients who have tested positive for COVID-19 to date.**

- To minimize risk for employees and Veterans, everyone who enters the [Name of hospital] campus will be pre-screened. This may lengthen entry times, so patients are advised to allow for that when arriving for their appointments.

The screening consists of three questions:

1. Do you have a fever or worsening cough or shortness of breath or flu-like symptoms?

2. Have you or a close contact traveled to an area with widespread or sustained community transmission of COVID-19 within 14 days of symptom onset?

3. Have you been in close contact with someone, including healthcare workers, confirmed to have COVID-19?

Per CDC guidance and VA protocols, individuals known to be at risk for a COVID-19 infection are immediately isolated to prevent potential spread to others.

Veterans and staff are encouraged to take everyday preventive actions to avoid being exposed to the virus:

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Stay home if you are sick or becoming sick.
- Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
- If you have symptoms or have been exposed to someone with symptoms, call the VA before going to the facility.

More information for Veterans is here: https://www.va.gov/coronavirus

For more information about the Coronavirus, please visit: CDC.gov

For Questions about VA's "Fourth Mission"

[Facility name] stands ready support the department's "Fourth Mission" to surge capabilities into civilian healthcare systems in the event those systems encounter capacity issues. Those requests would come from the Department of Health and Human Services (HHS), so we refer you to HHS for further comment.

Information Collections, Analysis, and Dissemination

Emerging Threat Phase (pre-confirmed case within VA) – The EMCC communications workgroup monitors the CDC website regularly for updates about the scope and extent of the outbreak, guidance on communicating about the outbreak, and the availability of public-facing communications tools. Additionally, the workgroup monitors VA social media feeds for public sentiments about the outbreak. This information informs the goals and objectives of the communications strategy and the tool kit tactics.

Realized Threat Phase (post-confirmed cases within VA) – The EMCC workgroup and VHA Communications monitors public sentiment about the outbreak, facility operations and readiness, CDC updates, and operational changes.

Public sentiment is monitored through public comments and levels of engagement through social media (e.g., questions asked, comments on blogs). Facility operations are monitored through regular calls with the VISN and field public affairs officers and the daily coronavirus update call. The CDC Website continues to be mined for changes in guidance with implications for communications and patient-facing resources that can be shared with VA communicators. The communications tool kit, which is updated daily, aggregates the latest guidance and communications resources into an easy-to-use, customizable format for VA communicators.

Appendix F – Human Resources and Finance Administration

Purpose, Scope, and Assumptions

Purpose

To provide overall and situational human resources guidance to aid in the decision making at the Veterans Health Administration (VHA) Central Office, Network, and Facility levels by providing proactive and reactive communication, information, legislative interpretation, and policy guidance in all human resources areas including Leave, Hours of Duty, Compensation, and Employee and Labor Management Relations.

Scope

Human Resources guidance will be applicable to the VHA Central Office and the Networks and Facilities under the purview of the VHA.

Planning Assumptions

It is assumed that a situation exists that expands or allows the implementation of laws, rules, regulations, or policy that are not in effect during normal operations and that this expansion requires information to be communicated to leadership in order to facilitate operations at all levels.

Concept of Operations

VHA leadership, upon recognition of a situation that requires a higher-level response than normal operations, will select human resources points of contact for areas that are likely to be utilized for the issue. As the situation changes, additional members will be added to the human resources team to provide subject matter expertise and guidance. The following sections will have a subject matter expert from VHA Workforce Management and Consulting (WMC) Office appointed to the team as needed:

- Employee/Labor Relations
- Compensation
- Staffing/Recruitment

Organization and Assignment of Responsibilities

- The Office of the Chief Human Capital Officer (OCHCO) will provide guidance for all of VA in consultation with the Office of Personnel Management and other entities.
- The Chief Human Capital Officer and the Chief Officer for VHA Workforce Management and Consulting will delegate or specifically assign VHA WMC Human Resources staff to the workgroup for situational response.
- The workgroup will be responsible to field questions and inquiries and provide VHA specific guidance in reference to the specific situation.
- The workgroup will be responsible for researching, preparing, routing, and disseminating additional approvals, documents, memorandums, etc. needed to properly address the specific situation within the guidelines of law, regulation, and policy.

Finance

The VHA Chief Financial Officer (CFO) will provide guidance to station fiscal personnel via e-mail communications, financial alert communications, and conference calls. The focus of communications will be on the appropriate costing of expenses to effectively track the amount of funds expended on the COVID-19 response for VHA. Expenses must be accompanied by receipts, invoices, etc., and can cover compensation costs for appointments of temporary personnel as well as acquisition, rental, or hire of equipment, services, materials, and supplies; for shipping, drayage, travel, and communications and for the supervision of these activities as documented in VHA Financial Alert 2020-004. (see below):

Accounting for COVID-19 Costs

1. Purpose: This Alert provides VHA stations guidance for recording and tracking expenditures related to COVID-19.
2. Background: On January 20, 2020, the VHA Executive in Charge issued a message that outlined the steps VHA is taking to closely monitor the outbreak of this respiratory illness caused by COVID-19.
3. On January 31, 2020, the Secretary of Health and Human Services declared a Public Health Emergency for the United States for the 2019 Novel Coronavirus. https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html
4. Reference: VA Financial Policy Vol. XIII Chapter 6 (Accounting During Declared Emergencies)
5. Guidance: VA will track all expenditures related to the occurrence of COVID-19. VA stations will account for costs related to COVID-19, including overhead, until such time as the Secretary or designee issues a statement indicating the occurrence or emergency has ended and normal operations can resume. Ref: VA Financial Policy Vol. XIII Chapter 6, section 060502 Paragraph A2.

VA will properly document and account for its funds expended during the occurrence of COVID-19. To the extent permitted by the scope, intensity, and duration of the occurrence of COVID-19, costs will be fully documented with timecards, receipts, invoices, etc.

VA may incur the following costs during such occurrence:

- Compensation costs for appointments of temporary personnel, as may be necessary, without regard to the provisions of Title 5 governing appointments in the competitive service.
- Obligations incurred on behalf of the United States, through contracts or otherwise, for the acquisition, rental or hire of equipment, services, materials, and supplies for shipping, drayage, travel, and communications and for the supervision and administration of such activities. Reference: VA Financial Policy Vol. XIII, Chapter 6, section 060502 Paragraphs 4a and 4b.

Appropriations: Novel Coronavirus expenses may occur within any of the following appropriations:

0140 Medical Community Care
0152 Medical Support and Compliance
0160 Medical Services
0161 Medical and Prosthetic Research
0162 Medical Facilities
0169 Federal Health Center/Lovell (VA/DoD)

- **Accounting Classification Codes (ACC):** For tracking costs associated COVID-19, VHA has established specific accounting classification codes (ACC). These ACCs should be used for costs incurred by the facilities for COVID-19 activities only. All stations seeking reimbursement from an external entity should use ACC - ND02D20F1. All other COVID-19 costs will be tracked using ACC – ND02D2001. Normal costs of operations unrelated to COVID-19 will be recorded using regular ACCs. Reference: VA Financial Policy Vol. XIII Chapter 6 Section 060502 Paragraph A).

ACC Code	Description	Usage Type
ND02D20F1	DISASTER-CORONAVIRUS FEMA	When seeking reimbursement from an external entity
ND02D2001	NAT DISASTER-CORONAVIRUS	All other novel coronavirus costs

- **Budget Object Codes (BOC):** A list of BOC codes is provided below. Please note that normal costs of operations not related to COVID-19 will be recorded using regular BOCs. Only the costs related to the declared emergency, including overhead costs, will be recorded in the restricted Declared Emergency BOCs. The

cost of disaster mitigation expenses (costs incurred to prepare for emergencies in general and not for any specific emergency) paid out of budgeted funds prior to the onset of a declared emergency will not be recorded in the Declared Emergency BOCs. Reference: *VA Financial Policy, Vol XIII Ch. 6, Appendix A, Declared Emergency Budget Object Codes.*

BOC	BOC Title	Description
1153	Declared Emergency Incremental Pay	Includes the incremental cost of personal services related to the emergency, including the additional overtime, shift differential, hazardous duty, holiday pay, etc., incurred in connection with, and directly related to, the declared emergency. It should be noted that this would also include regular pay for the duration of the declared emergency for any positions that are temporarily or permanently added to the payroll to deal with the effects of the emergency.
2160	Declared Emergency TDY	Includes all travel, meals, and lodging expenses incurred in connection with, and directly related to, dealing with the emergency itself, its clean-up, recovery, and return to normal operations. No costs related to Permanent Change of Station (PCS) are to be placed in this BOC.
2211	Declared Emergency Shipment of Bodies	Includes the shipment of the bodies of ineligible individuals as a result of or directly related to a declared emergency.
2280	Declared Emergency Shipments	Includes freight and express shipments of personal effects of deceased beneficiaries; contractual transfers of supplies and equipment; rental of trucks and vehicles from commercial sources to move goods and supplies when done in connection with, and directly related to, a declared emergency. If the shipping costs exceeds the purchase order threshold of $250 or more, a separate purchase order must be established for the shipping cost using this BOC. If the shipping cost is less than the threshold, shipping is charged to the same BOC as the goods ordered.
2315	Declared Emergency Communications	Includes the cost of all temporary communication set up fees, hardware, service fees, etc., incurred to deal with the immediate effects and aftermath of a declared emergency.
2508	Declared Emergency Automated Data Processing (ADP) Support and Backup	Includes the cost of all systems support provided by private contractors and the rental or purchase of hardware/software, including its installation, necessary to augment/replace ADP capabilities direct.
2527	Declared Emergency Interior Repair and Refurbishment	Includes the cost to clean up/refurbish clinical and office space owned, rented, or leased by the Department and restore it to operational status. Costs to repair structural damage should be recorded in BOC 3253.
2536	Declared Emergency Burial of Unclaimed Bodies	Includes the cost of burial, temporary interment, cremation, etc., of ineligible individuals, as a result of or directly related to a declared emergency.

BOC	BOC Title	Description
2537	Declared Emergency Non-Clinical Contract Services	Includes the cost of all non-clinical contract services procured in connection with, and directly related to, a declared emergency and not covered by one of the other declared emergency BOCs.
2538	Declared Emergency Clinical Contract Services	Includes the cost of all temporary clinical service contracts (physician, nursing, laboratory, pharmacy, radiology, etc.) required as a result of, and directly related to, a declared emergency either to replace capacity lost as a result of the emergency or to deal with humanitarian care requirements.
2637	Declared Emergency Humanitarian Supplies	Includes the cost of all supplies (clinical, pharmacy, provisions, paper products, etc.) expended for humanitarian care of non-eligible individuals provided as a result of, and in direct connection with, a declared emergency.
3152	Declared Emergency Equipment – Non-Capitalized	Includes the purchase, rental or lease of all equipment (both clinical and non-clinical) required to replace comparable equipment lost or damaged as a result of a declared emergency or new equipment necessary to cope with increased humanitarian workloads resulting from such an emergency (See BOC 3153 for Capitalized Declared Emergency Equipment).
3153	Declared Emergency Equipment – Capitalized	Includes the purchase, rental, or lease of all equipment (both clinical and non-clinical) required to replace comparable equipment lost or damaged as a result of a declared emergency or new equipment necessary to cope with increased humanitarian workloads resulting from such an emergency (See BOC 3152 for Non-Capitalized Declared Emergency Equipment).
3157	Declared Emergency Cleanup and Repair of Personal Property	Includes the cost of cleanup and repair/refurbishment of personal property damaged as a result of and directly related to a declared emergency.
3252	Declared Emergency Cleanup and Repair/Refurbishment of Land, Buildings and Structures – Non-Capitalized	Includes the cost of cleanup and repair/refurbishment of real property as a result of and directly related to a declared emergency, except that the cost of interior cleanup and refurbishment of non-structurally damaged clinical and office space will be recorded in BOC 2527. (See BOC 3253 for capitalized Declared Emergency cleanup and repair/refurbishment of land, buildings or structures.)
3253	Declared Emergency Cleanup and Repair/Refurbishment of Land, Buildings and Structures – Capitalized	Includes the cost of cleanup and repair/refurbishment of real property as a result of and directly related to a declared emergency, except that the cost of interior cleanup and refurbishment of non-structurally damaged clinical and office space will be recorded in BOC 2527. (See BOC 3252 for non-capitalized declared emergency cleanup and repair/refurbishment of land, buildings and structures.)

Appendix G – Clinical Practice Guidelines

The following Appendix supports the Clinical Practice Guidelines.

VHA develops national policy from laws and regulations that establish the roles and responsibilities for all aspects of healthcare delivery, management, and oversight through national directives and memorandums. For COVID-19, VHA has released a series of guidance memorandums to all VHA facilities that together address the provision of safe and quality healthcare for Veterans. Appendix L provides a full list of the guidelines grouped under the following categories:

- Administration
- Diagnostics and Testing
- Disinfection and Cleaning
- Emergency Management
- Human Resources
- Infection Control, Isolation and Quarantine
- Law Enforcement
- Personal Protective Equipment
- Safety of Healthcare Staff
- Screening and Triage
- Telemedicine and Virtual Care
- Treatment

Appendix H – Emergency Pharmacy Service

Purpose, Scope, Situations, Overview, and Assumptions

Purpose

The purpose of this Annex is to establish the processes, procedures, and organizational structure of the Emergency Pharmacy Service regarding the Coronavirus 2019 (COVID-19) outbreak.

Scope

This scope of this plan includes the management and deployment of the All Hazards Emergency Cache (AHEC) and Mobile Pharmacy Units (MPU).

Planning Assumptions

- Information about the ongoing COVID-19 outbreak remains highly fluid.
- Conditions and instructions under which the emergency pharmacy service will operate may change often; with significant operational and clinical implications.
- Demand for pharmaceuticals will likely increase and drug shortages will become more frequent.
- Staffing will likely be an issue as staff will be unavailable due to sickness, quarantine, family care, and fear of the unknown.

Concept of Operations

Emergency Pharmacy Service (EPS) has a dual function of managing the AHEC and managing/deploying the MPU. EPS supports all the AHECs strategically located across the states as the logistical arm of the AHEC. EPS supplies and updates the AHECs with supplies and medications as required. During COVID-19, EPS would resupply activated AHECs. The activation of the AHEC is the Medical Center Directors responsibility.

The MPUs are mobile outpatient pharmacies which consist of a 40-foot straight truck and three semi-tractor trailers. MPUs can be mobilized to an area of need as directed.

Organization and Assignment of Responsibilities

EPS maintains the inventory of the AHEC. The local Medical Center Director is responsible for the activation of the AHEC. EPS deploys and maintains the MPU during activation. The MPU pharmacy is staffed by Disaster Emergency Medical Personnel (DEMP). EPS reports to the Consolidated Mail Outpatient Pharmacy under the Pharmacy Benefit Management.

Direction, Control, and Coordination

Requested for Emergency Pharmacy Service are identified at the local level and routed through the VISN to VHA OEM. Once validated, VHA OEM sends mission assignment tasking to Director, Emergency Pharmacy Service requesting deploy Mobile Pharmacy Unit resources to the effected region.

Information Collections, Analysis, and Dissemination

- Guidance on treatment medications for COVID-19; will be shared across the system.
- On the MPU, the status of supplies and drug inventories, will be monitored by EPS and documented. Adequate inventory levels to ensure patient needs. Inventory will be adjusted daily to meet current demands.
- Status of AHEC will be reported to the AHEC Leadership Committee quarterly. The AHEC Leadership Committee will review all activations of the AHEC to determine appropriateness.

Communications

Communications concerning the AHEC is accomplished with phone/e-mail between the medical center and EPS. EPS reports to the AHEC Leadership Committee regarding any issues originating from the medical centers. During deployment, the MPU communication is accomplished with cellular or satellite. The MPU is equipped with computers and a satellite to link into the host medical center.

Appendix I – Points of Distribution

Purpose, Scope, Situations, Overview, and Assumptions

Purpose

The purpose of this section is to explain processes to dispense a medical countermeasure (MCM) cache via a point of dispending (POD) at a VA facility. Although the goal of this is to provide prophylactic medication(s), the processes could also be employed to distribute supplies (e.g., Personal Protective Equipment [PPE]) to VA personnel, support staff, Federal partners, and persons under the care and custody of VHA.

Scope

This appendix supports the High Consequence Infection (HCI) Base Plan along with the associated annexes and applies to all VHA Departments and stakeholders. It outlines details associated with the planning, preparedness, and activation of a VHA POD in response to an HCI event.

Planning Assumptions:

The following assumptions cover a wide range of potential medical situations:

- VHA Office of Emergency Management (OEM) Emergency Management Coordination Cell (EMCC) will assist in the activation of the POD planning and coordination efforts across the enterprise.
- The POD will be activated based on the medical emergency.
- Emergencies may require cooperation/coordination of internal and external departments, organizations, and agencies.
- Normal suppliers may not be able to deliver goods depending on the situation.
- VHA facilities with identified PODs capability are trained and ready to respond to emergent situation(s).
- HHS will be the lead agency for all HCI events needing a POD activation and requests will funnel through HHS Secretary's Operation Center (SOC).

Concept of Operations

Activities may be initiated in response to a variety of threats. These threats include, but are not limited to, a disease outbreak or a release of chemical or biological agents. Additionally, threats can occur naturally or be manmade. The threat may be initially present in a locality or detected in another country only to travel and emerge within the United States.

When a threat to public health is detected, VHA leadership will meet and determine the need for activating its POD operations. If activation is required, a command structure will be implemented to meet the unique needs of the incident through the EMCC.

Depending on the incident, medical countermeasures, supplies, and equipment will be distributed and managed in one or more of the following ways:

- Directly distributed from Federal sources to their ultimate destination,
- From to a single location in the state and then distributed to their ultimate destination, and/or
- From a single location in the state, redistributed to regional or local distribution sites or staging areas, and then distributed to their ultimate destination.

A redistribution process will be utilized to ensure that materiel is appropriately disbursed when no longer needed at the original location.

VAMC local sites will be activated to dispense MCM; those local sites may use one or more following models:

- Point of Dispensing (POD): A temporary facility to provide MCM to many people in a short period of time.
- Mass Clinics: A temporary facility to provide MCM to large numbers of people over a longer period.
- Healthcare Facility: Existing facilities that can provide MCM to their usual clientele.
- Open POD: Sites staffed and managed by organizations and agencies (both public and private) to dispense MCMs only to their own populations while continuing operations during a public health emergency.
- Closed POD: A private location where MCM are dispensed to a pre-identified population.
- Drive-through POD: Designated sites where MCM is provided to persons in their vehicles.
- Other models depending on circumstances.

Each of the above models may vary in configuration and resource needs. VAMC activities will be coordinated with or co-managed by the VHA Area Emergency Manager or the Regional Emergency Manager.

Hour	Milestone
0	A decision is made to implement response activity and SNS is requested.
2	If not already activated, the EMCC and other coordinating entities are activated.
4	POD sites are selected; SNS assets are en route; POD staff are activated.
10	POD setup initiated; and a detailed Distribution Plan completed.
12	SNS medical assets arrive in state.
13	In-state transportation of assets initiated.
14	MCM dispensing campaign initiated.
17	Transportation of assets initiated.
48	Initial MCM distribution completed and sustainment begins.

Organization and Assignment of Responsibilities

VHA

- Provide medical materiel, technical support, financial support, situational information, priorities, and guidance.

VHA EMCC

- Implements and enforces emergency directives.
- Processes VHA internal resource requests and requests for assistance from other states, agencies, and jurisdictions.
- Establishes a Joint Information System (JIS) and a Joint Information Center (JIC).

VISN

- Activate and staff VISN's Emergency Operations Center (EOC) or other coordination center (Situation/Scale dependent).
- Represents the VISN in Local Emergency Operation Centers (LEOCs), if requested. Assumes responsibility for MCM operations or provides technical assistance for local POD operations.
- Carries out the objectives for MCM operations as outlined in an Incident Action Plan (IAP) developed by the VISN EOC.
- Coordinates and communicates with local, tribal, and regional entities regarding operational issues.
- Assists in volunteer staffing management.
- Collects, consolidates, and distributes information to maintain a common operating picture.
- Participates in JIS and a JIC.

VAMC

- Coordinates with local Incident Command Posts (ICPs) and/or the VISN EOC, VHA OEM EMCC, or State EOC for operational support.
- Supports POD operations.
- Activates and manages local distribution sites or staging areas for VAMC MCM distribution (Facility specific).

Direction, Control, and Coordination

The EMCC is the center of gravity for overarching communications and will make efforts to fit into existing VISN and VAMC command structures. The organizational model for the EMCC is the National Incident Management System (NIMS) along with the Incident Management System (ICS). NIMS/ICS is a model that can be adopted and adapted enterprise-wide to provide efficient and productive responses to the VISN and VHA facilities.

Information Collections, Analysis, and Dissemination

Essential Elements of Information (EEI) provide context, inform decision making, and contribute to analysis. The baseline EEI's for the POD activations include, but are not limited to, the following:

Component	Sub-Component	Essential Element of Information
Medical	Hospitals	Number of POD patients seen
	Pharmacies	When available, status of vaccination program - vaccinations available, given, and shortfalls
Facility Management	Security	Status of security operations, limitations, and special needs
	Human Capital	Status of personnel resources, shortfalls, and unmet needs
Medical Supply Chain	Personal Protective Equipment	Status of PPE (masks, isolation gowns, etc.), resource shortfalls, and unmet needs

The HOC, in conjunction with the VHA OEM Watch, will be responsible for collecting, analyzing, and disseminating information regarding the process of dispensing.

Information shall be formatted and shared in a manner most easily used by stakeholders and customers.

Appendix J – Readjustment Counseling Services (RCS)

Introduction

Readjustment Counseling Services (RCS) provides counseling, outreach, and care coordination to eligible Veterans, active duty Service members, and their families through community-based sites (Vet Centers) of care external to other VHA facilities to include VA Medical Center (VAMC). Vet Centers provide non-medical services. Complexities include variations in physical structure, store-front locations, isolated communities, proximity to nearest VAMC, lack of medical services on-site.

RCS is comprised of 300 Vet Centers, 20 Outstations and over 900 Community Access Points. RCS also operates over 83 Mobile Vet Centers (MVC), many of which can be deployed to areas of impact. RCS assets are located in all 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, Guam, and American Samoa.

Purpose

This document provides the requirements and responsibilities for the RCS National Office, District Offices, and local Vet Centers to ensure the necessary level of readiness for mitigation, preparedness, response, and recovery of potential impacts from the COVID-19 outbreak.

Policy

RCS will ensure continuity of access to and delivery of readjustment counseling, outreach, and care coordination to Veterans, Service members and their families, first responders and the public, as appropriate, to the COVID-19 outbreak.

Situation

On March 2, 2020, the Office of Emergency Management (OEM) engaged RCS Leadership to develop a forward moving plan in the event of further outbreak and exposure of COVID-19 to RCS clients and staff.

Risk Assessment

The population RCS serve includes eligible individuals of all ages, gender, military experience, and time of service. Additional cohort concerns include:

- Aging Veteran population with co-morbidity diagnosis to include respiratory concerns, heart disease, diabetes, etc.

- Issues stemming from military service such as respiratory issues from potential exposure to chemical or environmental factors (burn pits, etc.).
- In addition, respiratory concerns have been identified as a concern related to COVID-19.

RCS is a complex organization within VHA due to the geographical spread of small, out-patient, store front locations. Local Vet teams range from 3 to 12 staff members, exclusive of volunteers.

Virtual care options (telehealth) has not been implemented at all Vet Centers. Eligible individuals may be reluctant to engage in this mode of delivery. RCS Vet Center staff are not currently authorized to telework.

Much is unknown about COVID-19, resulting in misinformation and a lack of education. Vet Centers are external and function independent from their local VAMC. Consequently, Vet Centers are not currently included on the disbursement of preventative resources (hand sanitation and facial masks).

Planning Assumptions

RCS services are provided in community-based location and do not have medical providers on-site. Resources may be available on a limited bases to Vet Center staff and will vary based on location and community complexity. There may be high-risk locations, separate from VAMCs, that may not be included in response planning scenarios. Due to high demand, supplies such as medical masks may not be readily available at Vet Centers.

The following are generalized assumptions specific to COVID-19:

- Risk groups for severe or fatal infection cannot be predicted with certainty but are likely to include the elderly and persons with chronic medical conditions.
- In a severe outbreak, absenteeism may reach 40 percent attributable to illness, the need to care for ill family members, or fear of infection during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Additional staff absenteeism may increase due to school closures and the employee need to care for their family.
- There may be critical shortages of health-care resources, such as Personal Protective Equipment (PPE) to include masks and hand-sanitation stations.
- Multiple waves of epidemics are likely to occur across the country, lasting many months.

RCS is staffed with a large number of licensed mental health professionals, many may be called to engage follow-up services to support traumatic or triggering experiences related to COVID-19, preparation for epidemic waves, recovery, readjustment, and bereavement services.

Many Readjustment Counselors have been trained and are equipped to provide virtual services via VA Video Connect. Additionally, Outreach Specialists can effectively engage community partners and stakeholders in the education and awareness of COVID-19 and community partnerships, responses, and developments.

Concept of Operations

Phases of operations will consist of a four-step threat indicator regarding COVID-19. The designators will be identifiable as Alpha, Bravo, Charlie, and Delta. Alpha being minimal virus spread and Delta being the most severe.

Phases of Implementation:

RCS overall strategy for mitigating the impact of COVID-19 on Veterans, Service members, and their families and staff will be guided by principles which are implemented within the Vet Center response plan.

The overarching VHA guiding principles are:

- Protect uninfected clients and staff from acquiring COVID-19 infection.
- Shift priorities, resources, and standards of care to virtual services when possible.
- Physically and functionally separate suspected or confirmed COVID-19 clients from those without it.
- Use staff to screen COVID-19 patients and leverage technology and communications to minimize exposure.
- Identify opportunities to deliver supportive care virtually.

The overarching RCS guiding principles are:

- Ensure continuity of care by continuing to provide direct counseling and care coordination.
- Outreach in local communities, establishing pathways for those we serve.
- Local approach given needs of the local environment.

The implementation of these principles will begin immediately through Client screening and referral to appropriate level of care pursuant to the results of the screening.

Screening:

All clients and visitors entering Vet Centers will be screened using established screening protocols and referral pathways. The preferred screening option will be during the telephonic appointment reminder 24 hours prior to the scheduled appointment. Walk-in screening protocols have also been developed and implemented.

Clients will be referred to qualified medical staff for further evaluation. When a "positive screen" is indicated, Vet Centers will direct clients to the appropriate VA or Community Provider for further evaluation.

The possible outcomes of positive screenings are:

1. Client is referred to local VA Medical Center (VAMC) or community provider.
2. Client is directed to urgent care, an emergency department- or a local health department.

Any client unable to be seen in the Vet Center for services will be offered and scheduled for telehealth services, if available and agreeable to the patient.

Alternates Methods of Care:

RCS will establish alternate methods of care should there be an interruption in the ability to provide services or if an increase in risk occurs for staff and clients in a local community. Opportunities for alternative provisions of care can include VA Video Connect, phone visits, and 24-hour Call Center support or other identified alternatives.

RCS COVID-19 Operational Levels

Below are the four RCS COVID-19 Operational Levels. Each level is assigned an operational level based on the local environment.

Alpha: A minimal impact of COVID-19 has been reported within the community. Vet Center is open and monitors community responses to include VA and Non-VA partners.

Focus Area	In Person Services	Virtual Services
Counseling	Little to no disruption to individual, group, marriage and family counseling	Used as needed
Outreach	Little to no disruption to participation in outreach events	Not Applicable
Care Coordination	Little to no disruption	Used as needed
COVID-19 Screening	Telephonic Appointment reminder with screening questions in place 24 hours before all appointments; all walk-ins are screened as per protocol	

Bravo: A more invasive COVID-19 spread has been reported. Vet Center is open and will limit foot traffic to Vet Center.

Focus Area	In Person Services	Virtual Services
Counseling	Some disruption to individual, group, marriage and family counseling	Services are shifting to Virtual counseling (phone, telehealth)
Outreach	Participation in outreach events is limited or cancelled	Outreach is shifting to Virtual connections
Care Coordination	Some Disruption	Shifting to Virtual Means
COVID-19 Screening	Telephonic Appointment reminder with screening questions in place 24 hours before all appointment as per guidance; all walk-ins are screened per protocol to include referral services when applicable.	

Charlie: Substantial virus outbreak escalates. Vet Center is open. Staff still report for duty, however, no inbound client or visitor traffic at the Vet Center. The Vet Center becomes a telehealth hub.

Focus Area	In Person Services	Virtual Services	Other Tasks
Counseling	None	Virtual Visits Only	NA
Outreach	No Outreach	Virtual Outreach Only	NA
Care Coordination	Disrupted	Virtually Only	NA
COVID-19 Screening	Virtual Services Only. Appointment reminders continue with appropriate screening and referral. No walk-in screening.		

Delta: Virus is upgraded to the most extreme form by Government / States (Mass Casualties/ Uncontrollable Outbreak). Essential Businesses are closed. Major employers in the area are in telework status or closed until further notice. Most schools, local, state and Federal buildings are closed.

Focus Area	In Person Services	Virtual Services
Counseling	None	Virtual / Applicable Telework
Outreach	None	Virtual Outreach through telework None
Care Coordination	None	Virtually Only through telework
COVID-19 Screening	Vet Center is closed until Further Notice. Vet Center Director will be responsible for giving daily updates of their community to the District Level.	

MVC Operations

1. MVC Request will be made through Emergency Management Coordination Cell (EMCC). EMCC will route request to RCS Central Office - Operations (OPS). OPS will route request to appropriate District to identify and activate appropriate local Vet Center/MVC. (It is recommended that a running list of MVC Drivers that are willing and qualified to respond to these requests be kept at each District Office).
2. If EMCC deems appropriate, employee will complete a physical and blood work prior to deployment EMCC will provide guidance on this process. EMCC and RCS employee will coordinate with local VAMC Occupational/ Employee Health to facilitate necessary screenings/exams.
3. MVC Driver will coordinate with MVC requestor on materials needed and where to obtain material for requested deployment.
4. MVC drivers must have training on how to decontaminate themselves and the entire MVC once leaving the affected area. EMCC will provide guidance on this process.
5. Vet Center services offered during this time will largely consist of outreach and pathway connections. Virtual counseling services may be available. RCS Central Office can delegate MVC usage for other duties in conjunction with EMCC needs.

Outreach Operations

1. Vet Center Director will conduct weekly 30-day evaluations of local environment to decide participation in outreach events.
2. Vet Center Director will consult with Deputy Director for final decision-making approval on Limited Outreach Status based on local environment.
3. Limited Outreach Status - will be defined and adjusted between Vet Center Director, Outreach Specialists, and current community concerns.
4. Vet Center Director has discretion to limit Outreach.
5. Outreach and MVC staff who are on limited Outreach Status will help with preventative measures to include placing follow up calls / making calls to clients in advance to screen Veteran population and participate in virtual outreach.
6. Outreach Specialist / MVC staff will work alongside Director to establish relationships with community health providers, specifically points of contacts at VA Medical Centers, health departments, and urgent care centers for COVID-19 support and services.

The Deputy District Director is responsible for communicating guidance and plans within their respective zones and will communicate plan to their Zone. Additionally, the Deputy District Director, with support from District Director, will report and document operational statues.

Mitigation: Mitigation includes information and referral to healthcare services; increasing awareness of preventative measures (hand sanitation, masks), reduced services for those clients with low risks, limited access to Vet Center, implementation of virtual sessions (VA Video Connect), and education and awareness for RCS employees nationally with emphasis on areas of increased risk.

Extended Operations and Recovery

This phase begins when the public health authorities recognize that the outbreak is beginning to wane, and clinical operations are beginning to stabilize. District Leadership and Vet Center staff will prepare for a second wave, reinitiate curtailed services during the initial threat levels, and monitor the health and well-being of staff and clients.

Trigger: This phase begins with the ability to meet and maintain the long-term response capabilities needed to combat the COVID-19 outbreak. The phase ends with a return to usual job functions and scopes of practice.

Goal: Maintain the highest standards of care for all Veterans, active duty Service members and their families, continue to protect those individuals and staff and return to normal operations. Recovery strategies maintain a focus on continuity of operations.

Monitoring, Assessment and Planning

- Evaluate the effectiveness of the measures used and update response plans, guidelines, protocols, and algorithms accordingly.
- Preparing debriefing materials and data including:
    - Lessons learned, including psychological sequelae.
    - Uses and roles of Vet Center in local, state, and national responses.
    - Cooperation between counterparts at all levels.
- Determine the need for additional resources and capacities during possible future outbreak waves.
- Review telework plans and procedures, and designated staffing for necessary changes.
- Develop plan to reinitiate services that were curtailed during Threat Level implementations.
- Monitor the psychological impacts of the outbreak, especially on the health workforce.
- After Action Report (AAR)

- Conduct a thorough evaluation of all the non-pharmaceutical interventions used, including:
  - Connected Care
  - Triage (effective questions, masking, etc.)
  - Social distancing
  - Stay at Home
  - Handwashing
- Review and, if necessary, revise HCI preparedness and response plans in anticipation of possible future outbreak wave(s).
- Revise case definitions, protocols, and algorithms as required.
- Evaluate crisis communications plan.
- Request funding to implement any new procedures, requirements and strategy changes.

Healthcare Operations

- Ensure that health-care personnel have the opportunity for rest and recuperation.
- Conduct occupational health screening, monitoring, and follow-up of staff.
- Critical Incident Stress Management.
- Initiate plan to reinstate services that were curtailed in Threat Levels.
- Begin rebuilding of essential services.
- Return to usual job functions and scopes of practice.
- Resuming usual standards of care.
- Continuing to promote principles of the “Infection: Don’t Pass It On” campaign with adherence to hand washing and respiratory hygiene.
- Complete tracking of resources used.
- Complete tracking of fiscal costs.
- Completing work for financial reimbursement through national emergency plans.
- Providing death benefits to surviving family members of staff who died from exposure to COVID-19 in the course of their duties.

Communications

- Regularly update staff and clients on any changes to the status of the outbreak.
- Participate in community AARs and planning revisions.
- Share AAR with partners.

Vet Center facilities will also conduct an internal incident reviews to identify strengths, best practices and areas for improvement.

Organization and Assignment of Responsibilities

RCS Chief Officer:

- Designating responsibility for the overall RCS COVID-19 response
- Maintaining active liaison with national partners both internal and external to the VA.
- Ensure the creation and distribution of appropriate National guidance.
- Ensure effective communication to all RCS staff.

Operations Officer:

- Coordinating COVID-19 preparedness and response activities with OEM/EMCC as appropriate.
- Identifying any needed corrective actions through COVID-19 training, exercises or actual incidents, and included in overall improvement plans that are approved by leadership.
- Ensure the distribution and implementation of appropriate National guidance.
- Ensure effective communication to RCS Districts.

District Director:

- Coordinating COVID-19 preparedness and response activities with the District as appropriate.
- Ensure the distribution of all guidance to RCS zones.
- Ensure effective communication with District.
- Providing education and training to those staff who will be involved with COVID-19 clients consistent with their roles and responsibilities.

Deputy District Director:

- Coordinating COVID-19 preparedness and response activities with the local VAMC, healthcare coalitions, public health, and emergency management authorities, as appropriate.
- Ensure the distribution of all guidance to respective Vet Centers.
- Ensure effective communication with Vet Centers.
- Providing education and training to those staff who will be involved with COVID-19 clients consistent with their roles and responsibilities.

Vet Center Director:

- Providing education and training to those staff who will be involved with COVID-19 clients consistent with their roles and responsibilities.
- Engagement with local VAMC COVID-19 Advisory Workgroup, where available.
- Maintaining situational awareness and identifying sources of medical and epidemiological information.
- Report accurate information to District Office in regard to community and staff concerns regarding COVID-19.

Direction, Control, and Coordination

Program Office (PO) Level: National direction, guidance and control will occur through 10RCS (National Program Office).

District Office (DO) Level: The DO will provide coordination, direction and control as an EOC for the VC facilities within its catchment area.

Vet Center (VC) Level: Direction, control, and coordination activities at the Vet Center level will occur in partnership with the local VAMC and District Leadership. The Vet Center will follow local facility tactical and operational approach, coordinate responsive activities and identify resources needed in response to an incident.

Information Collections, Analysis, and Dissemination

Common informational requirements for a disease outbreak include, but are not limited to:

- Protective measures
- Locations providing treatment
- Restrictions
- Impacts to Vet Center operational capabilities

The Communication Officer, functioning as Public Affairs Officer, will be responsible for collecting, analyzing, and disseminating information regarding the disease outbreak. Information shall be formatted and shared in a manner most easily used by stakeholders and customers.

Communications

Communication protocols and coordination during a disease outbreak will follow established procedures, with exceptions put into place to implement social distancing and minimize face-to-face contact.

Administration, Finance, and Logistics

Administration, Finance, and Logistics support requirements will be accomplished through the appropriate level of coordination or command center (EMCC, VISN EOC, VAMC HCC). Multi-agency agreements will generally be coordinated and executed at the EMCC or VISN EOC levels.

Plans Development and Maintenance

The RCS plan will be an incident specific annex to the HCI Emergency Operations Plan (EOP). The plan shall be reviewed and revised by RCS Operations Team on the same periodic schedule as the HCI Operations Plan.

Authorities, Information Sources and References

Authorities

Title 38, United States Code (USC), Section 8117, Emergency Preparedness (P.L. 107-287, as amended).

KEY REFERENCES AND INFORMATION SOURCES

Information Sources:

1. CDC 2019 Novel Coronavirus Main Page: https://www.cdc.gov/coronavirus/2019-ncov/index.html
2. VHA nCoV Web Site: https://www.publichealth.va.gov/n-coronavirus/index.asp
3. VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program has been approved for publication; it can be found by clicking on the following link: http://vaww.va.gov/vhapublications/ (b)(6); (b)(5)
4. CDC Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza
5. Mitigation in the United States: https://www.cdc.gov/flu/pandemic-resources/pdf/community_mitigation-sm.pdf
6. CDC Community Mitigation Guidelines to Prevent Pandemic Influenza - United States: https://www.cdc.gov/media/dpk/cdc-24-7/preventing-pandemic-influenza/community-mitigation-guidelines-for-preventing-pandemic-flu.html
7. NETEC 2019 nCoV Repository: https://repository.netecweb.org/
8. ASPR TRACIE, Infectious Disease Topic Collection: https://asprtracie.hhs.gov/infectious-disease

References:

1. Executive Order, Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats, November 2016.
2. Institute of Medicine, Crisis Standards of Care, A System's Framework for Catastrophic Disaster Response, 2012. Available at: http://www.nationalacademies.org/hmd/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx
3. Presidential Policy Directive-2 (PPD-2) Implementing National Strategy for Countering Biological Threats, November 2009.
4. Federal Emergency Management Agency, Biological Incident Annex, January 2017.
5. VHA National Center for Ethics in Health Care, "Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders & Health Care Professionals in the Veterans Health Administration," July 2010; Ethical Issues in Ebola Virus Disease Preparedness and Response, November 2014. Available at: https://www.ethics.va.gov/policy.asp
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Appendix K – Chaplain Services

Introduction

This document provides Chaplain Service Operating Procedures for sustaining Continuity of Operations in support of the Department of Veterans Affairs (VA) Medical Centers (MC) during a National Emergency, COVID-19. Veterans Health Administration (VHA) Directive 1111(1) provides overall guidance defining Chaplain Service roles and responsibilities for rendering services across VA.

Continuity of Chaplain Services in the field will be predicated on the requirements of respective VAMC Leadership and the capabilities of Chaplain Service resources at local Medical Centers. Within the National Chaplain Service Office, continuity of operations involving field support, staff coverage, as well as coordination with Faith Group Endorsers and/or other Federal/nonfederal entities will be assessed, and action deployed as necessary.

Record of Distribution: The Director, Chaplain Service, (10P4C) is responsible for the content of this plan. Questions concerning this Plan may be directed to the National Chaplain Service Office.

Recertification: This Plan will continue to serve as national policy until it is recertified or rescinded.

Purpose

This document prescribes requirements and responsibilities of the National Chaplain Service Office to ensure the necessary level of readiness and support for mitigation, preparedness, response, and recovery of potential impacts from the COVID-19 outbreak.

Scope

Chaplain Service will provide continuity of services across the VA enterprise as appropriate and in support of VA facilities in response to COVID-19 outbreak.

Situation Overview

Chaplain Service is reacting to the COVID-19 outbreak in coordination with the VHA Office of Emergency Management's (OEM) plan to collaborate an approach to maintain and/or plan for continuity of Chaplain Service operations in conjunction with VA/VHA phase responses.

Capability Assessment: Chaplain Service will maintain self-sustaining capability deploying spiritual and emotional resources necessary to support the VA/VHA's response to COVID-19 situation.

Mitigation Overview: Chaplains will restrict their personal movement to the same degree as fellow interdisciplinary team members via direction from Facility Director. Chaplains will strictly adhere to PPE protocol as set forth via local medical center policy.

Planning Assumptions

VAMCs are conducting Tabletop Exercises in response to VHA directives involving the COVID-19 pandemic. Local Chaplain Service leadership (Chief Chaplains) are included in these discussions to prepare for planning and execution of initiatives in support of actions required of Medical Center leadership.

The National Chaplain Office will convene the Emergency Command Center to define, provide, and develop communication strategies and operating procedures in support of national and local Continuity of Operations Plans.

- The National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- The National Chaplain Office will disseminate national guidance regarding employee communication and operational coverage at VAMCs.
- A VA Chaplain must be included on every VA Hospital Incident Command System (HICS)
- The National Chaplain Office, in conjunction with local VHA leadership, will include procedures for informing local leadership on the status of Chaplain Service operations, employee and operational readiness, or other situations about which Medical Center leadership should be aware. Likewise, Chaplain Service employees will receive information locally regarding current conditions and be included in leadership meetings, appropriate trainings, and provided PPE from Medical Centers.
- VA Chaplain staffing levels, spiritual assessments, and patient visits may be reduced due to social distancing, cancellation of local VA programs or community services to include schools, daycare facilities, transportation venues, etc.
- VA Chapel Worship Services at local Medical Centers will follow what is being done for other group meetings at the local Medical Centers. If other group meetings are cancelled, VA Chapel Worship Services are also cancelled. VA Chapel Worship Services which can virtual broadcast Chapel Worship Services are encouraged to proceed with virtual broadcasts.
- Face-to-Face VA Chaplain Programs, like Warrior to Soulmate and Community Clergy Trainings, will be cancelled during the COVID-19 pandemic. Developing the use of VA Video Connect for these programs can be considered if supporting critical mission of patient care and COVID-19 emergency response.
- VA Chaplain Services may be required to respond to specific or unique VA Medical needs that may require additional resources.

Concept of Operations

Phase 1 – Initial Planning Phase

Individual Chaplain Services are minimally impacted. Chaplain Service field staffing levels are normal up to 85 percent.

There is no major impact to the business lines or other services.

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- National Chaplain Service Office will activate Emergency Operations Center. The National Director will lead discussions and update staff on conditions and field impact.
- Immediate assessment of projected staff travel will be reviewed and curtailed to "essential travel" only.
- In conjunction with VHA guidance, National Chaplain Service Office will deploy communication plans introducing Universal Precautions to Chaplains; e.g., no touch/no contact, frequent handwashing, not allowing employees with flu symptoms to work, etc. Communications will also include CDC, HCI guidelines, and DUSHOM memo guidelines.
- Chief Chaplains must identify mission essential personnel who will provide minimal services in the event Chaplain Services are significantly reduced and/or staff shortages occur.
- Local VA Chaplain Services must use effective chemical sanitizers that are effective for COVID-19 virus. Chaplain Services are to ensure routine disinfect of VA Chapels on a more frequent basis. Chief Chaplains should coordinate with local EMS representatives to ensure work environment is set to Universal Precautions.
- Addition of portable handwashing machines at entry area of Chapels.
- Remove Holy Water Founts from Chapel. Holy Water can be supplied for those who request by bringing their own bottle to obtain Holy Water from the VA Catholic Chaplain.
- Remove shared Hymnals from the Chaplain for infection control. (Ensure that "give-away" Faith Based Literature is supplied for comfort/support, but not communally shared.)
- Local Chaplain Services are encouraged to purchase individually packaged Holy Communion kits for use on isolated units and with COVID-19 positive patients.
- National Chaplain Service Office will identify VA Chaplains that may be able to deploy to another Medical Center that no longer has a VA Chaplain available to serve due to COVID-10 quarantine.

- Chaplain Services will ensure VA Chaplains are trained in telehealth to provide virtual spiritual care for Veterans via VA Video Connect.
- National Chaplain Service Office will disseminate specific communication regarding operational issues and instruction via special communication venues.
- National Chaplain Service Office will maintain close coordination with VHA OEM, PAO and PA Specialists to develop and disseminate communication to the field and other entities.

Phase 2 – Elevated Response Phase

*Individual Chaplain Service or multiple Chaplain Services are impacted and are now in an elevated response mode in support of the Medical Center response specific situations. *Note: elements identified in Phase 1 may carry over into Phase 2.* Chaplain Service Staffing Level are at 40 percent to 80 percent.

Potential adjustments to local Chaplain Service could include:

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- VA Chaplains call high-risk (suicidal) Veterans who are at higher risk of suicide with the complication of social distancing.
- Limit Face-to-Face Spiritual Assessments and Chaplain Visits.
- No Face-to-Face Chapel Worship Services (Virtual strongly encouraged)
- No Chaplain Group Sessions (Virtual strongly encouraged)
- No Clinical Pastoral Education Training Sessions
- Utilization of PPE, as provided by the Medical Center
- Addition of portable handwashing machines at entry area of Chapels.
- Redistribute functions to appropriate National Chaplain Office Staff to support field operations.
- Deploy VA Chaplains as needed to support coverage of Chaplain Services in need.

Phase 3 – Critical Phase

Chaplain Services nationwide impacted significantly. Chaplain Service Staffing Levels are 0 percent to 40 percent.

Potential impact:

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.

- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- VA Chaplains call high-risk (suicidal) Veterans who are at higher risk of suicide with the complication of social distancing.
- Spiritual Care by consult to most critical needs and/or deaths only
- No Chapel Worship Services (Virtual strongly encouraged)
- No Chaplain Group Sessions (Virtual strongly encouraged)
- No Clinical Pastoral Education Training Sessions
- If VA redirects clinics and/or consolidate patients to one location, Chaplains may be tasked to deploy Rapid Response as needed to support the VHA response.

Phase 4 – Recovery and Sustainment Phase

Individual Chaplain Services are impacted – return to regular operations.

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- Assess staffing levels
- Re-establish Chapel Worship Services
- Re-establish Chaplain Group Sessions
- Re-establish Clinical Pastoral Education Training Sessions
- Confirm special requirements with the Medical Center
- Prepare the EOC for Post Pandemic Processes/After-action reporting.

Organization and Assignment of Responsibilities

- National Chaplain Service Director will articulate policy and procedures and coordinate contingency plans with VHA OEM and senior leadership.
- National Chaplain Service Director will manage day-to-day operations and execution of initiatives in support of the field and Medical Center leadership.
- National Chaplain Service Director will communicate and coordinate all activities with Chief Chaplains nationwide. National Chaplain Service Director will keep VACO leadership informed of all developments.
- Medical Center Chief Chaplains will be responsible for developing operating strategies to help sustain a level of service in the field. Coordinate with National Chaplain Service Director to their strategy to support local Medical Center.

- Chief Chaplains will coordinate with Medical Center leadership responding to any special requirements and communicate needs and challenges to National Chaplain Service Office.

Direction, Control, and Coordination

Chaplain Service will coordinate with OEM for required missions. National Chaplain Service Director will define operational and tactical procedures in collaboration with VHA and EOM.

Information Collections, Analysis, and Dissemination

National Chaplain Service Office requires information and data from local facilities and VHA EOM for operational status.

Communications

Communication is established between National Chaplain Service Director, Office of VHA Public Affairs, and Assistant Under Secretary for Health for Operations (AUSHO) to distribute information accordingly. Operational information is distributed to Network Directors and Medical Center Directors highlighting specific procedures and processes for deployment.

Appendix L – Fourth Mission of the Department of Veterans Affairs, National-Level Roles and Responsibilities

Background

Department of Veterans Affairs (VA) has a fourth statutory mission, which is to support the Department of Defense and the Public Health Service during times of national emergency. Within the Veterans Health Administration (VHA), the Office of Emergency Management has lead responsibility for the emergency management mission.

Support the Department of Defense and the Public Health Service During Times of National Emergency

The VA/DoD Health Resources Sharing and Emergency Operation Act (Pub. L. 97-174) was enacted on May 4, 1982. This law gave VA a new mission: to serve as the principal healthcare backup to DoD in the event of war or national emergency that involves armed conflict. In addition to the contingency mission, this public law amended Title 38, United States Code (U.S.C.), to promote greater peacetime sharing of healthcare resources between VA and DoD.

Additionally, under the National Response Framework (Public Law 93-288, as amended), VA is tasked with ensuring backup medical support for military personnel in wartime, and for the general public during natural, manmade, or technological emergencies.

Concept of Operations

Under the auspices of the National Response Framework (NRF), the Department of Health and Human Services (HHS) may request interagency assistance from other departments, including VA, under their authority as the lead agency for Emergency Support Function #8 (ESF #8) - Public Health and Medical Services.

As outlined in ESF #8, subject to the availability of resources and funding and consistent with the VA mission to provide priority services to Veterans, the VA shall provide the following services when requested:

- VHA coordinates with participating National Disaster Medical System (NDMS) hospitals to provide incident related medical care to authorized NDMS beneficiaries affected by a major disaster or emergency.
- VHA furnishes available VA hospital care and medical services to individuals responding to, involved in, or otherwise affected by a major disaster or emergency, including members of the Armed Forces on active duty.
- VHA designates and deploys available medical, surgical, mental health, and other health service support assets.

- VHA provides a Medical Emergency Radiological Response Team for technical consultation on the medical management of injuries and illnesses due to exposure to or contamination by ionizing radiation.
- VHA alerts VHA Federal Coordinating Center (FCCs) and provides reporting instructions to support incident relief efforts.
- VHA alerts VHA FCCs to activate NDMS patient reception plans in a phased and regional approach, and when appropriate in a national approach.
- NCA buries and memorializes eligible Veterans and advises on methods for interment of the dead during national or homeland security emergencies.

Tasking and Assignment Tasking Process

When a deficiency or gap is identified in related response activities by HHS, FEMA, the Federal inter-agencies or the State, Local, Tribal and Territorial (SLTT) partners, a Request for Assistance (RFA) is generated. Typical examples might include lack of adequate or appropriate supplies (such as Personal Protective Equipment [PPE]); need for medications (such as anti-viral or antibiotics); or need for staffed hospital beds in an alternate care site for a medical surge (such as a Federal Medical Shelter [FMS]). Collaboration and communication among the requesting agency, HHS, and the targeted supporting Federal agency, prior to and during the formation of an RFA is recommended.

Upon receipt of the RFA from the requesting agency received at the FEMA National Resource Coordination Center (NRCC), the request is validated based on authorities, mission need, availability of resources, and funding. A mission assignment is prepared and submitted to the HHS Secretary's Operation Center. HHS creates a mission assignment sub-tasking that is forwarded to VA. Upon receipt of the mission assignment, the request is reviewed by the VHA Emergency Management Coordination Cell. Recommendations are developed and submitted to VHA leadership and the appropriate internal support units/assets activated and tasked. If VA is unable to fulfill the assignment, VA/VHA leadership will inform NRCC and HHS SOC that the RFA needs to be modified or denied.

All Hazards Emergency Cache Program

The VHA maintains a stockpile of medical supplies and countermeasures to bridge the gap between the time a disaster occurs and when the Strategic National Stockpile is deployed. The cache is designed to treat Veterans, staff, and other victims that may present to local VA Medical Centers (VAMC) in a local mass casualty event. The caches are intended to provide pharmaceuticals and some equipment for short-term care until resources from the Strategic National Stockpile can be made available in the immediate area and to support and augment a VA facility's involvement in the local community disaster plan.

Reporting to Congressional Committees

Within 60 days of the commencement of a disaster or emergency (or as soon thereafter as is practicable) in which the Secretary furnishes care and services as described above, (i.e. per the interagency RFA process), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the Secretary's allocation of facilities and personnel in order to furnish such care and services.

Appendix M – Additional Reference Materials

Below is VHA specific guidance (DUSHOM) memos and other applicable reference materials.

Infection Control/Isolation/Quarantine	
3/6/20	Postponement of Long-Term Care Surveys
3/10/20	Guidance for Spinal Cord and Disorders Centers
3/11/20	Homeless Program Response Suggestions
3/14/20	Guidance for Mental Health Residential Rehabilitation Treatment Programs
3/15/20	COVID-19 Action Plan for Blind Rehabilitation Centers (VHA)
3/16/20	Guidance for Department of Veterans Affairs (VA) Health Care Systems (access control)
3/16/20	Guidance for Geriatrics and Extended Care Home and Community Based Services Programs
3/17/20	Guidance for Community Living Centers – Revised
Disinfection/Cleaning	
1/31/20	Cleaning Guidance for Re-Usable Medical Equipment and Patient Rooms
Personal Protective Equipment	
3/15/20	Personal Protective Equipment Use
Screening/Triage	
3/2/20	Surveillance and Virtual Resource Utilization Planning (Guidance on ways to reduce face to face contact when screening patients)
Diagnostics/Testing	
2/11/20	Standardization of Laboratory Reporting
3/17/20	Revised Standardization of Laboratory Testing
Treatment	
3/15/20	Ensuring Continuity in Suicide Prevention
3/15/20	Guidance for Elective Procedures
3/16/20	Implementation of an Episodic Special Patient Icon in Bed Management Solution
3/16/20	Managing Operations of Mental Health Unit While Managing COVID-19
3/19/20	REVISED MEMORANDUM -COVID 19 Guidance for Dialysis
Telemedicine/Virtual Care	
5/20/18	Use of Telemedicine while providing Medication Assisted Treatment (DEA)
Administration	
3/7/20	Mission Critical Travel
3/16/20	Waiver of Bi-Weekly Pay Cap (VA)
Human Resources	
2/12/20	Authority to Approve Weather and Safety Leave for Employees Affected by COVID-19
2/12/20	Supervisor Guidance (VA)
3/4/20	Preliminary Guidance to Agencies (VA)
3/12/20	HR Flexibilities (VA)
3/14/20	Recording Ad-Hoc Telework and Weather and Safety Leave
3/15/20	Federal Government Operating Status in the Washington DC Area
3/16/20	Guidance for Telework, Scheduling, and Duty Location
3/15/20	HR Facts, Version 3
3/16/20	Supplemental HR Facts

Law Enforcement	
3/7/20	VA Police Quarantine Authority
Emergency Management	
1/30/20	Request for DEMPS Personnel to Assist HHS Response Effort
1/31/20	COVID-19 Response Program Responsibilities
2/5/20	Managing Local Requests for Assistance
2/12/20	HHS Request for Support (DEMPS)
2/18/20	COVID-19 Tabletop Exercises
3/2/20	Request for DEMPS Personnel to support Police operations at Palo Alto VAMC
3/3/20	VHA COVID-19 Strategic Response Plan
3/13/20	Declaration of National Emergency / Stafford Act
Safety of Healthcare Staff	
3/2/20	COVID Protection (list of actions to protect staff and Veterans)
3/15/20	Guidance for Work Recommendations for Asymptomatic Healthcare Personnel After Exposure to a COVID-19 Patient
Logistics	
2/14/20	Personal Protective Equipment (national data call/Inventory)
Communications	
3/5/20	Communications Plan for VISN and VAMC Leadership
3/5/20	MESSAGE FROM THE EXECUTIVE IN CHARGE Novel Coronavirus (COVID-19) Disease UPDATE
3/6/20	COVID-19 Communications Toolkit (VHA)

Department of Veterans Affairs

Memorandum

Date: MAR - 6 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Postponement of Long-Term Care Surveys

To: Network Directors (10N1-23)
Medical Center Directors

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

1. The Office of Geriatrics and Extended Care (GEC) held conversations March 5, 2020 with the two national contracted vendors Long Term Care Institute and Ascellon Corporation to discuss the domestic travel implications with the current COVID-19 virus and CDC recommendations. Options were discussed if it could be safe to the vendors, VA staff, Veterans and the general public to continue surveys in the VA Community Living Centers (CLC) and the State Veterans Homes (SVH).

2. GEC is recommending pausing all external review surveys in both the VA CLC and the SVH program for 30 days. This would postpone surveys from March 9, 2020 until April 6, 2020. The postponement dates would be re-evaluated prior to April 6, 2020 to evaluate the outbreak situation and determine if this pause will need to be extended.

3. Although surveys are essential for continued oversight and monitoring, a temporary pause is felt to be in the best interest of Veterans, staff and contract staff to help mitigate potential spread to our most vulnerable population.

4. Both national vendors will be notified of the decision.

5. Please contact Ms. (b)(6) Director, Facility Based Programs, Office of Geriatrics and Extended Care at (202) 632-(b)(6) or via e-mail at (b)(6) @va.gov with any questions.

for Renee Oshinski

Department of
Veterans Affairs

Memorandum

Date: MAR 10 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: COVID-19 Guidance for the VA Spinal Cord Injuries and Disorders (SCI/D) Centers

To: Network Directors (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)
4NPD

1. The priority goal in the VA response to COVID-19 is the protection of Veterans and staff. The SCI/D Hub and Spokes system provides care to high risk populations for COVID-19 including Veterans requiring acute, sustaining, outpatient, home care, long stay, short stay or hospice services. Various strategies to mitigate exposure to and transmission of COVID-19 to these populations is critical. This document provides guidance to facilities providing these services.

2. Admissions to SCI/D units should include only those Veterans that absolutely need to be admitted, such as an acute injury or illness. All elective admissions including annual evaluations should be postponed until a later date.

3. Avoid any situation that might result in introduction or spread of COVID-19, including any group settings (e.g., in therapy gym, meals, sponsored events). Avoid sharing of equipment if possible.

4. Use virtual health and communication (e.g., telephone, telehealth) whenever possible, including all non-urgent interactions with Veterans with SCI/D including in the ambulatory care and home care settings.

5. Avoid all visitors if possible. Exceptions might include end-of-life care, a family member of a newly injured Veteran or Active Duty Servicemember (ADSM) during the first week and training a caregiver for discharge. However, consider telehealth whenever possible, including visits from commanding officers for ADSM.

6. Consider limiting vendors access for equipment-related purposes unless absolutely necessary.

7. Limit exposure from others coming into the SCI/D unit and minimize patients leaving the unit for diagnostic testing unless absolutely necessary.

8. Active screening of anyone entering the unit must continue per established guidance.

VA FORM 2105
Mar 1989

9. Staffing should be assessed to limit the number of staff entering the SCI/D Center and dedicated SCI/D staff should be maintained on the unit.

10. Please refer questions related to this guidance to the SCI/D National Program Office, a(b)(6)@va.gov.

for Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: MAR 11 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Homeless Program Office (HPO) Coronavirus Disease 2019 (COVID-19) Response Suggestions

To: Network Directors (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC) JMB

1. Attached is Veterans Health Administration (VHA) recommended suggested COVID-19 response. Populations experiencing homelessness are more at risk than the general population to emerging infectious diseases. Coronaviruses is a large family of viruses that cause illness ranging from the common cold to more severe diseases, such as Severe Acute Respiratory Syndrome (SARS). The first cases of Coronavirus 2019 (COVID-19) were detected in December 2019.

2. Once homeless specific COVID-19 response guidance is disseminated by such agencies as the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO), they will replace and/or supplement this Homeless Program Office COVID-19 Response Suggestions. The attached suggestions were compiled from multiple resources including VHA, CDC, and WHO. Please continue to coordinate with your local VA Medical Center (VAMC) and public health departments as the situation evolves across the United States.

3. Please refer to *VHA COVID-19 Strategic Response Plan* by VHA COVID-19 Workgroup Emergency Management Coordination Cell v1.0 released on March 3, 2020 for VHA department wide COVID-19 planning, including modifying response based on the phase of the COVID-19 outbreak.

4. Further questions regarding the HPO recommended responses should be directed to (b)(6) PhD, RN, CNL (Homeless-PACT National Program Manager) via email at (b)(6) @va.gov or (b)(6) MD, MPH via email at (b)(6) @va.gov (Director, National Center on Homelessness among Veterans).

Renee Oshinski

Renee Oshinski

Attachment

Attachment

Proactive planning: An essential component to COVID-19 Response is proactive planning prior to your community experiencing a COVID-19 outbreak. This planning will have the best success if a wide array of stakeholders are involved in the process, including but not limited to the local health department, Veterans Affairs (VA) and non-VA medical facilities, community emergency response system, community and faith-based organizations who support homeless programs, and city council.

- One way to participate in community-wide planning is to determine if your local government has a private-public emergency planning group that meets regularly.
- Know your local health department's reporting process for potential COVID-19 cases.
- Include your colleagues within your VA Medical Center (VAMC) in your planning, communications, and activities. For example, homeless program managers are encouraged to inform their VAMC infection control program, emergency management, and occupational health about the care delivery processes within homeless programs.
- Know your VAMC process regarding when Veterans present with COVID-19 symptoms to your VAMC Emergency Departments (ED) and/or outpatient clinic locations.
- Inform your VAMC leadership and the disaster management team about the known number of Veterans who are living on the streets and in shelters even if none of them currently have symptoms of COVID-19.
- Proactively address stigma and discrimination given homeless populations might be labeled more as spreaders of disease rather than being at greater risk of acquiring disease.
- As recommended by *Veterans Health Administration (VHA) COVID-19 Strategic Response Plan*, establish alternate sites of care should the healthcare system not be able to meet demands on care. Consider including in these discussions housing for homeless Veteran population. Specifically, consider discussing the plan if existing transitional and emergency housing are unable to meet the demands of sheltering Veterans ill from suspected COVID-19 who do not require hospitalization.
- Start to give consideration now about when to stop providing in-person group sessions. Follow your local VAMC recommendations regarding potential absolute stop date; however, homeless program associated groups might need to be cancelled prior to the local VAMC potential stop date depending on the prevalence of COVID-19 in local homeless population and location of these groups. If groups are stopped, considered alternative forms of care.

Cultivating these strong alliances is critical for better outcomes if a COVID-19 outbreak were to happen in your community.

Infection Prevention Methods: The best method to combat any infectious disease is to have preventive measures in place prior to an outbreak that mitigates the transmission and spread of the disease. This includes:

- Frequent handwashing with soap and water for minimum of 20 seconds
- Frequent use of 60% or greater alcohol-based sanitizers
- Avoid shaking people's hands when in situations where access to soap/water or sanitizers is not available (inform people the reason for not shaking their hands).

- Avoid touching your face.
- Increase cleaning of surfaces (e.g., workstations) and communal areas (e.g., waiting rooms). After every clinical encounter in the office, wipe down flat surfaces with your local VAMC infection control recommended wipes.
- Avoid public places and areas where large groups of people will congregate (e.g., concerts, sporting events).
- When resources are available, homeless program staff are encouraged to call Veterans on their caseload (who have access to phones) to inform them about COVID-19 infection prevention methods, especially Veterans who are at higher risk of acquiring COVID-19. Risk factors include being 65 years of age or older, underlying lung problems, weakened immune system, and tobacco user. Encourage tobacco cessation.

Further information about everyday preventive actions can be accessed at:
https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html

Homeless Veteran Stand Downs: Given that an essential component to COVID-19 Response is proactive planning prior to your community experiencing a COVID-19 outbreak, it is the VA's recommendation that all Stand Down events be postponed until further notice. The National Homeless Program Office's Health Care for Homeless Veterans Office will update the VAMC homeless program staff when it is felt that it is safe to resume these large community events.

Outreach: Educate Veterans on infection control measures and rationale for not engaging in close contact such as shaking hands and maintaining 6 feet distance from people even if they are not exhibiting any COVID-19 symptoms. Ask Veterans to wear a surgical mask if they have symptoms (i.e., cough, fever, or shortness of breath) and offer a mask if available.

Telework: Homeless Program Office (HPO) supports use of telework. Please follow VHA guidance on telework.

Home Visits: Staff are encouraged to utilize the same infection prevention methods that their VAMC recommends be used for community-based visits.

- Consider calling Veterans in advance of conducting home visits, when possible. If either the Veteran or the individuals in their household report symptoms suggestive of COVID-19 infection (i.e., cough, fever, or shortness of breath), then consider using telehealth to conduct the visit. VA Video Connect is preferable, when available, over a telephone encounter.
- When Veterans have been directed to self-quarantine or self-isolate, home visits should not be completed. Alternative contacts should be utilized per local resources. During these alternative contact encounters, Housing and Urban Development-VA Supportive Housing staff's discussions with these Veterans should address issues related to food security and other subsistence issues.
- Staff should use hand sanitizer before and after home visits.
- Contacts need to be maintained as much as possible to be in line with Veterans' phase of case management and the minimum number of contacts required. Potential exists that not all required face-to-face contacts may be able to be completed when Veterans are experiencing symptoms suggestive of COVID-19. Alternatives, such as VA Video Connect or telephone encounter, should be used.

- When Veterans report symptoms suggestive of COVID-19 infection, staff should be available to assist them, during the staff's normal tour hours, with connecting Veterans to their primary care provider for guidance on next steps. Veterans also have access to VHA Clinical Contact Centers (a call center staffed by registered nurses) as an alternate resource source.
- When Veterans cannot be contacted and staff have concerns for their safety, then local standard operating procedures should be completed, which may include a welfare check.

Congregate settings, such as shelters and transitional residences:

- Risk of COVID-19 transmission can be decreased by avoiding close contact with others. In general sleeping areas, Centers for Disease Control and Prevention (CDC) encourages but does not consider as an absolute requirement to situate beds/mats at least 6 feet apart. Residents should also sleep head-to-toe and use temporary barriers between beds, when possible.
- Discuss with grantees their current infection prevention process when clients have influenza or tuberculosis. Such practices may include non-medical staff asking clients about whether they have a fever, new or worsening cough or shortness of breath, or flu-like symptoms. If these symptoms are mild, then admit them to an area of the congregate setting that is restricted for residents with similar symptoms and request that the person wear a surgical mask if available. If individual isolation rooms are not available, consider using large, well-ventilated rooms. If possible, there should be designated bathroom for clients with suspected COVID-19.
- Medical care should be considered for individuals with more severe symptoms, such as difficulty breathing or shortness of breath, pain or pressure in chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting, or flu-like symptoms improve but then return with fever and worse cough. Begin proactive discussions regarding local resources that may be able to assist congregate settings without medical staff in determining if Veterans need medical care. If the decision is that a Veteran needs to obtain medical care, plan now on how this process would occur: (1) know the point of contact (POC) of the medical care facility (often ED charge nurse or nurse manager); (2) call this POC to give them advance warning that a patient who has symptoms suggestive of COVID-19 will be arriving to their facility; (3) have discussions now about how this patient will be transported to the facility.

Transportation with minimal exposure to others, such as via ambulance, is suggested.

- If Veterans with COVID-19 symptoms are denied admission to shelters solely based on having COVID-19 symptoms, this should signify the need for higher level of medical care and provisions to obtain this higher level should be done.
- If Veterans develop fever, new or worsening cough or shortness of breath, or flu-like symptoms after admission, use aforementioned steps utilized during admission process to determine next steps.
- VA staff should follow the guidelines of their site's partner. Do not visit Veterans in quarantine.
- Environmental cleaning of common areas: https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html

Community Resource and Referral Centers: Follow your VAMC guidelines that out-patient clinics are utilizing regarding asking Veterans screening questions for COVID-19. If possible, designate an area for Veterans who are exhibiting COVID-19 symptoms and do not require

higher level of care. Request and offer them surgical masks to wear if available. Try to have a minimum number of staff to interact with these Veterans.

Coordinated entry system: Examine your community's coordinated entry system. Will knowing the COVID-19 symptom status of Veterans help to house those with and without symptoms separately? As known COVID-19 cases increase, some communities might experience predominance of their general population having COVID-19 symptoms. At this point, knowing if clients are exhibiting COVID-19 symptoms will not help facilitate housing those with and without symptoms separately.

Grantees and Contract Providers (Health Care for Homeless Veterans, Grant and Per Diem (GPD), Supportive Services for Veteran Families): Grantees and Contract Providers are encouraged to start planning now with their local health departments about local health resources and guidance for Veterans experiencing homelessness who are not eligible for VA healthcare and are exhibiting symptoms suggestive of COVID-19.

GPD Hospital-to-Housing (H2H): During the process where H2H is considering accepting a COVID-19 positive patient from local VAMC, the GPD liaison should be an active participant in these discussions with the local VAMC medical staff, local VAMC COVID-19 Response team, and GPD site. These conversations should include commitment from local VAMC COVID-19 Response team to serve as resource for GPD liaison during the time when patient will be residing at GPD site. GPD liaisons should work with grantees to ensure appropriate cohorting, education of staff, and medical supports will be provided if a COVID-19 positive patient is referred to a GPD site.

Homeless Patient Aligned Care Team (H-PACT): As having both medical and social services components, H-PACT can support not only Veterans experiencing homelessness but also other hospital and clinical teams as being the experts on health issues.

- Assist in tailoring this HPO and other COVID-19 guidance to local VAMC level's resources and needs as typical hospital-based programming does not cover all homeless care services.
- Be a technical advisor on homeless issues for local VAMC COVID-19 Response team.
- Support the non-VA medical community COVID-19 response. Examples include H-PACT medical directors being in close communication with the medical directors of their community's shelter systems, indigent primary care clinics, Federally Qualified Health Centers, and public health departments.

Staff protection: People who are 65 years old or older, have underlying lung problems, have weakened immune system, and are tobacco users are at greater risk of acquiring COVID-19. Would consider assigning tasks based also on COVID-19 acquisition risk factors of the employee until a COVID-19 vaccine is available. Also, if staff is experiencing symptoms suggestive of COVID-19, they should stay home and contact their supervisor. Guidance on leave consideration can be found through local VAMC HR guidance, on VA HR/Emergency Resource Center https://vaww.va.gov/OHRM/ (b)(6); (b)(5) nd HCI Preparedness Program SharePoint.

VHA Clinical Contact Centers: Provider of virtual urgent care by nurses to Veterans enrolled in VA Health Care. To access: Call (844) 698-(b)(6) Press (b)(nter your zip code. System will auto-dial to the local VAMC. At additional prompts, select "talk with a nurse" or "operator."

Influenza: Currently, flu is more prevalent in the Unites States than COVID-19. Strongly encourage staff and Veterans to get the influenza vaccination if they have not done so already and if they do not have any contraindications to obtaining one.

Additional Resources:

- Leung CS. Homelessness and the Response to Emerging Infectious Disease Outbreaks: Lessons from SARS. *Journal of Urban Health* 2008; 85(3): 402-410.
- **CDC**: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- **Department Housing and Urban Development:** https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Encampments.pdf
- **VHA:** https://www.blogs.va.gov/VAntage/72072/coronavirus-be-informed-and-call-your-provider-if-symptoms-develop/#_blank
  https://www.publichealth.va.gov/n-coronavirus/index.asp
  https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/HCI/SitePages/Home.aspx

COVID-19 Screen: Screening questions will change as our understanding of COVID-19 changes. Follow your VAMC policy regarding management of positive screens.
Access copy at
https://dvagov.sharepoint.com/sites/(b)(6)

Department of Veterans Affairs

Memorandum

Date:

From: Deputy Under Secretary for Health for Operations and Management (10N)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

Subj: COVID-19 Guidance for Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VISN Mental Health Liaisons (10N1-23)

1. This memorandum provides guidance to facilities operating Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) otherwise known as Domiciliary programs and includes the Compensated Work Therapy/Transitional Residence program. In continuation with national COVID-19 prevention efforts, admissions of Veterans who require long-distance or interstate travel by plane, bus or train are to be curtailed until the VA travel ban is lifted. In the interim, arrangements must be made for continued care either in the Veteran's locality of residence, without long-distance travel, or through virtual means.

2. In addition, when a local facility curtails admission to an MH RRTP for reasons other than the travel restriction, the facility must submit an Issue Brief (IB) to 10N. The IB should outline the timeline for delayed admissions and the plan for the provision of continued care while Veteran waits for admission.

3. Questions about guidance on MH RRTP units should be directed to Mr. (b)(6) National Mental Health Director, Residential Rehabilitation and Treatment Program by email at (b)(6) @va.gov.

Renee Oshinski

Renee Oshinski

VA FORM MAR 1989 **2105**

COVID-19 Action Plan for Blind Rehabilitation Centers

Purpose: To provide clear communication to the 13 VHA Inpatient Blind Rehabilitation Centers (BRC) regarding current and pending admissions.

Action: Effective immediately and until further notice, all VA BRCs will suspend and postpone admitting patients in order limit COVID-19 exposure risk for Veterans being treated in and traveling to / from these facilities. Veterans who are currently inpatients in a BRC will be evaluated and managed for proper discharge planning.

Areas of Consideration:

- Consistent message through BRC, VHA Blind Rehabilitation Continuum of Care, and Blinded Veterans Association to minimize alarm and ensure accurate communication.
- Individualized Case Management:
  - Determine the most appropriate disposition for each Veteran currently admitted to a BRC.
  - Develop appropriate timeline for discharge. Current inpatients should be discharged as soon as viable, and stagger discharges as necessary.
  - Patients should be made discharged to home ideally, although accommodations may be made to retain inpatients if they are at greater risk for exposure if discharged.
  - Ensure each discharged Veteran is provided with resources as appropriate for their plan of care.
- Determine and provide necessary follow-up care, as appropriate, at home by their Visual Impairment Service Team, or through Telehealth, or other means.
- Expectations for BRC staff members:
  - Do not report to work if sick.
  - Determine plans for how time and services will be reallocated during absence of inpatients.
- Follow local VAMC guidance with regards to:
  - Infection control measures and maintaining clean environment in BRCs and patient rehabilitation areas.
  - Operating and maintaining Outpatient programs (Visual Impairment Service Teams (VIST), Blind Rehabilitation Outpatient Specialists (BROS), HOPTEL and VISOR BRS continuum of care clinics).
  - Maintaining utilization of currently scheduled non-VA community care services for blind rehabilitation services.

Risk Communication: Manage messaging by crafting targeted correspondence to address:

- Currently admitted BRC inpatient Veterans and their families.
- Notifying Veterans and postponing pending BRC admissions.
- Staff education for BRC staff, VIST Coordinators, and BROS with regards to communication and case management for continuity of care.

Department of Veterans Affairs

Memorandum

Date: March 16, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: COVID-19 Guidance for Department of Veterans Affairs (VA) Health Care Systems

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. Veterans Health Administrations (VHA) is focused on protecting our Veterans and staff as VA responds to COVID-19. The purpose of this memorandum is to provide guidance in an effort to reduce the transmission of COVID-19. All Networks are requested to limit facility access and implement screening procedures prior to entrance into the facility to mitigate exposure and transmission of COVID-19 to our patient population.

2. Facility Access: Access to the Medical Centers should be limited and able to accommodate screening of visitors and staff. Appropriate signage should be in place to direct visitors to the access point. Visitor access to our facilities will be limited.

3. Screen procedures: VHA staff will screen all visitors each time they enter the Medical Center. Screening criteria may change as information about COVID-19 evolves. All visitors will be screened for COVID-19 as described below:
As of the effective date, screening should include the following information:

- Fever (100.4F or 38C)
- Cough
- Shortness of breath

The goal is to approve access to individuals with no fever and no symptoms. Visitors who screen positive, will not be granted access to the Medical Centers.

4. Visitors returning from international travel must be in the United States, symptom free, for 14 days. Visitors with additional questions about their symptoms should be referred to their medical professional. VHA is taking these proactive precautions to protect our Veterans, employees, and the communities we serve.

5. VHA is sensitive to the separation this restriction causes our patients and their loved ones, but VHA believes this measure of protection is essential at this time to keep people safe. Only one visitor per Veteran is allowed for Veterans who require assistance to get to and from an appointment, providing support to in-patient Veterans in palliative or hospice care, and Veterans who are having major procedures.

6. Access will be determined on a case-by-case decision where the visitor is critical to the care of the Veteran. Only visitors without symptoms will be permitted to enter the Medical Center as dictated by the current situation. No visitors under the age of 18 are permitted, including infants. No Visitors will be allowed to wait in common areas

(canteen areas, waiting rooms, vending areas, etc.). These restrictions apply to all care locations, including health care facilities, ambulatory care centers, urgent care centers, and emergency rooms.

TAMMY L CZARNECKI 108627

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Date: 2020.03.16 16:23:59 -04'00'

Renee Oshinski

FAQs

Q: I need to have someone bring me to my appointment. Can they wait in the lobby or another designated waiting area?
A: To help protect our Veterans, staff and visitors, VHA is implementing an enhanced patient safety policy which permits only one visitor in the building per patient.

Q: I need to have someone bring me to visit a patient. Can they wait in the lobby or another designated waiting area?
To help protect our patients, staff and visitors, VHA is implementing an enhanced patient safety policy which permits only one visitor in the building per patient. This means while you are visiting your loved one, your other family member(s) or friend(s) must remain outside of the building.

Q: A Veteran is having a complex surgery and other family members want to be present in the waiting room. What arrangements can we make?
A: Due to the COVID-19 outbreak, groups of individuals are not permitted to wait in the designated waiting spaces. Please ask one family member or friend to remain at the hospital and provide updates to the rest of the family. We suggest communicating by phone or social media as needed.

Q: The Veteran is currently a Patient Under Investigation (PUI) and we are awaiting confirmation to see if he/she has COVID-19. Can we still visit?
A: No. VHA encourages you to use telecommunication devices – phones, laptops, tablets, etc. Few exceptions will be made on a case-by-case basis. If allowed to enter the room, you will be required to wear protective equipment like gloves, gowns and a mask. You will also be educated on proper hand hygiene techniques. The visitor should not have any signs or symptoms of illness.

Department of Veterans Affairs

Memorandum

Date: MAR 16 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: COVID-19 Guidance for Geriatrics and Extended Care Home and Community Based Services Programs

To: Network Directors (10N1-23)
Medical Center Directors (00)

1. Effective immediately, all Department of Veteran Affairs (VA) Geriatric and Extended Care Home and Community and Purchased Care programs will implement new safeguards aimed to limit the COVID-19 exposure risk for Veterans being served by these programs. This memo provides guidance for the following programs: Home Based Primary Care (HBPC), Medical Foster Home (MFH), Community Residential Care (CRC), VA Adult Day Health Care, Community Adult Day Health Care (CADHC), and Community Nursing Home (CNH).

2. The priority goal in the VA response to COVID-19 is the protection of Veterans and staff. Guidance is necessary given the high risk, vulnerable populations in these programs, and the potential for VA staff to become exposed to COVID-19. To minimize risk of exposure to this vulnerable population of Veterans, effective March 16, 2020 and until further notice, the above stated programs will take the following actions:

3. Home Based Primary Care (HBPC)

    a. In-person home visits should be limited to only those deemed essential to be performed in-person. New admission assessments may be considered essential.
    b. Whenever feasible, visits should be performed virtually via VA Video Connect, Video on Demand, or by telephone
    c. All non-essential visits should be deferred if virtual options are not available.
    d. Initiate screening of Veteran and all household members prior to conducting any home visits. All staff must also be screened prior to any home visit and should not visit if screened positive or if staff is sick. VHA HCI Screening and DX.
    e. If an in-person visit is deemed essential (and there are persons with positive screen), ensure proper personal protective equipment (PPE) for staff for Standard, Contact, and Droplet Precautions, including the use of eye protection. Recommended PPE includes:
        i. A single pair of disposable patient examination gloves. Change gloves if they become torn or visibly soiled,

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Mar 1989

ii. Disposable isolation gown,
iii. Respiratory protection (i.e., surgical mask, if aerosol generating procedure/ collecting nasopharyngeal swab for COVID-19 culture wear N-95 or higher-level respirator), and
iv. Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
v. Provide a disposable surgical mask to the person with symptoms

f. Don PPE outside the home and removing after exiting the home, leaving disposed PPE in a garbage bag at the home.
g. Provide just in time education for all Veterans in HBPC, including explaining of changes in mode of HBPC visits during COVID-19 period, how to reach HBPC providers, instructions on when to seek medical attention, respiratory hygiene, and self- isolation
h. Assure all Veterans on HBPC program has access to necessary food and supplies.
i. For questions regarding VA Home Based Primary Care guidance for COVID-19, please contact (b)(6) Director VA Home and Community Care at (b)(6) @va.gov

4. Medical Foster Home (MFH)
   a. MFH clinical visits should follow the guidance for Home Based Primary Care.
   b. Monthly unannounced visits by the MFH Coordinator should be completed via phone or telehealth.
   c. All scheduled inspections of current or new MFHs will be suspended. The MFH Coordinator will work closely to establish a plan to reschedule Inspections with all homes in a timely manner once permitted.
   d. If a face to face visit is deemed necessary, MFH Coordinator will initiate screening for ALL persons residing in the home prior to conducting any home visit. VHA HCI Screening and DX.
   e. If anyone in home screens positive for COVID-19, ensure proper PPE is secured and follow guidance for Home Based Primary Care for home visits.
   f. MFH Coordinators should advise MFH Caregivers to limit in-home visitors.
   g. For questions regarding VA Medical Foster Home guidance for COVID-19, please contact (b)(6) Director VA Home and Community Care at (b)(6) @va.gov

5. Community Residential Care (CRC)
   a. All in person visits to CRC facilities will be suspended.
   b. While in-person visits are paused, establish a plan of communication to maintain oversight of Veterans placed in a CRC. Methods used may include telephone or video telehealth.

c. In addition, recurring review of the Veteran's electronic medical records should continue.
d. It is also recommended that the CRC Coordinator speak to the Residential facility leadership to ask them their plan for COVID-19. Questions should include the following:
    i. What are their plans for maintaining operations at their facility?
    ii. Is the home accepting new admissions?
    iii. Is the home allowing/restricting visitors?
e. All scheduled inspections of current or new CRCs will be suspended. The CRC Coordinator will work closely to establish a plan to reschedule Inspections with all homes in a timely manner once permitted.
f. For questions regarding VA CRC guidance for COVID-19, please contact (b)(6) Director VA Home and Community Care at (b)(6) @va.gov.

6. VA Adult Day Health Care (VA-ADHC)

a. All programs will immediately suspend operations.
b. All Veterans and identified Caregivers will be contacted to identify any home care services that may be needed during this period of suspension. If services are identified, work with the appropriate program to implement the needed service (i.e., homemaker/ Home Health Aide, skilled nursing, etc.)
c. Establish a follow up plan of care for each Veteran to contact via phone, or via video telehealth, during this period of suspension to ensure their status and that needs do not change.
d. If status of Veteran changes during this time, assist with any resources that may be needed.
e. For questions regarding VA Adult Day Health Care guidance for COVID-19, please contact (b)(6) Director VA Home and Community Care at (b)(6) @va.gov

7. Community Nursing Home (CNH)/ Community Adult Day Health Care (CADHC)
    a. All in-person visits to CNH and CADHC facilities will be suspended.
    b. While in-person Veteran visits are paused, a combination of telephone or virtual care by video telehealth may be used to maintain oversight of Veterans placed in CNH or CADHC facilities, maintaining the 30-day frequency for CNH Veterans and quarterly for CADHC Veterans.
    c. A combination of telephone or video telehealth may be used to communicate with Veteran or family members directly without visiting the facilities.
    d. Recurring review of Veterans' electronic medical records should continue as best practice.
    e. It is recommended that CNH or CADHC coordinators also speak to CNH or CADHC facility leadership to ask them the following questions regarding the ongoing spread of COVID-19:
        i. What are their plans for maintaining operations at their facility?

ii. Is the provider still accepting new admissions?
iii. Is the provider allowing visitors?

f. The Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group has released revised guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes on March 9, 2020 for your reference. The guidance includes the topic of visiting nursing homes, and can be found here: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf.

g. For questions regarding CADHC or CNH guidance for COVID-19, please contac(b)(6)s, Director, Purchased Long Term Services and Supports at (b)(6)s@va.gov.

Renee Oshinski

Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: MAR 17 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus (COVID-19) Community Living Centers – Revised 03/17/2020

To: Network Directors (10N1-23)

1. Veterans Health Administration (VHA) is providing updated guidance for its Community Living Centers (CLC).

2. Effective immediately, Department of Veterans Affairs (VA) CLCs will only admit Veterans already in a VA facility. No admissions are permitted from the community.

3. Veterans requiring admission to acute care for an emergency can be transferred to the CLC after completing 14 days of observation in the acute care facility. If bed space in acute care is an issue, then these Veterans can be transferred to a CLC if appropriate housing is available (e.g., negative air room preferred, but at a minimum a private room). The days spent in acute care count toward the 14 days of observation. Observation can be discontinued after 14 days and if the Veteran has a negative screen for COVID-19.

    a. Observation consists of resident staying in their bedroom and daily screening for symptoms of COVID-19 including: 1) temperature greater than 100.4, 2) presence of a cough, 3) shortness of breath or 4) sore throat. This screening must be documented in the electronic health record. If the resident must come out of their room, then they should wear a mask.

4. Staffing, procedures and delivery models should limit the number of staff entering CLC space. Dedicated CLC staff should be used. Facility staff should not have duties that require them to enter a COVID-19 area at the facility and CLC. To minimize access to the CLC, facilities should address what duties can be performed by CLC staff (e.g., phlebotomy) and how to limit deliveries (e.g., pharmacy, supplies, linens, meals).

5. Telehealth modalities should be used to complete consults and replace clinic visits outside of the CLC. Additional guidance will be coming for accessing rehabilitation services for short stay residents.

6. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and follow local guidance.

7. Institute daily screening of residents for fever and symptoms of COVID-19 including: 1) temperature greater than 100.4, 2) presence of a cough, 3) shortness of breath or 4) sore throat. The information collected should be entered in the electronic health record. Any resident that screens positive should be assessed for possible infection. Existing protocols that rule out other viral disease (e.g. influenza) should be performed prior to any COVID-19 testing.

8. CLCs are to restrict all visitors, except for certain compassionate care situations, such as an actively dying Veteran (e.g., life expectancy of hours to days), and that visit will be limited to that room only. Decisions about visitation during a compassionate care situation should be made on a case by case basis, which should include careful screening of the visitor for fever or respiratory symptoms. Visitors may be asked to wear PPE to protect the CLC residents. Those visitors with symptoms should not be permitted to enter the facility at any time (even in end-of-life situations). They should also be reminded to frequently perform hand hygiene. Visitors with additional questions about their symptoms should be referred to their medical professional.

9. The facility should have a plan to isolate any resident that is suspected of having COVID-19. Facilities with negative airflow rooms in the CLC should use that location. Facilities with multiple suspected or confirmed cases should have plans to isolate residents to one area (neighborhood) in the CLC or at another location at the medical center if space does not allow to isolate in the CLC. If the need to isolate in a neighborhood setting is required, consistent staff should be assigned to those residents and not be assigned to go between COVID-19 positive and negative residents to provide care.

10. Facilities should immediately initiate procedures to cancel communal dining and all group activities, such as internal and external group activities. Residents may eat in the dining room with social distancing (there should be only one resident at a table and at least six feet between tables) Field trips and other activities that take residents outside the CLC will be cancelled until further notice.

11. Guidance for Behavioral Recovery Outreach (BRO) Teams:

    a. Day of Discharge and Community Follow-Up Visits
        i. **ALL community activities are to be completed via phone or VA Video Connect (VVC).**
        ii. Please work with your community partners to see if they have capacity to use VVC (e.g. already have tablets), as well as with your local telehealth programs to determine what equipment may be available for community partners to use at this time.

    b. Behavioral Re-admissions
        i. Please follow your local policies and procedures for BRO Veteran re-admissions.

12. State Veterans Homes (SVH) provide three levels of care - nursing home, domiciliary and adult day health care. SVHs are owned and operated by the states. If a SVH has a confirmed case or outbreak of COVID-19, they should immediately involve the state's public health department and follow any guidance from them to mitigate the spread. SVHs should report any confirmed cases of COVID-19 to their VAMC of jurisdiction.

13. For questions regarding the CLC guidance, please contact [(b)(6)] RN, National Director, Facility Based Care by sending an email to [(b)(6)]@va.gov

Renee Oshinski

Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: JAN 31 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus Patient Room Cleaning Guidance

To: Network Directors (10N1-23)

1. The purpose of the memorandum is to provide updated guidance on ensuring all non-critical Reuasable Medical Equipment (RME), and rooms used to treat suspected and confirmed cases, are cleaned and disinfected properly and adhere to the guidelines established by the Centers for Disease Control.

2. Subject matter experts from throughout the Veterans Health Administration (VHA) reviewed the guidance in detail and have concurred with the information provided in the attachment.

3. Please direct any questions you may have to the VHA Emergency Management Coordination Cell at (b)(6) @va.gov.

Renee Oshinski

Attachment

Attachment

nCoV2019 Cleaning Guidelines

The National Program Office for Sterile Processing (NPOSP/10NC6) follows the Centers for Disease Control (CDC) guidelines for cleaning of non-critical reusable medical equipment (RME). For critical and semi-critical RME, VA facilities are to refer to the manufacturer's instructions for use when reprocessing these items.

CDC Coronavirus (nCoV2019) Website for Infection Control:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html)

1. Patient Care Equipment/Supplies

    a. Equipment (e.g., stethoscope, blood pressure cuff, thermometers) must be single-use or dedicated to use of the patient to avoid sharing with other patients whenever possible.

        i. A **two-step cleaning and disinfection process** must be stringently adhered to during this process. If there is any question about whether hospital-approved disinfectant, suggest that facility chief of environmental services and infection prevention and control consult with manufacturer supplying disinfectant agents for these details.

    b. Reusable patient care equipment must be disinfected with an EPA-registered, hospital-approved disinfectant (with EPA registered claims for enveloped emerging viruses) before use for another patient and prior to any maintenance; manufacturer's instructions for use are to be followed, including adherence to kill-claim times for disinfectant used regarding the emerging virus claim.

    c. Supplies in the room of a patient are to be kept to a minimum. Disposable items must be used whenever possible.

    d. Hand hygiene practices must be observed upon entry and exit from the room.

The VHA Environmental Programs Services adheres to the CDC recommendations below. All VHA BPA disinfectant cleaning chemicals on the formulary have coronavirus claims consistent with CDC guidance, *"This product has demonstrated to be effective against viruses similar to 2019-nCoV on hard, non-porous surfaces."*

2. Room Turnover Time, Discharge Cleaning, and Daily Cleaning and Maintenance while occupied.

    a. Daily/Regular Cleaning and Room Maintenance

        i. Cleaning staff must wear respiratory protection (e.g., NIOSH-Approved N-95 respirator or PAPR) and other PPE required for Contact Precautions Isolation (gowns and gloves), and eye protection (goggles or face shields) when cleaning for all times when the room is occupied by the patient.

nCoV2019 Cleaning Guidelines

ii. If maintenance is to be performed on equipment in the room or room fixtures while occupied by the patient, the equipment or area to be serviced must be cleaned and disinfected using a **two-step process**. Any maintenance staff are to follow appropriate PPE for respirator/airborne infection isolation, contact precautions and eye protection (including NIOSH-approved N-95 respirator or PAPR, gowns and gloves, and goggles or face shield).

iii. Hand hygiene practices must be observed upon entry and exit from the room.

b. Discharge/Terminal Cleaning and Room Maintenance

i. After a patient with confirmed case (or PUI-suspect-not yet ruled-out) vacates room or is discharged, the room must remain in negative pressure with the door closed for **30-60 minutes**, based on the number of air changes per hour (ACH) for the room, before staff enters the room without respiratory PPE or another patient is admitted to the room. Other PPE for contact precautions and use of face-shields must occur upon entrance to the room by any persons until room has been certified as cleaned and disinfected by environmental services staff.

ii. Cleaning staff must wear respiratory protection and other PPE required for Contact Precautions Isolation, including eye protection (goggles or face shields, along with gowns and gloves) when cleaning during this airing time after discharge and for all times when the room is occupied by the patient. If cleaning is performed after the required airing time, respiratory protection is not required but gown, gloves and face shields/eye-protection are required.

iii. Hand hygiene practices must be observed upon entry and exit from the room.

c. A **two-step cleaning and disinfection process** must be stringently adhered to during this process of cleaning and disinfection of any room (whether daily cleaning and disinfection or terminal cleaning and disinfection).

d. See **Airborne Infection Isolation Room List** for documentation of Airborne Infection Isolation Room (AII) air changes per hour (ACH). See your local airborne infection isolation policy and consult your local infection prevention and control and engineering staff for directions on length of "airing" before respiratory protection (e.g., NIOSH-approved N-95 mask or PAPR) does not need to be observed. A general rule of thumb for airing time is noted.

i. Rooms with ≥6 air changes per hour (ACH) = 60minutes.
ii. Rooms with ≥12 ACH = 30 minutes.

Department of Veterans Affairs

Memorandum

Date: March 15, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus (COVID-19) Personal Protective Equipment (PPE) Use

To: Network Directors (10N1-23)

1. Recent updates to PPE recommendations from the CDC for situations where supplies cannot meet demand recommend that respirators (e.g., N95, PAPR) be prioritized for high risk procedures that are likely to generate respiratory aerosols such as nasal/pharyngeal sample collection, nebulizer treatment, intubation and care for intubated patients. The CDC information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html.

2. Network Directors should plan for redistribution of supplies to meet individual facility demand. The Deputy Under Secretary for Health for Operations and Management will oversee redistribution supplies between VISN and prioritize replenishment as necessary. Emergency Management Coordination Cell (EMCC) coordinates supplemental bulk purchases and distribution to facilities with critical PPE supply levels.

3. For further questions about PPE guidance, contact your VISN industrial hygienist or (b)(6) Senior Industrial Hygienist for VHA at (b)(6)@va.gov

Renee Oshinski
174682

Digitally signed by Renee Oshinski 174682
Date: 2020.03.15 09:37:25 -04'00'

Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: MAR 0 2 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Surveillance and Virtual Resource Utilization Planning for Coronavirus Disease 2019 (COVID-19)

To: Network Directors (10N1-23)

1. The purpose of this memorandum is to establish a baseline standard of care across Veterans Health Administration (VHA) during the current public health emergency to enable robust surveillance and virtual care resource readiness. Transmission of the rapidly spreading COVID-19 is likely through contact and respiratory droplets. The actions outlined in this Memorandum are needed to decrease the risk of COVID-19 transmission, promote patient safety and protect our workforce. Implementation resources are located on the High Consequence Infection (HCI) SharePoint site.

2. Minimize exposures to respiratory pathogens including COVID-19 by screening for signs of respiratory illness and exposure to COVID-19 at all points of entry to VHA care and following the escalation pathways for positive screening. This includes using standardized screening questions / scripting in all administrative call centers, Clinical Contact Centers (CCC), appointment check-in kiosks, and initial clinical screening questions used in the ED, Urgent Care and outpatient clinics. Acknowledging the scripting questions and processes may change as updates to travel advisories occur, refer to the HCI SharePoint for current standardized scripts, escalation pathway flow maps, and additional resources.

3. Prioritize telephone care resourcing and process improvements to provide a first line of defense using virtual screening for symptoms or exposure to COVID-19 and follow-up care when appropriate. Baseline standards of care include:

- Use of standardized scripting for screening, defined escalation triggers and hand-off processes in all call centers, including administrative/scheduling and CCCs.
- Licensed Independent Practitioner (LIP) access to timely consultations with infection control / infectious disease subject matter experts (telephone/eConsult). This may include experts from VA or the State Board of Public Health. Home quarantine may be appropriate in some circumstances, including while waiting for expert opinion.
- 24/7 availability of at least one VA Video Connect (VVC) capable FTE LIP, assigned to each CCC to enable warm hand-off to provider when needed to optimize care into the home by telephone or VVC (1.0 FTE may be an LIP assigned to the CCC or comprised of portions of FTE from multiple LIPs from

different areas, e.g. part-time LIP in CCC, ED, Same Day provider from PC, CRH).

- MSAs capable of scheduling through Virtual Care Manager:
  - Minimum of two trained Schedulers on duty in all front-line clinics who can schedule VVC appointments
  - One trained Scheduler, and one back up in the administrative call center and CCC that can schedule VVC appointments.
- Minimize the need for in-person screening and follow-up care, but when necessary notify the receiving facility to allow for preparation to minimize exposure.
- Identified sources of trained contingency staffing for administrative and clinical call centers when surges in demand are experienced.
- Employ strategies to minimize increases in speed to answer and abandonment rates in administrative call centers and CCCs due to longer call handle times.

4. Establish telework capability for identified high priority staff to provide workforce continuity using virtual care in the event of a community outbreak causing a severe reduction in workforce. Act now to supply all necessary telework components, such as telework agreements, equipment, connectivity, and training as outlined in Telework guidance located on the HCI SharePoint Site.

5. Provide Veterans with written guidance such as found on the VHA Public Health COVID-19 Website on how to utilize their virtual care options during a community outbreak to minimize exposures to respiratory pathogens, where to find credible information to protect themselves, precautions to take and actions to take if symptoms develop or worsen. Where home monitoring is desired by healthcare professionals for patients with clinical symptoms of concern for COVID or respiratory illness who do not have personal equipment/peripherals (e.g. blood pressure cuff, pulse oximeter, etc.) may be requested through the Tablet Consult or the Home Telehealth program.

6. Implement quality monitoring to evaluate effectiveness and efficiency of process changes with the increased use of virtual care, considering the virtual modality, technology, and the use of telework. Refer to resources and guidance specific to quality monitoring, telework, and virtual care for more information.

7. The information in this memorandum is supplementary to instructions issued for implementing telework, telehealth, and contingency and disaster planning affecting specific clinical areas including, but not limited to memorandums, "Standardization of Laboratory Reporting of Novel Coronavirus 2019 Tests," dated 2/11/2020; and "Inclusion of Virtual Care in Outpatient Care Contingency Planning for Disasters", dated 2/14/2020.

Subj: Surveillance and Virtual Resource Utilization Planning for Coronavirus Disease 2019 (COVID-19)

8. For questions not addressed by guidance and training resources on the High Consequence Infection (HCI) SharePoint site, please email (b)(6) @va.gov.

Renee Oshinski

Attachment

Clinical Contact Center (CCC) Coronavirus Disease 2019 (COVID-19) Screening:

Instructions, Actions, and Scripting*

**This is an emerging, rapidly evolving situation. VA EMCC will provide updated information as it becomes available, in addition to updated guidance.*

General Instructions: All Veterans are to be screened for the Coronavirus Disease 2019 (COVID-19) using the CCC COVID-19 screen and follow established VAMC/VISN escalation pathways. Screening is to be completed by the CCC staff first taking call/contact. A positive screen is defined as a "Yes" response to screening question #1 and (questions #2 and/or #3). ***All positive screens are to be escalated to a CCC RN or CCC Licensed Independent Practitioner (LIP-physician, nurse practitioner) for additional evaluation following established processes.***

Initial Greeting:

Script: Good morning/afternoon/evening/night! This is the **name of department/unit**.
My name is **name, title**. How may I assist you? (pause to allow Veteran to respond).
Before I assist you with your request, I would like to ask you a few quick questions.
Action: Veteran agrees to screening. CCC staff initiates screen starting with question #1.
Action: Veteran declines screening. CCC staff documents in EHR that Veteran declines screening and follows VAMC/VISN pathways for Veteran assistance.
Information: General information regarding the Coronavirus Disease 2019 can be found in Appendix: General Information COVID-19.

Screening Questions:

Question #1:

Instruction: Ask question #1 of CCC COVID-19 screening template.
Script:

a. Do you have a fever*?

b. Do you have a new or worsening cough or shortness of breath?

c. Do you have flu-like symptoms?

Instruction: Document response in template and proceed to question #2 of CCC COVID-19 screening template.

Action: "Yes" and "No" responses are to be documented in EHR; clarifying comments can be documented as needed for "Yes" responses.

Question #2:

Instruction: Ask question #2 of CCC COVID-19 screening template.

Script: Has Veteran or a close contact traveled to traveled to an area with widespread or sustained community transmission of the Coronavirus Disease 2019 (COVID-19) within 14 days of symptom onset?

Instruction: Refer to CDC for the most current information on "criteria to guide evaluation" and "geographic areas with sustained transmission." https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Instruction: Document response in template and proceed to question #3 of CCC COVID-19 screening template.

Action: "Yes", "No" and "Unable to Answer" responses are to be documented in EHR; clarifying reason can be documented as needed for "Unable to answer" response.

Question #3:

Instruction: Ask question #3 of CCC COVID-19 screening template.

Script: Have you been in close contact with someone, including health care workers, confirmed to have the Coronavirus Disease 2019 (COVID-19)?

Instruction: Document response in template and proceed to item #4 of CCC COVID-19 screening template.

Action: "Yes" and "No" responses are to be documented in EHR; clarifying comments can be documented as needed for "Yes" responses.

Screening Result (Item #4 on COVID-19 screen):

Action: If caller responds **"Yes" to question #1 AND ("YES" to question #2 and/or #3) select POSITIVE SCREEN;** initiate VAMC/VISN COVID-19 escalation pathways for evaluation by a CCC RN or CCC LIP (transfer/handoff to CCC RN/LIP may need to occur if screening is initiated by a CCC MSA).

> **NOTE:** Any Veteran with a **POSITIVE** COVID-19 screen is to be assessed by a CCC RN or LIP through established CCC processes.
>
> **Action:** If symptom assessment/triage indicate emergent disposition, Veteran is to be instructed to call 911 or present to the nearest Emergency Department as clinically indicated; every reasonable attempt to provide a warm handoff to the receiving emergency medical personnel or Emergency Department is to be made.
>
> If symptom assessment/triage indicates non-emergent disposition, the CCC RN or LIP should follow VAMC/VISN processes.

Action: RN or LIP offers virtual care. If LIP believes video visit is needed, **Veteran is offered a video appointment:**

"For your video visit, you can stay home to meet over video with a VA Provider using secure, encrypted technology on your internet-connected smartphone, tablet or computer."

[Veterans agreeing to video to home may lack a device, connectivity or the literacy to use technology. A note requesting assessment for a VA loaned tablet can be sent to their Primary Care team).

> Note: VAMC/VISN process and pathways are to be based on VHA and CDC/Public Health guidance for risk stratification and identification of Person Under Investigation (PUI) and indicated testing.

Action: If caller answers "No" or "Unable to Answer" to question #2 **And** question #3, select Negative Screen.

Action: Document Negative Screen per VAMC/VISN.

Action: Assist Veteran per established VAMC/VISN processes.

*For the purposes of this document, fever can be a subjective or measured fever.

Note: This document is subject to change due to the rapidly evolving situation. Original v 1.0 released 10Feb2020.

References:

VHA High Consequence Infection (HCI) Preparedness Program: https://dvagov.sharepoint.com/sites/(b)(6); (b)(5)

CDC Information for Healthcare Professionals: https://www.cdc.gov/COVID-19/COVID-19/hcp/index.html

Interim US Guidance for Risk Assessment and Public Health Management: https://www.cdc.gov/COVID-19/COVID-19/php/risk-assessment.html

Appendix: General COVID-19 Information

1. **What is a novel coronavirus?**

   Script: A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing Coronavirus Disease 2019 (COVID-19), is not the same as the coronavirus that commonly circulate among humans and cause mild illness, like the common cold. Patients with COVID-19 will be evaluated and cared for defiantly than patients with common coronavirus diagnosis.

2. **How can I help protect myself?**

   Script, CCC MSA/AMSA: To better answer your questions I would like to transfer you to a registered nurse after you answer a few quick questions about the Coronavirus Disease 2019.

   Action: If Veteran agrees, proceed with screening and transfer per VAMC/VISN processes. Document actions in EHR per VAMC/VISN.

   Script, CCC RN: There is currently no vaccine to prevent Coronavirus Disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

   - Avoid close contact with people who are sick.
   - Avoid touching your eyes, nose, and mouth.
   - Stay home when you are sick.
   - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
   - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
   - Follow CDC's recommendations for using a facemask.
   - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
   - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
   - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

For information about handwashing, see CDC's Handwashing website

For information specific to healthcare, see CDC's Hand Hygiene in Healthcare Settings

These are everyday habits that can help prevent the spread of several viruses. CDC does have specific guidance for travelers.

3. **Does CDC recommend the use of facemask in the community to prevent COVID-19?**

   Script: CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility).

4. **What are the symptoms and complications that COVID-19 can cause?**

   Script: Current symptoms reported for patients with COVID-19 have included mild to severe respiratory illness with fever, cough, and difficulty breathing.

5. **Where can I get more information about the Coronavirus Disease 2019 (COVID-19)?**

   Script: You can contact your local VAMC. Another excellent site for updates is VA.gov.

Department of
Veterans Affairs

Memorandum

Date: FEB 1 1 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Standardization of Laboratory Reporting of *Novel Coronavirus 2019* Tests

To: Network Directors (10N1-23)

1. *Novel Coronavirus 2019* (synonyms 2019 Novel Coronavirus, *Novel Coronavirus 2019*, 2019-nCoV, and unofficially Wuhan Coronavirus with variants) is a rapidly spreading infectious disease likely primarily transmitted through contact and respiratory droplets, as is the case with other coronaviruses. Increased surveillance efforts are needed to determine *Novel Coronavirus 2019* incidence, prevalence, and need for future resources in the Department of Veterans Affairs (VA).
2. The primary laboratory test for *Novel Coronavirus 2019* is a real time reverse transcription-polymerase chain reaction (rRT-PCR) test. There are two mechanisms available for VAMCs to conduct *Novel Coronavirus 2019* testing:
    a. The Public Health Reference Laboratory (PHRL) at the VA Palo Alto Health Care System provides *Novel Coronavirus 2019* testing for all Veteran patients in care at every medical facility.
    b. State and local health departments may also conduct *Novel Coronavirus 2019* testing.
3. Although VA medical facilities have a choice to send samples to PHRL or state or local health departments, *Novel Coronavirus 2019* virus disease is a nationally notifiable condition. Healthcare providers are encouraged to report suspected cases to their state or local health departments, regardless of where the test is performed.
4. To improve surveillance efforts in VA, VA medical facilities shall implement the following nomenclature for *Novel Coronavirus 2019* test names and *Novel Coronavirus 2019* test results: CH-subscripted test – "*Novel Coronavirus 2019.*" This standardization allows for national collection of data on *Novel Coronavirus 2019* testing and results whether they are conducted in the PHRL or state or local health departments. In addition, please submit an Issue Brief (IB) in the IB Tracker.
5. The attached **Standardization - Laboratory Reporting of *Novel Coronavirus 2019* Test** provides instructions on coding *Novel Coronavirus 2019* orders and results in the VistA Lab package, for standardized data collection to be possible through CDW. The instructions are required for VHA providers to order the correct test, ensure appropriate sample collection and routing to the reference lab, and for entering standardized results in VistA. Additional information will be provided when an in-house version of the test is available through PHRL.

6. Please create a new test entry for this PCR. Do not repurpose existing coronavirus or related respiratory virus PCR panels to the new *Novel Coronavirus 2019* rRT PCR test.
7. This test for *Novel Coronavirus 2019* should be performed in conjunction with testing for other acute respiratory infections as the standard of care.
8. When the *Novel Coronavirus 2019* rRT PCR test comes in through an outside laboratory, please use *Novel Coronavirus 2019* when reporting results in VistA. Results should not be scanned into VistA imaging only, as properly coordinated response becomes more difficult and sites will be held accountable for inhibiting national surveillance.
9. If you have any questions related to VistA laboratory file changes addressed in the attachment, please direct them to (b)(6) at (b)(6) @va.gov. For questions related to data capture after the VistA laboratory file is altered, please contact (b)(6) at (b)(6) @va.gov.

/s/ Renee Oshinski

Attachment

Attachment A:

Standardization - Laboratory Reporting of *Novel Coronavirus 2019* Test

Instructions:

1. Each VA facility is to implement the following test names and laboratory reporting for *Novel Coronavirus 2019* tests. This standardization allows for national collection of data on *Novel Coronavirus 2019* Virus testing results. VHA Laboratory Services must record results of *Novel Coronavirus 2019* Tests performed within a VA laboratory or Public Health Reference Lab using the following methodology:

CH-subscripted tests will be used for *Novel Coronavirus 2019* screening because they have limited defined values. The results are used to establish prevalence, or monitor and control a situation (i.e., identification of asymptomatic individuals or carriers).

2. Implementation Notes

a. CH-Subscripted Tests:

(1) *Novel Coronavirus 2019* rRT PCR will be reported using CH-subscript.

(2) The following Test Names and Logical Observation Identifiers Names & Codes (LOINC) will be used:

(a) ***Novel Coronavirus 2019* rRT PCR**. SITE/SPECIMEN could be "serum," "plasma," "nasopharyngeal wash," "oropharyngeal wash," "nasopharyngeal swab AND oropharyngeal swab," "bronchoalveolar lavage," "tracheal aspirate," or "sputum"; no other SITE/SPECIMEN can be used with this test name

***NOTE:** *There is not an existing LOINC code available at this time for Novel Coronavirus 2019 rRT PCR, leave the test un-mapped.*

(3) The following National Laboratory Test (NLT) code will be:

(a) 94983.xxxx for *Novel Coronavirus 2019* rRT PCR

(4) For integrated or co-located sites that need to offer site/division specific tests, the test name has to start with "*Novel Coronavirus 2019*" (or any other standard test name listed above).

(5) To standardize data entry format, when the Data name is created for each test the CH-subscript test input transform needs to be Set of Codes:

DETECTED is to DETECTED

Not Detected is to Not Detected

Invalid is to Invalid Inhibitors.
***NOTE: DETECTED is intentionally in uppercase for impact.**

a. Enter the data type of ***Novel Coronavirus 2019* rRT PCR**: (N)umeric, (S)et of Codes, or (F)ree text ? **S**

(i) INTERNALLY-STORED CODE://Not Detected WILL STAND FOR:// Not Detected

(ii) INTERNALLY-STORED CODE://DETECTED WILL STAND FOR:// DETECTED

(6) The results must be documented under a specifically created *Novel Coronavirus 2019* Section of Laboratory Results display in Computerized Patient Record System (CPRS) Graphic User Interface (GUI). The report sections must be set up in the Lab Reports File (File 64.5) under the Cumulative Reports entry.

(a) VistA GUI Cumulative View will need to be set-up for Horizontal Format reporting to ensure that test results will be easily accessible.

(b) At least one Major Header will need to be created. Only the Minor Headers show in the CPRS Cumulative View but they are grouped together by the Major Header.

(c) Sample Major Header: CORONAVIRUS TESTING

(d) Sample Minor Header: 2019 NOVEL CORONAVIRUS TESTING

***NOTE:** A new test should be created **only** if the original test and the new test are vastly different (i.e., methodology is different, new reference ranges that are clinically significant, etc.).

b. Critical View Alert: A delta check can be created to provide a mechanism to alert providers if a patient is DETECTED. When the test is resulted as DETECTED it will set the flag to a CRITICAL high to generate a View Alert to the provider. The test must be set up as a Set of Codes with DETECTED stands for DETECTED to ensure consistency of reporting and flagging. If sites need to generate a Critical View Alert the following Delta Check can be created in File 62.1 that will then need to be added to the File 60 test set up in the Site/Specimen (field 100) multiple subfield 7, Type of Delta Check. This mechanism is case-sensitive so the Set of Codes (DETECTED) and the Delta check (DETECTED) should match if this specific coding is utilized.

NAME: TEXT ALERT DETECTED *H

XECUTABLE CODE: Q:$D(LRGVP) I X["DETECTED" S LRFLG="H*"

c. Laboratory Management Index Program (LMIP): *Novel Coronavirus 2019* testing is countable (billable) for the LMIP program. The National Laboratory Test (NLT) code chosen is based on the methodology used to perform the test at the site and must be

marked billable in File 64 for workload recording purposes. Since method specific NLT codes are not available in File 64 for *Novel Coronavirus 2019*, the following NLT codes will need to be created by adding a method specific suffix from the WKLD Suffix codes file (File 64.2) to the WKLD Code file (File 64) NLT code. Create the suffixed workload code necessary using VistA option "Add a new WKLD code to file [LRCAP CODE ADD]". The recommended suffixed NLT codes for *Novel Coronavirus 2019* are as follows:

(1) Human Coronavirus RNA QI PCR 94983.8640 for CH-subscripted "PCR" tests send to PHRL at VA Palo Alto HCS.

(2) Human Coronavirus RNA QI PCR 94983.8051 for CH-subscripted "PCR" tests send to State lab.

***NOTE:** *The NLT code 94983.8640 suggested above indicates in LMIP statistics that the Novel Coronavirus 2019 test is a send-out test performed by PHRL at VA Palo Alto HCS. The NLT code 94983.8051 suggested above indicates in LMIP statistics that the Novel Coronavirus 2019 test is a send-out test performed by State Health Lab.*

d. Current Procedural Terminology (CPT): At this point in time, *Novel Coronavirus 2019* tests are not usually billable to a third-party payer for reimbursement therefore, these *Novel Coronavirus 2019* tests should not be passing CPT codes to the Patient Care Encounter (PCE) application.
***NOTE:** Refer to the Additional Notes section under LEDI and HDR for related information if your site sends this testing to a reference lab.

3. Additional Notes for Sites:

a. Lab Electronic Data Interchange (LEDI) and Health Data Repository (HDR): Tests require National VA Lab codes for the HDR (the CH-subscripted tests need this information) and if LEDI is used by a site and they send their testing to another lab then the tests need National VA Lab codes as Order NLT codes and Result NLT codes as Result codes. So, there is an issue that it would be good to have National codes assigned to tests BUT the lab shouldn't pass CPT codes for surveillance issues. Since the National VA Lab code field is one of the mechanisms the lab uses to pass CPT coding to PCE this needs to be considered. The way to handle this is to leave the field blank if LEDI is not an issue or have a generic NLT code that doesn't carry any CPT code in it and/or remove the CPT code if one is there. This is not a critical issue at this point as long as these tests are not passing CPT codes to billing. So, sites may need to address this issue at some point for LEDI issues and HDR issues.

b. LOINC and LEDI TOPOGRAPHY FILE 61 set-up issue:
As per directions from VA Palo Alto PHRL.

Department of Veterans Affairs

Memorandum

Date: March 17, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Revised Standardization of Laboratory Reporting of *COVID-19* Tests

To: Network Directors (10N1-23)
Medical Center Directors (00)
Pathology and Laboratory Medicine Services Chiefs
VHA Lab Information Managers

1. *COVID-19* (synonyms 2019 Novel Coronavirus, Novel Coronavirus 2019, 2019-nCoV, and unofficially Wuhan Coronavirus with variants) is a rapidly spreading infectious disease likely primarily transmitted through contact and respiratory droplets, as is the case with other coronaviruses. Increased surveillance efforts are needed in Department of Veterans Affairs (VA) to determine *COVID-19* incidence, prevalence, and need for future resources in VA.

2. The primary laboratory test for *COVID-19* is a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test. There are several mechanisms available for VA medical facilities to conduct *COVID-19* Testing:

a) The Public Health Reference Laboratory (PHRL) at the VA Palo Alto Health Care System provides *COVID-19* testing for all Veteran patients in care at every medical facility.

b) State and local health departments may also conduct *COVID-19* testing.

c) Commercial labs testing.

d) In-house testing.

3. VA medical facilities may send samples to PHRL, state or local health departments, commercial labs, or in-house testing. As *COVID-19* virus disease is a nationally notifiable condition, healthcare providers should report suspected cases to their state or local health departments, regardless of where the test is performed.

4. To improve surveillance efforts in VA, VA medical facilities are required to implement the following nomenclature for *COVID-19* test names and *COVID-19* test results: CH-subscripted test – "*COVID-19 PANEL*". This standardization allows for national collection of data on *COVID-19* testing and results whether they are conducted in the PHRL, state or local health departments, commercial labs, or performed in-house.

5. The attached Standardization - Laboratory Reporting of *COVID-19* Tests provides guidance on *COVID-19* orders, results and coding in the VistA Lab package for standardized data collection to be possible through the Cooperate Data Warehouse.

6. Do not repurpose existing coronavirus or related respiratory virus PCR panels to the new *COVID-19* rRT PCR test. Create new test entries for the PCR and Confirmatory tests.

7. Do not neglect to work up and test for other acute respiratory infections as you would normally.

8. When the *COVID-19* rRT PCR test comes in through an outside laboratory, use *COVID-19* when reporting results. Results should not be scanned into VistA imaging only, as proper coordinated response becomes more difficult and sites will be held accountable for inhibiting national surveillance.

9. For the original test setup from the testing standardization, which was distributed to the field, rename the test to one of the scenarios below and include it to the panel for this revised testing. Work with your CACs staff to update any existing quick order set which was setup to reflect the change.

10. At this time, there is no LOINC code available to use in VistA.

11. If you have any questions related to VistA laboratory file changes addressed in the attachment, direct them to (b)(6) at (b)(6) @va.gov. For questions related to data capture after the VistA laboratory file is altered, please contact (b)(6) at (b)(6) @va.gov.

for Renee Oshinski

Attachment

Attachment A

Standardization - Laboratory Reporting of *COVID-19* Test Instructions

I. Each VA facility is to implement the following test names and laboratory reporting for *COVID-19* tests. This standardization allows for national collection of data on *COVID-19* Virus testing results. VHA Laboratory Services must record results of *COVID-19* Tests performed within a VA laboratory, Public Health Reference Lab, Local or State Health Lab, or Commercial Reference using the following methodology:

CH-subscripted tests will be used for *COVID-19* screening because they have limited defined values. The results are used to establish prevalence, or monitor and control a situation (i.e., identification of asymptomatic individuals or carriers).

II. Implementation Notes

a. Panel CH-Subscripted Tests:

i. The orderable panel test name must be "COVID-19 PANEL". The test subscript must be CHEM, HEM, TOX, SER, RIA, ETC..

ii. Atomic tests used within the orderable panel will be defined according to the following scenarios

Setup for test to be sent to Public Health Reference Lab (PHRL)

a. **COVID-19 (PHRL)**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "YES"
   3. **TYPE** sets to "OUTPUT"

   ***NOTE**: There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

b. **COVID-19 CONFIRMATORY**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "NO"
   3. **TYPE** sets to "OUTPUT"

*__NOTE__: There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

c. **The following National Laboratory Test (NLT) code will be:**

1. 94983.8640 for *Human Coronavirus RNA QI PCR~ VA PALO ALTO, CA*
2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

Setup for test to be sent to Local/State Health Reference Lab (Local/State)

a. **COVID-19 (State Health Lab)**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "YES"
   3. **TYPE** sets to "OUTPUT"

   *__NOTE__: There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

b. **COVID-19 CONFIRMATORY**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "NO"
   3. **TYPE** sets to "OUTPUT"

   *__NOTE__: There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

c. **The following National Laboratory Test (NLT) code will be:**

1. 94983.8051 for *Human Coronavirus RNA QI PCR~ State Health Lab*

2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

Setup for test to be sent to commercial labs

a. **COVID-19 (Reference Lab Name)**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "YES"
   3. **TYPE** sets to "OUTPUT"

   ***NOTE**: There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

b. **COVID-19 CONFIRMATORY**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "NO"
   3. **TYPE** sets to "OUTPUT"

   ***NOTE**: There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

c. **The following National Laboratory Test (NLT) code will be:**
   1. 94983.8xxx for *Human Coronavirus RNA QI PCR~ Quest/Labcorp*
   2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

Setup for test to be performed in house

a. **COVID-19 (xxxxxxxxxx) instrument name or vendor name**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created

2. **REQUIRED TEST** sets to "YES"
3. **TYPE** sets to "OUTPUT"

*__NOTE__: There is not an existing LOINC code available at this time for COVID-19, leave the test un-mapped.

b. **COVID-19 CONFIRMATORY**
   1. **SITE/SPECIMEN** could be "NASOPHARYNX," "PHARYNX," "NASAL FLUID," "NASAL WASH," "BRONCHIAL," "TRACHEA," "SPUTUM" or "NASOPHARYNGEAL/AROPHARYNGEAL combo"; no other SITE/SPECIMEN can be used with this test name. If these site/specimens are not existing in your file 61 then new entry needs to be created
   2. **REQUIRED TEST** sets to "NO"
   3. **TYPE** sets to "OUTPUT"

   *__NOTE__: There is not an existing LOINC code available at this time for COVID-19 CONFIRMATION, leave the test un-mapped.

c. The following National Laboratory Test (NLT) code will be:

1. 94983.xxxx for *Human Coronavirus RNA QI PCR~ Instrument or vendor suffix*

2. 87408.8035 for Corona Virus~ CENTERS FOR DISEASE CONTROL

iii. For integrated or co-located sites that need to offer site/division specific tests, the test name has to start with "*COVID-19*" (or any other standard test name listed above).

iv. To standardize data entry format, when the Data name is created for each test the CH-subscript test input transform needs to be Set of Codes:

DETECTED is to DETECTED
CONFIRMED is to CONFIRMED
Not Detected is to Not Detected
Inconclusive is to Inconclusive
Invalid is to Invalid
***NOTE: DETECTED is intentionally in uppercase for impact.**

a. Enter the data type of ***COVID*-19**: (N)umeric, (S)et of Codes, or (F)ree text
   ? **S**
   1. INTERNALLY-STORED CODE://DETECTED WILL STAND FOR:// DETECTED
   2. INTERNALLY-STORED CODE://Not Detected WILL STAND FOR:// Not Detected

3. INTERNALLY-STORED CODE://Inconclusive WILL STAND FOR:// Inconclusive
4. INTERNALLY-STORED CODE://Invalid WILL STAND FOR:// Invalid

b. Enter the data type of ***COVID-19* CONFIRMATION**: (N)umeric, (S)et of Codes, or (F)ree text ? **S**

1. INTERNALLY-STORED CODE://CONFIRMED WILL STAND FOR:// CONFIRMED
2. INTERNALLY-STORED CODE://Not Detected WILL STAND FOR:// Not Detected
3. INTERNALLY-STORED CODE://Inconclusive WILL STAND FOR:// Inconclusive
4. INTERNALLY-STORED CODE://Invalid WILL STAND FOR:// Invalid

v. The results must be documented under a specifically created *COVID-19* Section of Laboratory Results display in Computerized Patient Record System (CPRS) Graphic User Interface (GUI). The report sections must be set up in the Lab Reports File (File 64.5) under the Cumulative Reports entry.

a. VistA GUI Cumulative View will need to be set-up for Horizontal Format reporting to ensure that test results will be easily accessible.

b. At least one Major Header will need to be created. Only the Minor Headers show in the CPRS Cumulative View but they are grouped together by the Major Header.

c. Sample Major Header: CORONAVIRUS TESTING

d. Sample Minor Header: COVID-19 TESTING

***NOTE:** A new test should be created **only** if the original test and the new test are vastly different (i.e., methodology is different, new reference ranges that are clinically significant, etc.).

b. Critical View Alert: A delta check can be created to provide a mechanism to alert providers if a patient is DETECTED. When the test is resulted as DETECTED and/ or CONFIRMED it will set the flag to a CRITICAL high to generate a View Alert to the provider. The test must be set up as a Set of Codes with DETECTED stands for DETECTED or CONFIRMED stands for CONFIRMED to ensure consistency of reporting and flagging. If sites need to generate a Critical View Alert the following Delta Check can be created in File 62.1 that will then need to be added to the File 60 test set up in the Site/Specimen (field 100) multiple subfield 7, Type of Delta Check. This mechanism is case-sensitive so the Set of Codes should match the following if this specific coding is utilized.

For COVID-19 (xxxxx) test delta check:

NAME: TEXT ALERT DETECTED *H

XECUTABLE CODE: Q:$D(LRGVP) I X="DETECTED" S LRFLG="H*"

For COVID-19(Confirmatory) test delta check:

NAME: TEXT ALERT CONFIRMED *H

XECUTABLE CODE: Q:$D(LRGVP) I X="CONFIRMED" S LRFLG="H*"

NOTE*: If your referral test result does not conform with this standard then you need to have your Lab Information Manager or Lab ADPAC to contact (b)(6) @va.gov for mapping determination.

c. **Laboratory Management Index Program (LMIP):** *COVID-19* testing is countable (billable) for the LMIP program. The suffix on the National Laboratory Test (NLT) code chosen as the Verify WKLD Code on each of the atomic tests in this panel is based on the methodology each site uses to perform the test. This suffixed NLT code must have the Billable Procedure field set to Yes in File 64 so that the Verify WKLD Code is collected for workload recording purposes. Since method specific NLT codes are not available in File 64 for *COVID-19*, the following NLT codes will need to be created by adding a method specific suffix from the WKLD Suffix codes file (File 64.2) to the WKLD Code file (File 64) NLT code. Create the suffixed workload code necessary using VistA option "Add a new WKLD code to file [LRCAP CODE ADD]". The recommended suffixed NLT codes to use as Verify WKLD Codes for *COVID-19* atomic tests are as follows:

   i. Human Coronavirus RNA QI PCR 94983.8640 for CH-subscripted "PCR" tests sent to PHRL at VA Palo Alto HCS.

   ii. Human Coronavirus RNA QI PCR 94983.8051 for CH-subscripted "PCR" tests sent to a State health lab. Note: Laboratories may choose to use the State Health Dept suffix code created specifically for their state, for example, .8068 CA STATE HEALTH DEPT suffix can be used by labs in California.

   iii. Human Coronavirus RNA QI PCR 94983.8xxx for CH-subscripted "PCR" tests sent to a commercial reference lab.

   iv. Human Coronavirus RNA QI PCR 94983.xxxx for CH-subscripted "PCR" tests performed in-house.

   v. Corona Virus 87408.8035 for specimens sent to CDC for COVID-19 confirmation.

d. **Current Procedural Terminology (CPT):** At this point in time, *COVID-19* tests are not usually billable to a third-party payer for reimbursement therefore, these *COVID-19* tests should not be passing CPT codes to the Patient Care Encounter (PCE) application.

   ***NOTE:** Refer to the Additional Notes section under LEDI and HDR for related information if your site sends this testing to a reference lab.

III. Additional Notes for Sites:

a. **Lab Electronic Data Interchange (LEDI) and Health Data Repository (HDR):** Tests require National VA Lab codes for the HDR (the CH-subscripted tests need this information) and if LEDI is used by a site and they send their testing to another lab then the tests need National VA Lab codes as Order NLT codes and Result NLT

codes as Result codes. So, there is an issue that it would be good to have National codes assigned to tests BUT the lab shouldn't pass CPT codes for surveillance issues. Since the National VA Lab code field is one of the mechanisms the lab uses to pass CPT coding to PCE this needs to be considered. The way to handle this is to leave the field blank if LEDI is not an issue or have a generic NLT code that doesn't carry any CPT code in it and/or remove the CPT code if one is there. This is not a critical issue at this point as long as these tests are not passing CPT codes to billing. So, sites may need to address this issue at some point for LEDI issues and HDR issues.

b. This revised testing standardization setup information is targeted to the Lab Information Managers, Lab ADPACs, and/ or Lab Managers.

c. LOINC and/ or LEDI TOPOGRAPHY FILE 61 set-up issue:

As per directions from PERFORMING LABS.

Department of Veterans Affairs

Memorandum

Date: March 15, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

Subj: Ensuring Continuity in Suicide Prevention While Managing COVID-19

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VISN Mental Health Liaison (10N1-23)

1. Our commitment to the lifelong health, well-being, and resilience of Veterans requires us to remain focused on our overarching mission. As we fortify facility operations with screening, limit in-person contacts, curtail travel, and utilize more virtual care, we must provide robust support for those who may be at risk of suicide or otherwise are vulnerable in their mental health. Social isolation is an appropriate infection control procedure, but it can have unintended negative effects on mental well-being and runs contrary to what we communicate with respect to suicide prevention. As you ensure safety, continuity of operations, and mitigate infection risks, please also ensure continuity in suicide prevention protocols and in supporting the mental health of Veterans, many of whom may now have added challenges related to COVID-19 and may be alone.

2. Please consult with your local mental health leadership to identify virtual care options for Veterans to manage mental health concerns during this period which may include telemental health or telephonic care. For example, group therapies can continue virtually even if no longer possible in a face-to-face modality. As treatment modalities shift and as staff work more virtually, communications among team members and Veterans require careful attention.

3. In particular, local protocols must address the following situations and needs.
   - Veterans with high risk flags and REACH-VET identified Veterans
   - Continuity of safety plans with added consideration of the impact of COVID-19 isolation protocols and related stress
   - Continued attention to Safety Planning in Emergency Departments

4. Should you have questions related to this memorandum, please contact Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention at (b)(6) @va.gov.

Renee Oshinski
174682

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Renee Oshinski

VA FORM MAR 1989 **2105**

Department of Veterans Affairs

Memorandum

Date: March 15, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus (COVID-19) – Guidance for Elective Procedures.

To: Network Directors (10N1-23)

1. In Veterans Health Administration, the safety of our Veterans and employees is our highest priority. Effective immediately, VHA facilities will plan to cease non-urgent elective procedures no later than Wednesday, March 18, 2020. This action will reduce unnecessary hospitalizations and ICU use and will free up resources to address the increasing number of Veterans under evaluation and diagnosed with COVID-19.

2. Facility leadership will determine how this is implemented, including appropriate communication with impacted Veterans. It is important that urgent and emergent cases continue during this period.

3. National Program offices may offer guidance on prioritizing procedures in high risk populations. Additional information can be obtained from National Program office directors:

- (b)(6) National Director of Surgery at (b)(6) @va.gov
- (b)(6) National Director Pulmonary/Critical Care/Sleep Medicine at (b)(6) @va.gov
- Patricia E. Arola, Asst. Under Secretary for Health for Dentistry at (b)(6) @va.gov
- (b)(6) National Director of Gastroenterology at (b)(6) @va.gov

Renee Oshinski 174682

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Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: March 16, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Implementation of an Episodic Special Patient Icon in Bed Management Solution

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations(10NC)

1. The purpose of this memorandum is to notify all VISNs and their medical centers of the creation of a new special patient episodic Bed Management Solution (BMS) icon that is being deployed. The new patient specific Episodic Icon can be easily added or deleted as needed to a patient within the BMS application.

2. All icons are located on the BMS whiteboard and can be displayed on large kiosks/displays on each unit or viewed electronically from any secured location. The large kiosks are within the public view so many icons are made so that they cannot be easily identified by the public. Therefore, an exact symbol will not be used for COVID-19 for this reason.

3. The new special patient Episodic Icon will be used to assist in the identification of a patient under investigation (PUI) or presumptive / confirmed positive cases during epidemics or other situations where it may be necessary to track incidence in the future. The difference between the two new BMS icons is the difference between the color of the two icons. PUI icons will be black and presumptive / confirmed will be red in color. The background of the icons is blue, to indicate it is a patient icon.

4. All special patient Episodic icons are required to be used in conjunction with the opt out functionality in BMS so that patient names are not displayed on public facing whiteboards. The opt out feature allows XXXXX to show in place of the Veteran's name.

5. The Negative Pressure Room Icon must also be used to indicate all negative pressure rooms, regardless if the room is in or out of service. Room icons remain in place, unless manually deleted. Using this icon will allow identification of available negative pressure beds to support emergency management response. Facilities need to maintain the accuracy of negative pressure room icons. This provides increased transparency for accurate and real-time bed capacity across the enterprise.

6. Enhanced BMS reports are available at the link below to easily locate negative pressure rooms including their availability. The accuracy of BMS occupancy, bed availability, patient, and room icon reporting, is dependent on Medical Center full implementation of BMS including real time updates to all patient and bed information.

7. Please reference the below links for access to the BMS system and associated resources:
   BMS Login (BMS access is required)
   BMS Leadership Reports

BMS SharePoint
VHA BMS Directive 1002

8. The National BMS Team will host a virtual training meeting to assist in implementation on Wednesday, March 18, 2020 from 1:00-2:00 noon ET Join Skype Meeting 844-825-(b)(6) 844-352-(b)(6), or 844-355-(b)(6) access code (b)(6) Each VISN is required per Directive 1002 to have a VISN staff member assigned as a BMS and Patient Flow Coordinator. Additional medical center ADPACs or interested stakeholders may also attend the virtual training. This meeting will review the use of these icons, the opt out feature and access to applicable BMS reports that will be helpful for needed VISN and medical center planning.

9. For questions or additional information, please contact Mr. (b)(6) BMS Application Manager, VHA Office of Systems Redesign and Improvement, via email at (b)(6)@va.gov, (b)(6) Clinical Applications Coordinator, VHA Office of Health Systems Innovation at (b)(6)@va.gov or (b)(6) Associate Director, Patient Flow Optimization, National Patient Flow Coordinator/BMS Business Owner Designee, VHA Office of Systems Redesign and Improvement at (b)(6)@va.gov.

TAMMY L CZARNECKI 108627

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Date: 2020.03.16 12:42:08 -04'00'

Renee Oshinski

Implementation of an Episodic Special Patient Icon in Bed Management Solution

Attachments: The new patient specific Episodic Icons

Bed Management Solution Episodic New Patient Icons

Patient Under Investigation (PUI)

Presumptive / Confirmed Positive

Department of Veterans Affairs

Memorandum

Date: MAR 16 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

Subj: Managing Operations of Mental Health Unit While Managing COVID-19

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VISN Mental Health Liaison (10N1-23)

1. While elective procedures and admissions in general may be curtailed at this time, admissions to inpatient mental health units and Mental Health Residential Rehabilitation Treatment Programs (MHRRTP) are often based upon emergent or urgent need to address an immediate life-threatening crisis or other situation of high risk. Similarly, it is critical to maintain continuity in opioid treatment care. Please utilize the attached guidance documents to guide local decision-making regarding admissions to and operations of inpatient mental health units and MHRRTPs.

2. Questions should be directed to Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention at (b)(6) @va.gov.

Renee Oshinski

Attachments

Attachment A – Guidance for VA Inpatient Mental Health Programs
Attachment B – Guidance for VA Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)
Attachment C – Guidance for Managing Positive Hospitalized Suicidal Patients
Attachment D – Guidance for VA Opioid Treatment Programs

VA FORM MAR 1989 2105

Attachment A

Department of Veterans Affairs
Veterans Health Administration
Guidance for VA Inpatient Mental Health Programs

Purpose: This document provides guidance to facilities operating Inpatient Mental Health Programs located at VA medical centers. **This guidance is intended to inform the development of local facility policy and procedures for prevention, screening and surveillance of the Coronavirus (COVID-19) on Inpatient Mental Health Programs.** Please refer to *VHA COVID-19 Strategic Response Plan* by VHA COVID-19 Workgroup Emergency Management Coordination Cell v1.0 released on March 3, 2020 for VHA department wide COVID-19 planning, including modifying responses based on the phase of the COVID-19 outbreak.

Synopsis: The priority goal in the VA response to COVID-19 is the protection of Veterans and staff. Inpatient Mental Health Programs provide an inpatient level of care to Veterans that may be at risk for COVID-19 because of their current mental and medical health conditions and for some, a recent history of homelessness. Inpatient Mental Health Programs are open to visitors from the community therefore exposure to the community is possibly recurring during their length of stay. Various strategies to mitigate exposure to and transmission of COVID-19 to Inpatient Mental Health Veterans and staff are critical.

Prevention: The best method to combat any infectious disease on an Inpatient Mental Health Program is to have preventive measures in place, prior to an outbreak, that mitigate the transmission and spread of the disease. This includes:

- Pre-screening all referrals and requiring a current temperature. If a Veteran has a positive screen, they will need triage following local established protocols.
- Re-screening all admissions once they arrive on inpatient unit.
- Re-screening all visitors before they enter the unit (even though screened at main entrance). This may change to eliminating visitors at some point.
- All patients will receive BID vital signs at a minimum with reports of all temps over 99.0 to a licensed provider and Nurse Manager
- All Veterans receive daily huddle regarding hand hygiene and reminders prior to meals. Instructing to ask nursing staff for hand sanitizer as desired
- Laminated hand hygiene signage placed in bathrooms and bulletin boards
- Hand sanitizer dispensers placed at door to nursing station
- All staff given individual hand sanitizers to keep on person
- All high touch areas should be cleaned at least twice per day or prior to each shift
- Stocking necessary PPE on the unit for contingency purposes

- Frequent handwashing with soap and water for minimum of 20 seconds
- Veterans are not permitted to possess or use alcohol-based hand sanitizers unless under the direct supervision of a staff member
- Avoid shaking hands when in situations where access to soap/water or sanitizers is not available (inform people why you are not shaking hands)
- Avoid touching your face
- Avoid public places and areas where large groups of people will congregate
- Staff and patients will be provided a copy of the attached Poster: "Stop the Spread of Germs New CoVID-19 Poster"

Further information about everyday preventive actions:
https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html

Follow your VAMC policy regarding management of positive screens. Access copy at https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/HCI/SitePages/Home.aspx

Staffing: Staffing, procedures and delivery models should be assessed to limit the number of non-Inpatient Mental Health Program staff and contractors entering Inpatient Mental Health program space. Deliveries (e.g., pharmacy, supplies, linens) should be limited, when possible. Inpatient Mental Health Program staff should not have duties that require them to enter a COVID-19 area at the facility. Staff will not be floated between these units from other areas when possible.

Inpatient Mental Health Program Access: All Inpatient Mental Health staff and patients must follow local facility policy and procedures for accessing the . The Inpatient Mental Health patients and staff must be trained in the locally developed Inpatient Mental Health Program procedures for the prevention, screening and surveillance of COVID 19. Access to the Inpatient Mental Health Program should be limited and able to accommodate screening of all patients, visitors, contractors and potentially staff. Appropriate signage should be in place to direct visitors to the access point. Screening criteria may change as information about COVID-19 evolves. As of the effective date, screening should include the following information:

1. Do you have any of the following?
   - Fever (100.4F or 38C)
   - New or worsening cough
   - Shortness of breath
   - Flu-like symptoms

   Yes No

2. Have you or a close contact traveled to an area with widespread or sustained community transmission of Coronavirus Disease 2019 (COVID-19) within 14 days of symptom onset?
   Yes No

3. Have you been in close contact with a person, including a health care worker, with confirmed (COVID-19)?
   Yes No

A **positive** screen is "Yes" to any part of question #1 AND "Yes" to question #2 and/or #3. Inpatient Mental Health Programs will follow protocols as indicated for providing a mask to the patient and anyone with the patient; moving the patient to the nearest room to isolate the person from the rest of the patients on the unit (as best you can) while awaiting acute care bed transfer. Once transferred to an acute care medical bed, medical team evaluates and performs necessary diagnostic testing and treats as indicated.

Veterans who are currently admitted and who leave the building for an on-station outpatient clinic appointment will be screened using the questions in #1 upon return to the unit. There is no requirement to complete questions #2 and #3. Veterans who are currently admitted and leave the unit for an off-station appointment will be screened using questions #1, #2 and #3 when they return to the unit.

Surveillance: Patients observed or reported to be ill will be required to report to Nursing and/or 24/7 staff for evaluation or referral for evaluation for possible infection. Inpatient Mental Health Programs will follow protocols as indicated for providing a mask to the patient and anyone with the patient; moving the patient to the nearest room to isolate the that person from the rest of the patients on the unit; call a code "ICE" (Infection Control Emergency) on VOCERA (or other communication device); transport the patient to the Emergency Department or other medical setting as indicated. Existing protocols that rule out other viral disease (e.g. influenza) should be performed prior to any COVID-19 testing. The information collected should be entered in CPRS. Any patient that screens positive should be assessed for COVID-19 testing.

Isolation Plan: The Inpatient Mental Health Program should have a plan to isolate any patient that is suspected of having COVID-19. Inpatient Mental Health Programs do not have negative airflow rooms and should identify an area, such as a vacant room or office, on the unit which can be used to confine patients, away from the other patients, until transported to the Emergency Department or other medical setting as indicated for further evaluation or consultation with Infection Control for further guidance. Facilities with multiple suspected or confirmed cases should have plans to isolate patients to one pod or floor in the Inpatient Mental Health Program or at another location at the medical

center if space does not allow to isolate in the Inpatient Mental Health Program. Patients currently being treated in the Inpatient Mental Health Program will not be relocated to other locations in the facility unless medically indicated.

Visitors: The goal is to approve access to individuals with no fever and no symptoms. Visitor access will be greatly limited to include limited visiting hours. All visitors will be screened for COVID-19 as described above. Visitors who screen positive, will not be granted access to the Inpatient Mental Health Program. Visitors without symptoms will be permitted to enter the Inpatient Mental Health Program as dictated by the current policy. Visitors with additional questions about their symptoms should be referred to their medical professional and follow established facility guidelines.

Social Distancing: Inpatient Mental Health Programs should initiate procedures to limit social activities that bring together groups of patients. Group size should be limited to five patients, if possible. Since Veterans eat in a designated dining area, Veterans should be reminded to practice infection prevention methods that include frequent handwashing with soap and water for 20 seconds minimum, avoid touching face, avoid close contact (within 6 feet) of anyone who is sick; not going to the dining hall or other public places if sick.

Restrictions: Veterans who have a fever, cough, shortness of breath or flu-like symptoms must be restricted to the Inpatient Mental Health Program or other designated unit at the medical center during this period for closer monitoring by staff thus minimizing interactions with other patients and staff. Veterans must be limited to their rooms and tray service provided. If necessary, a patient may be moved to a single room or a double room without a roommate, if there are no contraindications. Monitoring will consist of Veterans being screened at least twice per 24-hour period for fever and symptoms. The restriction period will last for a total of 14 days including the time already spent in the hospital for Veterans admitted from a ward at the facility.

Attachment B

Department of Veterans Affairs
Veterans Health Administration
Guidance for VA Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)

Effective Date:

Purpose: This document provides guidance to facilities operating Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) located on medical center grounds and in the community. **This guidance is intended to inform the development of local facility policy and procedures for prevention, screening and surveillance of the Coronavirus (COVID-19) on MH RRTP units.** Please refer to *VHA COVID-19 Strategic Response Plan* by VHA COVID-19 Workgroup Emergency Management Coordination Cell v1.0 released on March 3, 2020 for VHA department wide COVID-19 planning, including modifying responses based on the phase of the COVID-19 outbreak.

Synopsis: The priority goal in the VA response to COVID-19 is the protection of Veterans and staff. Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) otherwise known as Domiciliary Care Programs include facilities that may be located on VA grounds in the main medical center building, in a separate building on the medical center campus or in a separate community-based location. MH RRTPs provide a residential level of care to Veterans who may be at risk for COVID-19 because of their current medical and mental health conditions and for many, a recent history of homelessness. MH RRTPs are open residential units and Veterans may leave the facility for work, appointments or on pass; therefore, exposure to the community is possibly recurring during their length of stay. Various strategies to mitigate exposure to and transmission of COVID-19 to MH RRTP residents and staff are critical. MH RRTP program and nurse managers should be part of local VAMC COVID19 Response teams to make local VAMC leaders aware of their particular care delivery process.

Prevention: The best method to combat any infectious disease on a MH RRTP unit is to have preventive measures in place, prior to an outbreak, that mitigate the transmission and spread of the disease. This includes:

- frequent handwashing with soap and water for minimum of 20 seconds
- frequent use of 60% or greater alcohol-based sanitizers (individualized care for Veterans with an Alcohol Use Disorder must be considered to minimize the risk of abuse of alcohol-based sanitizers)
- avoid shaking hands when in situations where access to soap/water or sanitizers is not available (inform people why you are not shaking hands)
- avoid touching your face

- increase cleaning of unit surfaces that are repeatedly touched by staff and residents
- avoid public places and areas where large groups of people will congregate including facility specific plans for social distancing in dining halls, group rooms, lounges, etc.
- facilities should provide staff and residents a copy of the attached Poster: "Stop the Spread of Germs New CoVID-19 Poster"

Further information about everyday preventive actions:
https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html
Follow your VAMC policy regarding management of positive screens. Access copy at
https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/HCI/SitePages/Home.aspx

Admissions: Curtailing admissions to MH RRTPs is not currently recommended, however, since this is an evolving situation, this may change. Curtailing MH RRTP admissions will be based on the local facility evaluation of risk to staff and Veterans. Facilities must submit an Issue Brief if admission to the MH RRTP is curtailed and provide alternative services to all Veteran whose admission is delayed or cancelled. Veterans, who are screened and accepted for admission and are placed on the wait list, will be followed in accordance with current MH RRTP policy for waiting Veterans. When a Veteran presents for admission, the Veteran will follow the local facility policy and procedures for accessing the campus and for screening using the Call Center/Clinical Contact Center (CCC) Coronavirus Disease 2019 (COVID-19) Screen.

Staffing: Staffing, procedures and delivery models should be assessed to limit the number of non-MH RRTP staff and contractors entering MH RRTP space. Deliveries (e.g., pharmacy, supplies, linens) should be limited, when possible. MH RRTP staff should not have duties that require them to enter a COVID-19 area at the facility. MH RRTP staff must be provided the appropriate personal protective equipment for responding to a positive screen for COVID-19.

MH RRTP Unit Access: All MH RRTP staff and residents must follow local facility policy and procedures for accessing the campus. The MH RRTP residents and staff must be trained in the locally developed MH RRTP unit procedures for the prevention, screening and surveillance of COVID 19. Access to the MH RRTP unit should be limited to one entrance and able to accommodate screening of all residents, visitors and potentially staff. Screening criteria may change as information about COVID-19 evolves. As of the effective date, screening should include the following information:

1. Do you have any of the following?
   - Fever (100.4F or 38C)
   - New or worsening cough
   - Shortness of breath
   - Flu-like symptoms

Yes No

2. Have you or a close contact traveled to an area with widespread or sustained community transmission of Coronavirus Disease 2019 (COVID-19) within 14 days of symptom on-set?
   Yes No

3. Have you been in close contact with a person, including a health care worker, with confirmed (COVID-19)?
   Yes No

A **positive** screen is "Yes" to any part of question #1 AND "Yes" to question #2 and/or #3. MH RRTPs will follow protocols as indicated for providing a mask to the resident and anyone with the resident; moving the resident to the nearest designated room to isolate the person from the rest of the residential community; call a code "ICE" (Infection Control Emergency) on VOCERA (or other communication device); and communicate and coordinate transport of the resident to the Emergency Department per local facility procedures. If the resident, staff member or visitor has screened positive for COVID-19, the MH RRTP program will follow local facility policy and procedures to determine if further testing of staff and residents is necessary or if isolation is required. Veterans who screen positive and refuse to follow local facility infection control policy may be discharged from the MH RRTP after appropriate discharge planning and with appropriate and authorized communication with state and local health officials. Veterans who are currently admitted and who leave the building for an on-station outpatient clinic appointment will be screened using the questions in #1 upon return to the building. There is no requirement to complete questions #2 and #3. Veterans who are currently admitted and leave the unit for an off-station appointment, work or go on pass will be screened using questions #1, #2 and #3 when they return to the unit. All off-station passes, and recreational activities not deemed critical to the Veterans treatment may be cancelled on a weekly basis based on a local evaluation of risk.

Surveillance: Residents observed or reported to be ill with symptoms suggestive of COVID19 as per COVID19 screener will be required to report to Nursing and/or 24/7 staff for evaluation or referral for evaluation for possible infection. MH RRTPs will follow protocols as indicated for providing a surgical mask to the resident and anyone with the resident; moving the resident to the nearest room to isolate the that person from the rest of the residential community; call a code "ICE" (Infection Control Emergency) on VOCERA (or other communication device) communicate and coordinate transport of the resident to the Emergency Department (ED). Existing protocols that rule out other viral disease (e.g. influenza) should be performed prior to any COVID-19 testing when COVID-19 testing is available. The information collected should be entered in CPRS. Any resident that screens positive for COVID-19 should be assessed for COVID-19 testing.

Isolation Plan: The MH RRTP should have a plan to isolate any resident that is suspected of having COVID-19. MH RRTPs do not have negative airflow rooms and should identify an area, such as a designated vacant room or office, on the unit which can be used to confine residents, away from the general public, until transported to the Emergency Department for further evaluation or consultation with Infection Control for further guidance. Proactive planning should include scenarios for when multiple suspected or confirmed cases exits, such as isolating residents to one pod or floor in the MH RRTP or at another location at the medical center if space does not allow to isolate in the MH RRTP. Residents currently residing in the MH RRTP will not be relocated to other locations in the facility unless medically indicated.

Visitors: During the heightened risk for COVID-19, facilities may institute a ban on all visitors to the MH RRTP unit and to residents both on and off the unit.

Social Distancing: MH RRTPs should initiate procedures to limit social activities that bring together groups of residents. Examples include activities and games, field trips and other activities that take residents outside the MH RRTP may be paused until further notice. Since Veterans eat in a designated dining area, Veterans should be reminded to practice infection prevention methods that include frequent handwashing with soap and water for 20 seconds minimum, avoid touching face, avoid close contact (within 6 feet) of anyone who is sick; not going to the dining hall or other public places if sick.

Restrictions: Veterans who have a fever, cough, shortness of breath or flu-like symptoms must be restricted to the MH RRTP or other designated unit at the medical center during this period for closer monitoring by staff minimizing interactions with other residents and staff. Veterans must be limited to their rooms and tray service provided. If necessary, a resident may be moved to a single room or a double room without a roommate, if there are no contraindications. No day or overnight passes with be authorized during this time for identified residents. Monitoring will consist of Veterans being screened at least twice per 24-hour period for fever and symptoms. The restriction period will last for a total of 14 days including the time already spent in the hospital for Veterans admitted from a ward at the facility. Veterans who screen positive and refuse to follow local facility infection control policy may be discharged from the MH RRTP after appropriate discharge planning and with appropriate and authorized communication with state and local health officials.

Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) Located Off-Station

MH RRTPs that are located off-station will follow the same procedures above. MH RRTPs will follow protocols as indicated for a positive screen and provide a mask to the resident and anyone with the resident; moving the resident to the designated room to isolate the person from the rest of the residential community. The MH RRTP residents

and staff must be trained in the locally developed unit procedures for the prevention, screening and surveillance of COVID-19.
Local procedures will be developed to call a code "ICE" (Infection Control Emergency) and for communicating and coordinating the transport of the Veteran to the VA medical center's emergency department or a community emergency department. If the resident, staff member or visitor has tested positive for COVID-19, the MH RRTP program will follow local facility policy and procedure to determine if further testing of staff and residents is necessary or if isolation is required.

Compensated Work Therapy- Transitional Residences
Local facility policy and procedures for the screening and surveillance of COVID-19 must include procedures for Veterans in the Compensated Work Therapy/Transitional Resident (CWT/TR) programs. The Compensated Work Therapy-Transitional Residence (CWT-TR) programs are group homes designed for Veterans whose rehabilitative focus is based on employment and continuing outpatient care. CWT/TR beds are official VA operating beds and are listed on the local facilities Gains and Losses Sheet as a facility ward or unit. Most of the CWT/TR programs are VA-owned houses in the community and do not have 24/7 paid VA staff on site. A live-in House Manager generally provides this on-site supervision. House Managers may be a senior resident or patient, a graduate of the CWT-TR, or a volunteer. The House Manager and residents must be trained in the specific CWT/TR procedures for the prevention, screening and surveillance of COVID-19.
If the House Manager or residents observes or if a resident reports an illness that includes a fever, coughing or shortness of breath, the House Manager must immediately report the illness to the designated CWT/TR staff or other designated VA medical facility personnel. The resident should be given a mask and confined to the Veteran's bedroom. Local procedures will be developed to call a code "ICE" (Infection Control Emergency) and for communication and coordinating the transport of the Veteran to the VA medical center's emergency department or a community emergency department. If the resident, staff member or visitor has tested positive for COVID-19, the CWT/TR program will follow local facility policy and procedure to determine if further testing of staff and residents is necessary or if isolation is required.

For further questions about the MH RRTP guidance, contact J (b)(6) National MH Director, MH RRTPs at (b)(6) @va.gov

Attachment C

Guidance for Managing Hospitalized COVID-19 Positive Patients Who Are Suicidal

In the event that a Veteran test positive for COVID-19 and requires hospitalization for a medical condition or for a psychiatric condition, they should be moved to the facility's COVID-19 Zone, as described in the Veteran Health Administration COVID-19 Strategic Response Plan (3/3/20). If the Veteran voices suicidal ideation or intent, it is recommended that the following procedure be followed:

1) Veteran should be placed on 1:1 observation, as described in VHA Directive 1167. The Directive defines 1:1 observation as the following:

   One-to-one observation is defined as the constant observation of one patient by one staff. Staff providing one-to-one observation should only be observing one patient at a time and have no other responsibilities during the assignment to one-to-one observation. While under one-to-one observation, any restroom visit requires an escort who can visually monitor the patient for suicidal behavior. Such restrictions on the Veteran's freedom must be consistent with statutory and regulatory authority, and be sensitive to privacy and dignity. Observation by cameras cannot substitute for one-to-one observation. (See table on the following pages for additional information)

2) The room where the Veteran is placed should have all non-essential equipment removed. All equipment that is only used temporarily should be removed when not in use.
3) Consult should be placed to the Mental Health Consultation- Liaison team to assess the Veteran's mental health condition, determine level of suicidality, and to suggest treatment/management options.
4) Traffic in and out of the Veterans room should be kept at a minimum, with only those with a need to enter be allowed to do so.
5) No outside visitation will be allowed.

   All individuals entering the Veteran's room should be clad in appropriate Personal Protective Equipment. For all routine patient care, staff should wear a surgical mask as N95 masks or PAPRs are reserved ONLY for procedures at high risk of generating aerosols (intubation, CPR, nasopharyngeal/oropharyngeal swabbing, bronchoscopy, non-invasive ventilation like Bipap, or nebulizer treatments)

Guide to Various Safety Observation Levels

Safety Observation Status	Description of Observation	Documentation Frequency
Routine admission (15) or Intermittent (30) Patient Observations	Proximity: Direct visual face-to-face interaction/observation at specific intervals or designated frequency defined by policy. Typically, all newly admitted patients are initially placed on this level of observation unless care needs require a higher level of observation. This observation level entails staff are monitoring the patient's behavior, welfare, safety, location and immediate environment at Q 15 minutes or Q 30 minutes	Routine observation is documented on each patient for that unit (area of care) for the ordered time intervals of observation (Q 15 minutes/Q 30 minutes). Documentation in the medical record includes: The rationale for the observation; patient's behavior; activity; safety; unit location; at Q 15 minutes or Q 30 minutes and is also included in the treatment plan.
Direct Line of Sight Observation.	Direct line-of-sight observation is defined as continuous observation by staff. Staff can observe multiple patients but must remain safely in the area with patients such that, if a patient needs immediate intervention, the staff member can safely intervene and call other staff to help as needed. Observation by cameras cannot substitute for direct line-of-sight observation.	Direct line of sight observation of the patient is continuously maintained and documented in the medical record as 'maintained' for each shift or time required along with the rationale for the observation. The treatment plan is updated to reflect the observation.
Line of Sight: Medical equipment only	One staff member observes 2 or more (depending on the space configuration and the sight lines) patients (who are assessed as non-suicidal)	Direct line of sight observation of the medical equipment is continuously maintained and documented in the medical record as 'maintained' for

	with medical equipment at a time. (CPAP; oxygen tubing, power cords etc.).	each shift or time required along with the rationale for the observation. The treatment plan is updated to reflect the observation. Line of sight for medical equipment-is to be facilitated face-to-face in person and not via camera monitoring.
One-to-One Observation. (To be utilized for high risk suicidal patients in all settings)	This is an 'Arm's length' away constant observation which requires constant visualization of the patient. The staff member is always within an arm's length from the patient including when using the bathroom, shower, etc.	Constant observation is documented as 'maintained' on each patient for that unit (area of care) for each shift or time required and is documented in the medical record. Documentation includes the rationale for the observation; patient's behavior; activity; safety; and unit location. The treatment plan is updated to reflect the observation.
	One-to-one observation is defined as the constant observation of one patient by one staff. Staff providing one-to-one observation should only be observing one patient at a time and have no other responsibilities during that time. While under one-to-one observation, any restroom visit requires the staff member to escort and visually monitor the patient for safety and suicidal behavior. Such restrictions on the Veteran's freedom must be consistent with statutory	

	and regulatory authority and be sensitive to privacy and dignity. **Note:** Observation by cameras cannot substitute for one-to-one observation. If the patient is agitated or has a potential for violence, the staff member should consider observation at 2-3 arm's length away and patient behaviors should be discussed with the treatment team.	

Attachment D

Department of Veterans Affairs
Veterans Health Administration
Guidance for VA Opioid Treatment Programs (OTP)

Effective Date:

Purpose: This document provides guidance to facilities operating Opioid Treatment Programs (OTPs) located on medical center grounds and in the community. This guidance is intended to inform the development of local facility policy and procedures for prevention, screening and surveillance of the Coronavirus (COVID-19) and continuity of operations. Please refer to *VHA COVID-19 Strategic Response Plan* by VHA COVID-19 Workgroup Emergency Management Coordination Cell v1.0 released on March 3, 2020 for VHA department wide COVID-19 planning, including modifying responses based on the phase of the COVID-19 outbreak.

Synopsis: The priority goal in the VA response to COVID-19 is the health and safety of Veterans and staff. Ensuring the health and safety of Veterans diagnosed with opioid use disorder (OUD) includes ensuring uninterrupted access to medication for the treatment of OUD (M-OUD) provided in outpatient treatment settings and by the accredited Opioid Treatment Programs (OTPs) in VA. OTPs may be located on VA grounds in the main medical center building, in a separate building on the medical center campus or in a separate community-based location. OTP operations are regulated by the Substance Abuse and Mental Health Services Administration (SAMHSA). As such, OTPs are encouraged to review any guidance provided directly by SAMHSA. While VA OTPs are not licensed by the State and generally do not follow State specific regulations, OTP Medical Directors are encouraged to monitor guidance from their State Opioid Treatment Authority to ensure awareness of recommendations that account for local variance in prevalence of the COVID-19.

https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp

State Opioid Treatment Authorities: https://dpt2.samhsa.gov/regulations/smalist.aspx

OTP Emergency Response Plan: Each Opioid Treatment Program is required to have an emergency response plan to ensure continuity of services in the event of an emergency or natural disaster. Programs are encouraged to review their emergency response plan at this time. The emergency response plan is required to include:

- Identification of an alternate accredited OTP for dosing or an alternate dosing location for use by the VA OTP. If the new dosing location is not within the same building as the current OTP, please see https://www.deadiversion.usdoj.gov/disaster_relief.htm to request DEA assistance in relocating your OTP DEA registered address to a new location.

- Maintenance of a 24-hour telephone answering capacity to respond to facility emergencies with contingencies plans if phone service is disrupted;
- An active roster of patients and log of medication dosages that are easily accessible (programs must ensure that if not integrated directly into the VA Electronic Health Record, medications are manually entered into the VA Computerized Patient Record System (CPRS) as non-VA medications); and
- A specific plan for how information will be communicated to Veterans in advance of and following any disruption in program operations.

Prevention: The best method to combat any infectious disease is to have preventive measures in place, prior to an outbreak, that mitigate the transmission and spread of the disease. This includes:

- frequent handwashing with soap and water for minimum of 20 seconds using a paper towel to turn off faucet to prevent recontamination
- frequent use of 60% or greater alcohol-based sanitizers with placement at each dosing window (individualized care for Veterans with an Alcohol Use Disorder must be considered to minimize the risk of abuse of alcohol-based sanitizers)
- avoid shaking hands when in situations where access to soap/water or sanitizers is not available (inform people why you are not shaking hands)
- avoid touching your face
- increase cleaning of unit surfaces that are repeatedly touched by staff and residents to include areas around the dosing window
- avoid public places and areas where large groups of people will congregate including facility specific plans for social distancing in group rooms, lounges, etc.
- facilities should provide staff and residents a copy of the attached Poster: "Stop the Spread of Germs New CoVID-19 Poster"

OTPs, in collaboration with infection control subject matter experts at the facility, are encouraged to evaluate standard operating procedures for completion of breathalyzers. This critical function must be continued, but collection procedures may need to be modified to minimize the risk for spread of the disease. In addition, programs are encouraged to review dosing procedures to determine whether other mitigation strategies may be warranted (i.e., use of disposable covers, provision of pre-filled cups of water).

Further information about everyday preventive actions:
https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html

Follow your VAMC policy regarding management of positive screens. Access copy at
https://dvagov.sharepoint.com/sites/(b)(6)

Admissions: Curtailing admissions to the OTP is not recommended. However, facilities are encouraged to consider alternate treatment modalities for newly identified Veterans requiring treatment for OUD. This should include consideration for prescribing of

buprenorphine/naloxone in an office-based outpatient setting with appropriate psychosocial support that can be provided via VA Video Connect (VVC). Facilities must submit an Issue Brief if OTP operations are curtailed and must activate emergency response procedures to ensure continued access to M-OUD through an alternate OTP for dosing or an alternate location for use by the VA OTP (see earlier guidance).

Staffing: OTP staff must be provided the appropriate personal protective equipment to respond to a positive screen for COVID-19. Programs are encouraged to identify additional staff with designated credentials to ensure continuity of operations (i.e., dispensing of methadone, patient orders) in the event that OTP staff are not available to provide direct patient care.

Surveillance: All OTP staff and patients must follow local facility policy and procedures for accessing the campus. OTP staff must be trained in locally developed procedures for prevention, screening, and surveillance of COVID-19. *NOTE: Current VA guidance on prevention, screening, and surveillance can be found here: https://dvagov.sharepoint.com/sites/*(b)(6)
Patients observed or reported to be ill with symptoms suggestive of COVID-19, influenza like illness (ILI), as per the COVID-19 screen should be provided a mask, assessed for self-harm or suicide and then safely moved to a room with a closed door. Appropriate PPE should be provided to staff prior to determining the next steps for provision of clinical care. The Veteran should be provided with their medication dose from staff with appropriate PPE while awaiting determination of the next steps for provision of clinical care.

Social Distancing: OTPs should initiate procedures to limit the number of Veterans congregating in the clinic. Procedures may include:

- Increasing times available for dispensing to avoid crowding;
- Reviewing current schedules for receipt of take-home medications to distribute assigned dispensing times across the week;
- Implementing procedures to provide space between patients presenting for receipt of their medication (i.e., marking spaces in line, requesting patients remain seated until called);
- Providing psychosocial services, to include groups, via VVC.

Dosing Considerations: Programs are encouraged to proactively review all patients admitted to the program to determine whether take-home medication can be implemented and/or increased consistent with current regulations. A determination to deviate from current federal regulations for take-home medication must be made at the level of the individual Veteran based on assessed patient risk. If indicated, programs should submit a request for an exception through the SAMHSA OTP Extranet website. Programs are encouraged to communicate to patients the need to contact the clinic in advance if they become sick, so that approval for take-home medications can be obtained and to discuss how the patient will receive the medication, possibly through the designation of another trusted individual to pick up the medication.

The need to submit a request for an exception or receive formal approval through the SAMHSA OTP Extranet should not be a barrier to providing take-home medications when determined to be medically appropriate. SAMHSA has issued guidance providing for a 48-hour window for completion of the exception request.

Programs with active community spread of COVID-19 may elect to submit a request for a blanket exception for all patients who have tested positive for COVID-19 or who are asked to quarantine allowing for take home medications. In all cases, there should be a clinical review to determine the most appropriate course of action for the Veteran. Additional dosing considerations for Veterans known to be positive for COVID-19, experiencing ILI, or who are asked to quarantine are provided below.

Federal regulations for take-home medications can be found at: https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/submit-exception-request

Programs are encouraged to consider what procedures will be implemented to allow Veterans to retain access to medications in the event they are asked to self-quarantine, report a positive test for COVID-19, or report ILI. OTPs can dose patients who present to the OTP with ILI in a separate room or unit if take home doses of methadone are not clinically appropriate. When providing services to a Veteran potentially or known to be positive for COVID-19 appropriate precautions must be taken to ensure the safety of the Veteran, other Veterans receiving care at the medical center, and OTP staff.

Access to M-OUD must be sustained for any patient assessed as unsafe to manage take-home medications or only able to manage a limited supply of take-home medications (i.e., cognitive condition, inability to keep take home doses safe due to chaotic living situation). OTP program directors should work in collaboration with facility leadership to ensure that appropriate standards for infection control are maintained.

OTPs are encouraged to establish a plan to allow for continued receipt of take-home medication for those patients who report a positive test for COVID-19 or who report ILI. Options, consistent with guidance from the Centers for Disease Control, may include:

- Dispensing of medications in a separate location, minimizing contact with other Veterans and staff with appropriate infection control procedures in place. *NOTE: this may be the same space designated for continuation of daily dosing for patients known to be positive for COVID-19 or presenting with ILI.*
- Delivery of the medication to the Veteran. When this occurs, the Veteran should be contacted in advance to arrange the delivery. When the staff person arrives at the designated location, they should call the Veteran to let them know that they have arrived. The staff member should place the medication on the doorstep and then retreat a minimum of 9 feet to observe the Veteran or designated individual picking up the medication. Upon return to the facility, staff would document delivery of the medication in the medical record. Medications must not be left

unobserved. If the Veteran does not present to pick up the medication, the staff member must retrieve the medication, return it to the facility, and document in the OTP record.

Access to Non-VA OTPs: In some facilities Veterans may be receiving medication from a Non-VA OTP. OTPs within the community are receiving similar guidance from the State Opioid Treatment Authorities. Mental Health Residential Rehabilitation Treatment Programs with Veterans who are leaving the facility daily for dosing in the community are encouraged to contact the non-VA OTP to discuss available options for take-home medications that can be safely stored at the MH RRTP limiting the need for the Veteran to go into the community. When the Veteran is admitted for a diagnosis other than OUD, methadone can also be continued as an inpatient medication (inpatient order). This option should be considered when available and clinically appropriate.

Continuity of Care: When an OTP implements procedures that significantly increases the number of Veterans receiving take home medications and/or reduces the availability of recurring psychosocial services, procedures must be in place to ensure regular contact with the Veteran. It is expected that counseling services will continue using available technology solutions.

A number of guidance documents have been developed that OTP program managers may find helpful to review including information on the provision of telehealth services, including groups, via VVC as well as guidance for meeting the needs of Veterans who may be homeless or at risk for homelessness.

As local conditions change, facilities are encouraged to review any updates to existing guidance provided by VA, SAMHSA, their local State Opioid Treatment Authority, and the Drug Enforcement Administration. Specific questions about this guidance can be directed to the Substance Use Disorders Program Office within OMHSP at (b)(6) @va.gov.

DEPARTMENT OF VETERANS AFFAIRS

Memorandum

Date: MAR 19 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: **REVISED**-COVID 19 Guidance for Dialysis

To: Network Directors (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC) JMB

1. VHA is providing updated guidance for dialysis provided in VHA facilities. Effective immediately, VHA facilities providing dialysis (either inpatient or outpatient) will:

a. Review personal protective equipment (PPE) requirements with staff: surgical mask, face shield or goggles, gown and gloves.

b. Identify a limited COVID-19 dialysis team. In preparation of possible future need, ensure all such staff are fit tested for N95 respirators and trained in powered air purifying respirator (PAPR) use, hood and goggle disinfection (Oxivir wipes: 0.5% hydrogen peroxide), and hand washing.

c. Ensure Dialysis Unit providers are trained and capable of using virtual care (i.e. VA Video Connect):

   1) TMS training 4279741

   2) Contact facility telehealth coordinator to receive web camera and head set to equip workstation

   3) View online training resources and demonstration (http://vaww.telehealth.va.gov/pgm/vvc/providers/index.asp)

   4) Review VA Telenephrology Manual (https://vaww.infoshare.va.gov/sites/specialtycare/kidney/Kidney%20S
   (b)(6)

d. Ensure all dialysis medical staff are approved for telework privileges so they can work from home if quarantined.

e. Ensure routine cleaning and disinfection using approved products are appropriate for COVID-19 in dialysis settings. *NOTE: Refer to List N (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program from use against SARS-CoV-2.*

f. Disinfect or discard any surface, supplies, or equipment (e.g., dialysis machine) located within 6 feet of symptomatic patients.

g. In collaboration with logistics department, conduct an inventory of dialysis and Continuous Renal Replacement Therapy (CRRT) supplies and equipment and make the necessary adjustments/orders to procure sufficient supplies and machines to meet an anticipated surge in demand for renal support services. Dialysis program should have at a minimum four weeks supplies for hemodialysis (HD), peritoneal dialysis (PD), and CRRT.

h. Review facility's dialysis emergency preparedness response plan and consider actions to bolster program's dialysis capacity for:

   1) Surge in dialysis demand resulting from the return to VA of veterans outsourced for dialysis care for evaluation and management of COVID-19 infection

   2) Increased inpatient dialysis demand due to hospitalization of VA managed maintenance dialysis patients

   3) Dialysis staff outages due to work force restrictions

i. Identify potential COVID-19 zones for dialysis care in facility.

j. Review Dialysis Natural Disaster Planning Excel-based Tool (https://vaww.infoshare.va.gov/sites/specialtycare/kidney/Kidney%20SP/

(b)(6)

2. Effective immediately, VA facilities providing outpatient dialysis will:

a. Instruct patients in hand hygiene (60-95% alcohol-based hand rub or hand washing with soap and water for a minimum of 20 seconds), respiratory hygiene, and cough etiquette.

b. Instruct patients on how to use facemasks.

c. Provide patients with supplies for respiratory hygiene and cough etiquette.

d. Post signs at clinic entrances that indicate that patients with fever or symptoms of respiratory infection should alert staff so appropriate precautions can be implemented.

e. Prohibit nonessential visitors to dialysis unit or waiting area.

f. Verbally screen patients as soon as they report to the unit and BEFORE admitting them to main unit.

g. Mask and triage symptomatic patients to the designated facility area for testing for respiratory pathogens (which may or may not include COVID-19) before dialysis.

h. Dialyze symptomatic patients in isolation if possible. *NOTE: Hepatitis B (HBV) room should only be used for patients with respiratory symptoms if patient is HBV surface antigen (sAg) positive or there are no other hemodialysis patients with HBV who require room.*

i. If no isolation room:

1) Masked patient should dialyze at a corner or end of row station, away from traffic.

2) Maintain at least 6 feet of separation (in all directions) between masked symptomatic patients and other ***patients*** during treatment.

3) If intolerant of mask, maintain patient at least 6 feet from nearest ***station*** (in all directions).

j. Notify facility infection prevention and control when a patient with suspected or confirmed COVID-19 is dialyzed in your unit.

k. Minimize patient loitering in waiting area: ensure rapid screen and triage.

l. Ensure sufficient space to permit social distancing between patients (6 feet) in waiting area.

m. If dialyzing > 1 patient with suspected or confirmed COVID-19 in the unit, consider cohorting these patients and the health care provider caring for them. Dedicate one section of the unit and/or the last shift of the day for these patients.

n. If the etiology of respiratory symptoms is known, patients with different etiologies should not be cohorted (e.g. patients with influenza and COVID-19 should not be cohorted).

3. Effective immediately, VA facilities providing inpatient dialysis will:

a. Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed and a private bathroom.

b. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.

4. According to CDC's risk assessment criteria, dialysis staff caring for a COVID-19 infected patient with ESRD are considered ***low risk*** as long as they adhere to recommended PPE and precautions.

5. Resources:

a. VA Public Health High Consequence Infection SharePoint: https://dvagov.sharepoint.com/sites/(b)(6); (b)(5)
(b)(6); (b)(5)

b. CDC Guidance:

1) Staff monitoring and work restrictions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

2) Infection Prevention and control in healthcare settings: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

3) Dialysis guidance: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html

6. For questions regarding the dialysis guidance, please contact VHA Kidney Program at 202-461-(b)(6) or by sending an email to (b)(6) va.gov.

Renee Oshinski

Renee Oshinski

Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing Practitioner must have conducted at least one in-person medical evaluation of the patient. U.S.C. § 829(e). However, the Act provides an exception to this requirement. 21 U.S.C. § 829 (e)(3)(A). Specifically, a DEA-registered Practitioner acting within the United States and its territories is **exempt** from the requirement of an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled substances by means of the Internet **if** the Practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of 21 U.S.C. § 802(54).

Under 21 U.S.C. § 802(54)(A),(B), for **most** (DEA-registered) Practitioners in the United States, **including** Qualifying Practitioners and Qualifying Other Practitioners ("Medication Assisted Treatment Providers") who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term "practice of telemedicine" means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient using a telecommunications system referred to in (42 C.F.R. § 410.78(a)(3)) which practice is being conducted:

A. while the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under 21 U.S.C. § 823(f) of this title; and by a practitioner

-who is acting in the usual course of professional practice;

-who is acting in accordance with applicable State law; and

-is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

OR

B. while the patient is being treated by, and in the physical presence of, a DEA-registered practitioner

-who is acting in the usual course of professional practice;

-who is acting in accordance with applicable State law; and

-is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

Please be advised that the remote Practitioner engaged in the practice of telemedicine must be registered with the DEA in the state where they are physically located **and** in every state where their patient(s) is (are) physically located. 21 U.S.C. § 822(e)(1); 21 C.F.R.§ 1301.12(a); Notice 69478 Federal Register / Vol. 71, No. 231 / Friday, December 1, 2006.

Also be advised that all records for the prescribing of an FDA approved narcotic for the treatment of opioid addiction need to be kept in accordance with 21 C.F.R. § 1304.03(c), 21 C.F.R. § 1304.21(b), and with all other requirements of 21 C.F.R. Part 1300 to End.

Please note that while this document reflects DEA's interpretation of the relevant provisions of the Controlled Substances Act (CSA) and DEA regulations, to the extent it goes beyond merely reiterating the text of law or regulations, it does not have the force of law and is not legally binding on registrants. Because this document is not a regulation that has the force of law, it may be rescinded or modified at DEA's discretion.

Department of Veterans Affairs

Memorandum

Date: MAR 0 9 2020

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: Mission Critical Travel (VIEWS 2541442)

To: Veterans Health Administration Employees

1. While the Centers for Disease Control (CDC) still considers COVID-19 to be a low threat to the general American public, the Department of Veterans Affairs remains focused on caring for patients, protecting employees and maintaining readiness.

2. Out of an abundance of caution, only mission critical Veterans Health Administration (VHA) travel is approved. All other VHA travel is canceled for the next 30 days as a proactive action in response to the COVID-19 outbreak. "Mission- critical" will be determined by local leadership. Keeping our workforce stationary will give us the ability to better isolate affected areas and ensure the stability of operations as we monitor, prepare for and respond to the outbreak.

3. It is important to note that we are taking this action because we want to ensure continuity of operations and not because there is an elevated risk of travel at this time. The CDC still considers the immediate health risk from COVID-19 to the American public to be low.

4. This is the right thing to do, because we place the utmost value on the health and safety of Veterans and our employees. We will keep you updated on new developments as information is made available. For COVID-19 guidance, visit the HCI Sharepoint site.

Richard A. Stone, M.D.

Department of Veterans Affairs

Memorandum

Date: MAR 16 2020

From: Assistant Secretary for Human Resources and Administration/Operations, Security, and Preparedness (006)

Subj: Waiver of the Biweekly Pay Limitation - Coronavirus Disease (COVID-19) (VIEWS #02561830)

To: Under Secretaries, Assistant Secretaries, and Other Key Officials

1. This memorandum provides guidance on the biweekly limitation on premium pay for agency employees performing duties in response to the Coronavirus Disease (COVID-19). These employees are eligible to receive overtime and premium pay up to the annual maximum earnings limitations in 5 CFR 550.106.

2. I am authorizing a waiver of the biweekly pay limitation in 5 CFR 550.105(a) for work performed in response to COVID-19. Employees may be paid overtime, or other premium pay, based on the annual limitation of GS-15, step 10 or the rate payable for Level V of the Executive Schedule, ($160,100 for 2020) (VA Handbook 5007, Pay Administration, Part V, Chapter 2, Paragraph 5).

3. The waiver applies to employees as defined in 5 U.S.C 5541(2), Fair Labor Standards Act (FLSA) exempt employees. The biweekly limitation on premium pay does not include Federal Wage System employees or FLSA Non-Exempt employees. The biweekly limitation on premium pay does not apply to Title 38 employees or hybrid Title 38 employees who have been authorized to receive premium pay on the same basis as registered nurses (commonly referred to as designated hybrids).

4. The following table must be provided to the Financial Services Center by close of business on the Thursday in the second week of the pay period to ensure employees receive the proper payments for overtime and premium pay. This information must be submitted each pay period until the end of the emergency. Following these procedures is critical to ensure the biweekly limitations are waived, payments are made timely, and controls are in place to ensure the annual maximum earnings limits are not exceeded.

Employee Name	Official Position Title	Pay Plan, Series, Grade/Step	Station	SSN	Time and Leave Code (T&L)

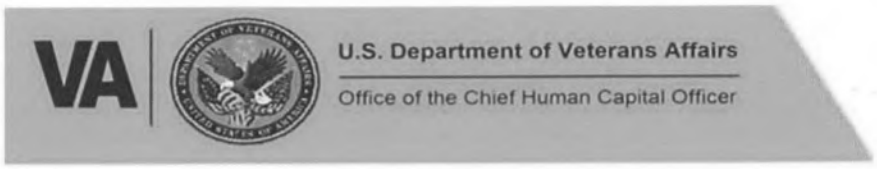
Subj: Waiver of the Biweekly Pay Limitation – Coronavirus Disease (COVID-19) (VIEWS #02561830)

5. Should you have any questions or require additional information, please contact Ms. Tracey Therit, Chief Human Capital Officer at (202) 461-(b)(6) or via email at (b)(6) @va.gov.

FOR J Amy R Mayo

Daniel R. Sitterly
Assistant Secretary for Human Resources
and Administration/Operations,
Security, and Preparedness (006)

16 MAR 20
Date



VA Central Office
Washington, DC

March 16, 2020

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJECT: Biweekly and Annual Limitation on Premium Pay

This bulletin provides information on the biweekly and annual limitation on premium pay for General Schedule (GS) employees. Title 5 employees may receive premium pay for a bi-weekly pay period only to the extent that basic pay and premium pay for the pay period does not exceed the biweekly rate for a GS-15, step 10 or rate payable at the level V Executive Schedule (EX-V) ($160,100 for 2020). Premium pay includes overtime, compensatory time earned, night differential, Sunday premium pay, and holiday premium pay.

The biweekly limitation on premium pay does not apply to title 38 employees or hybrid title 38 employees that have been authorized to receive premium pay on the same basis as registered nurses (commonly referred to as designated hybrids).

Authorization to waive the biweekly limitation on premium pay is delegated to the Assistant Secretary for Human Resources and Administration/Operations, Security, and Preparedness. This authority is redelegated to the Under Secretaries, Assistant Secretaries, and Other Key Officials.

The biweekly limitation on premium pay may be waived, and the annual limitation on premium pay will apply when the designated official determines an employee is performing work in connection to a qualifying emergency (e.g., a natural disaster) or a mission critical event.

The annual limitation on premium pay provides that in any calendar year during which an employee performs qualifying emergency or mission-critical work, the employee may receive premium pay, when combined with basic pay, does not cause the total pay to exceed the greater of the annual rate payable for:

1) GS-15, step 10 (including any applicable locality-based payment or special rate supplement) in effect on the last day of the calendar year; or

2) Level V of the Executive Schedule (EX-V) ($160,100) in effect on the last day of the calendar year.

When the biweekly (or annual, if applicable) limitation on premium pay is reached, employees may still be ordered to perform overtime work without receiving further compensation. There is no provision to waive the annual limitation on premium pay. Additional guidance on exceptions to the biweekly limitation on premium pay for mission-critical and emergency work can be found in VA Handbook 5007, Part V, Chapter 2, Paragraph 5.

Questions regarding this Bulletin may be directed to the Compensation Specialist assigned to your geographic area, as shown on the OCHCO Compensation website.

References: 5 U.S.C. § 5547(a) and 5 CFR 550.105, 5 CFR 550.106, Comptroller General Opinions: B-178117, May 1, 1973; B-229089, December 28, 1988; and B-240200, December 20, 1990.

Issued by: Compensation and Classification Service (055)

Department of
Veterans Affairs

Memorandum

Date: FEB 1 2 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Authority to Approve Weather and Safety Leave for Employees Affected by 2019-nCoV, Coronavirus

To: Executive in Charge, Office of the Under Secretary for Health (10)

1. To assist Department of Veterans Affairs (VA) employees within Veterans Health Administration (VHA) whose employment may be disrupted due to 2019-nCoV, I am requesting up to 15 days of weather and safety leave for employees who are subject to quarantine or isolation in connection with 2019-nCoV.

2. Current VA policy grants field facility heads the authority to excuse employees from duty, and from reporting to duty for up to seven consecutive workdays. For any period of excused absence more than seven consecutive workdays for field facility employees, the approval must come from the Under Secretary for Health.

3. Your approval of this recommendation would constitute a delegation of the authority to local officials to approve weather and safetly leave for employees under their supervision, on a case-by-case basis, up to the 15-day limit. This leave may be authorized for employees who have had known contact and direct exposure to others (e.g., recent travel to China) but are not symptomatic. If such employees are able to telework, telework is the preferred approach to use prior to authorizing any weather and safety leave.

4. If you have any questions regarding this recommendation, please contact the Office of the Assistant Deputy Under Secretary for Health, Workforce Services at (b)(6) @va.gov.

for Renee Oshinski

Approved/Disapproved

Richard A. Stone, M.D.

HR Flexibilities 2019 Novel Coronavirus (2019-nCoV)

The following charts provide supervisors with actions for an employee who is ill or has been exposed during a declared public health emergency.

Two charts are provided:

1. Actions for an employee who appears symptomatic and indicating possible infection.
2. Actions for an employee who has known contact or exposure to others with the Coronavirus but is still capable of working.

Guidance for Supervisors – When an employee is sick during a declared public health emergency

If the employee	Take following action	Does the employee request leave?	Take the following action	and
Appears symptomatic with signs of Coronavirus (See Note 1)	Express concern that the employee appears to be symptomatic of Coronavirus - encourage the employee to take leave and seek medical care.	Yes.	Approve the leave request. (See Note 2)	No further action.
		No.	Consult HR to determine if there is objective evidence of medical incapacity to perform the duties of the employee's position. Consider use of onsite employee occupational health services, if available, to assist in making this determination. (See Note 2)	If there is objective evidence and the employee still refuses to request leave, advise that you have determined the employee is incapable of working and order the employee to take sick leave and leave the premises. Directing an employee to take leave may constitute enforced leave, which is an adverse action. Consult with HR on next steps. (Note 3) . Excused absence is not an entitlement, although the appropriate authority may grant excused absence beyond 59 minutes (See VA Handbook 5011, Part III, Chapter 2, par 12 and Chapter 3 par 9.)

Note (1) Follow guidance from Centers for Disease Control and Prevention (CDC) on symptom and exposure criteria.
(2) Consult with your HR servicing office and follow medical advice from CDC or an employee's physician when allowing an employee to return to work after illness or Coronavirus exposure.

Last Updated: 2/5/2020

(3) An employee ordered to leave the workplace has no "right" to remain on VA premises. If an employee has been ordered to leave and refuses to do so, supervisors should consult with HR and building security staff to have the employee escorted from the premises.

Guidance for Supervisors – When an employee has known contact and direct exposure during a public health emergency

If the employee	Take following action	Does the employee request leave?	Take the following action	and
Has known contact and direct exposure to others (e.g. has recently traveled to China) but is not symptomatic and is still capable of working.	Express concern that the employee could be ill.	Yes.	The employee may be approved for sick leave, annual leave, advanced leave, credit hours, compensatory time off, compensatory time off for travel. *An employee who is not ill may use sick leave for exposure to quarantinable communicable diseases	No further action.
		No.	Allow the employee to continue to work but monitor the employee to see if the employee develops any symptoms.	If symptoms occur, see chart "Guidance for Supervisors - When an employee is sick during a declared public health emergency" and take the appropriate action. Consult HR on the next steps.
			Determine if the employee has a telework agreement in place. (Note 2) If yes, and work can be performed from home.	Send the employee home to telework.
			If the employee does not have a telework agreement, determine if the employee can telework on a periodic basis. If yes, and the employee agrees to do so, establish a telework agreement if work can be performed from home.	Send the employee home to telework.

Note (1) Follow the Department of Labor, Occupational Safety and Health Administration guidance on assessing the likelihood of an employee who has been exposed to Coronavirus.
(2) Consult with HR and follow medical advice from CDC or an employee's physician when allowing an employee to return to work after illness or Coronavirus exposure.

Last Updated: 2/5/2020

VA Central Office
Washington, DC

March 4, 2020

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJ: Preliminary Guidance during Coronavirus Disease 2019 (COVID-19)

This OCHCO Bulletin notifies Human Resources (HR) offices of the Office of Personnel Management's (OPM) memorandum providing preliminary guidance to prepare the Federal workforce for the potential impacts of COVID-19. Department of Veterans Affairs (VA) provides this guidance to address telework and mission resilience, domestic and international travel by employees, management of visitors to Federal facilities, as well as updated recommendations from the Center for Disease Control and Prevention (CDC).

Telework and Mission Resilience

To be prepared for COVID-19, VA administrations and staff offices must incorporate telework in their continuity of operations (COOP) plans. If a COOP plan is in operation, that plan "shall supersede any telework policy." Therefore, administrations and staff offices should immediately review their current COOP plans to ensure that telework has been fully incorporated and that as many employees as possible have been identified as telework employees in the plan and are telework capable (or "telework ready").

Domestic Travel

VA administrations and staff offices should only authorize essential travel as appropriate. Employees planning domestic travel should routinely check COVID-19 Information for Travel for information about COVID-19 and take into consideration the location and purpose of their travel.

International Travel

VA employees who have spent time in certain countries or specific regions designated by the U.S. Department of State as Level 4 (Do Not Travel) are advised to stay at home and monitor their health for 14 days after returning to the United States. VA employees should seek medical advice if they become sick with fever, cough or difficulty breathing.

This guidance does not require immediate cancellation of pre-planned, conferences or large meetings that are not located in areas with a Level 4 travel advisory.

VA employees planning to travel to other destinations overseas are advised to individually

review up-to-date overseas travel information for destination countries and the Emergency Alert for Coronavirus page. Approval for travel to any country outside the continental United States is approved by the Chief of Mission for that country. This is usually the Ambassador or his/her designee. Travel advisories are directly available at Department of State Travel Advisories.

All VA employees seeking to travel overseas for official purposes should refer to VA Financial Policy Volume XIV Ch. 6, International Travel for guidance on foreign area travel requirements.

Travelers should also consult CDC's guidelines for the prevention of coronavirus and visit the CDC Travelers' Health Page for information on specific country health conditions.

Guidance on Visitor Access to Federal Offices and Buildings

The Interagency Security Committee has established standards for day-to-day risk management of Federal facilities. State and Federal health officials are providing ongoing guidance to Federal agencies regarding control and containment of COVID-19 exposure. Based on that health guidance, the Facility Security Committee (FSC) and/or designated official (DO) in each Federal facility has the authority and discretion to set requirements for admission to Federal property. VA facilities should contact their respective FSC or DO for any further developments on visitor access, as well as for any developments related to protection of facilities.

CDC Guidance

The CDC continues to update the American public that the immediate health risk from COVID-19 is low at this time. Nevertheless, VA administrations and staff offices should review their plans and continue their preparations since this is an emerging, rapidly evolving situation. CDC will provide updated information on the CDC website. Additionally, CDC and the National Institute for Occupational Safety and Health (NIOSH) have created a page to highlight resources available for the protection of U.S. workers in all settings. See CDC/NIOSH worker resources.

CDC's Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings where it is unlikely that work tasks creates an increased risk of exposure. The guidance includes planning considerations for widespread, community outbreaks of COVID-19. CDC also provides Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

A list of everyday preventive actions to help mitigate the spread of respiratory diseases is available at CDC Prevention and Treatment Actions.

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever and any other symptoms for at least 24 hours and without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

The CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

Additional HR information and resources can be found on the HR Emergency Resource Center website.

Employees should contact their HR office with questions. HR offices with questions regarding this bulletin may be referred to Worklife and Benefits Service at vaco058worklife@va.gov.

Issued by: VA/OCHCO/Worklife and Benefits Service

U.S. Department of Veterans Affairs
Office of the Chief Human Capital Officer

VA Central Office
Washington, DC

March 12, 2020

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJECT: COVID-19 HR Emergency Preparedness FAQs - Version 1

This OCHCO bulletin notifies employees of the Office of Personnel Management's (OPM) memorandum and questions and answers issued on March 7, 2020.

To prepare HR offices with guidance specific to VA, the HR Emergency Preparedness FAQs are attached and will be posted to the HR Emergency Resource Center website, linked below.

This guidance addresses a wide range of HR flexibilities in response to COVID-19.

- Leave and Hours of Duty
- Telework
- Staffing and Recruitment
- Employee Relations
- Labor Relations
- Compensation and Pay
- Evacuation Pay
- Hazard Pay
- Benefits
- Reasonable Accommodation

Additional information and resources can be found on the HR Emergency Resource Center website.

Employees should contact their HR office with questions. HR offices with questions regarding this bulletin may be referred to Worklife and Benefits Service at (b)(6) @va.gov.

Issued by: VA/OCHCO/Worklife and Benefits Service

VA Central Office
Washington, DC

March 14, 2020

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJECT: Recording COVID-19 Ad Hoc Telework and Weather and Safety Leave

This OCHCO Bulletin provides Human Resources (HR) offices with information for dissemination to supervisors, payroll and timekeepers regarding requirements to appropriately record Ad Hoc Telework and Weather and Safety Leave in the VA Time and Attendance System (VATAS).

ACTION REQUIRED:

Ad Hoc Telework should be indicated on the employee timesheet in VATAS.

VATAS guidance for ad hoc telework
Upon notification from the supervisor, the timekeeper will:

1) If related to COVID-19, use the ad hoc telework code of "TS – Other 1 (Reserve Use for OHRM Notice)"
   - Example 1: Employee teleworks to practice social distancing at the direction of their supervisor due to potential exposure to COVID-19
   - Example 2: Employee quarantined under the direction of public health authorities teleworks due to significant risk of exposure to COVID-19
   - Example 3: Employee teleworks due to a child's school closure due to COVID-19
   - Example 4: Employee teleworks due to a minor child/elderly relative quarantined under the direction of public health authorities due to a significant risk of exposure to COVID-19
   - Example 5: Employee teleworks due to high risk of serious complications due to COVID-19

Weather and Safety Leave requests related to COVID-19 should be requested in VATAS by the employee

VATAS guidance for Weather & Safety Leave for COVID-19 absences:

1) The employee will submit a leave request for "Weather and Safety: LN – Admin Leave, PS – Weather and Safety" or the timekeeper can submit a proxy leave request when directed by the supervisor

2) The supervisor must enter "OCHCO030520" in the Approver Comments section when approving the leave request (this is to ensure proper reporting)

Overtime/Compensatory Time related to COVID-19 coverage

- For an employee who is requested to work additional hours to cover COVID-19 absences or activities, the supervisor must indicate "OCHCO030520" in the Approver Comments section when approving the premium pay request.

For additional information regarding VATAS timekeeping instructions, refer to the VATAS SharePoint (https://dvagov.sharepoint.com/sites/(b)(6); (b)(5) or contact the VATAS help desk at (512) 460-(b)(6);

Payroll processing guidance for "Telework Reporting Requirements" and "Weather and Safety" leave is located on FSC's Payroll Support Operations SharePoint under the Payroll Procedural Guidance section (https://dvagov.sharepoint.com/sites/(b)(6); (b)(5)

Questions regarding Weather and Safety Leave and Telework policies from HR offices may be referred to the Worklife and Benefits Service at: (b)(6) @va.gov.

Questions may be referred to the VATAS Help Desk at 512-460-(b)(6)

Issued by: VA OCHCO/Worklife and Benefits Service

U.S. Department of Veterans Affairs

Office of the Chief Human Capital Officer

VA Central Office
Washington, DC

March 15, 2020

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJECT: Federal Government Operating Status in the Washington, DC, Area Beginning March 16, 2020

This OCHCO Bulletin is issued by the Worklife and Benefits Service to provide information on the "Federal Government's Operating Status in the Washington, DC, Area" beginning Monday, March 16, 2020.

The Office of Personnel Management (OPM) has determined that "Federal agencies in the Washington, DC area are **OPEN WITH MAXIMUM TELEWORK FLEXIBILITIES TO ALL CURRENT TELEWORK ELIGIBLE EMPLOYEES, PURSUANT TO DIRECTION FROM AGENCY HEADS**." Please contact your supervisor to confirm telework schedule and to receive further direction.

Emergency and telework-ready employees required to work must follow their agency's policies. Employees who are not currently telework-ready but whose position may be leveraged to telework should discuss the possibility of telework with their supervisors.

If you are not telework eligible or do not have access to telework equipment, please contact your supervisor to discuss next steps. For those employees whose position is not telework suitable, weather and safety leave may be appropriate, pending supervisory approval. Employees are subject to recall based on workload and staffing needs.

Please refer to OMB Guidance M-20-15 for full details. AGENCIES remain OPEN to serve the American people and conduct mission critical functions. Operating status updates will be issued based on OPM announcements.

Required Action: Approving Officials for time and attendance must ensure that all ad hoc and situational telework is recorded in the time and attendance system for telework-ready employees who perform unscheduled telework. Unscheduled telework performed related to COVID-19 must use the ad hoc telework code of "TS – Other 1 (Reserve Use for OHRM Notice)"

We appreciate your dedication to our nations Veterans through this rapidly evolving situation.

Issued by: Worklife and Benefits Service

Department of Veterans Affairs

Memorandum

Date: MAR 16 2020

From: Executive in Charge, Veterans Health Administration (10)

Subj: Coronavirus (COVID-19) – Guidance for Telework, Scheduling, and Duty Location

To: VHA Senior Leaders

1. Many of you may have seen the memorandum that was published by the Office of Management and Budget (OMB) (M-20-13, "Updated Guidance on Telework Flexibilities in Response to Coronavirus", dated March 12, 2020) that encourages Federal agencies to maximize telework and leave flexibilities whenever possible during this unprecedented COVID-19 response. Veterans Health Administration (VHA) leadership has reviewed the memorandum and the following information is provided to you to better understand how VHA is responding.

2. The safety of our employees and patients is our highest priority and one that we take very seriously. Our primary mission is to provide care to our nation's Veterans. OMB communications are broad so that each organization can use the information in ways that makes sense for them. VHA is the backbone of the American healthcare system, and one of our core missions in times of national emergency is to provide healthcare resources if the community becomes overwhelmed. We need to keep our hospitals open, especially in a time of crisis.

3. It is critical that we prioritize access to the VA network for our healthcare providers so the VA can continue provide healthcare via telehealth or telework to our Veterans; therefore, telework decisions for administrative personnel and those not providing direct patient care will be critically assessed and, where appropriate, denied based on our highest priority of delivering health care to Veterans.

4. The OMB Memo M-20-13 expands the pool of those who can request to telework during COVID-19 but does not require management to approve telework if there is justification for denial. Many positions in VHA are not feasible for telework. Other factors that may be considered in evaluation of a request to telework include availability of IT equipment and scheduling concerns. Reasonable accommodation requests for telework must be evaluated on a case by case basis and undue hardship considered in whether to approve, disapprove, or propose an alternative accommodation.

5. New telework approvals should only be made for clinical staff who will be using the remote connection to provide healthcare. New telework approvals should not be approved for non-clinical staff without the approval of a second level supervisor. VHA must preserve network access for the mission critical provision of healthcare. A review of non-clinical staff currently on telework agreements may need to be conducted as information about the availability and speed of the network becomes available. All

supervisors are directed to conduct a review of telework agreements currently in place to determine if staff should temporarily shift their duty locations or modify their schedules during this emergency to ensure mission essential functions can continue uninterrupted.

6. This guidance should not be taken to diminish the role of non-clinical staff. For administrative staff who have a vital role in maintaining our operations we need them to be physically at work, to the extent feasible, to preserve our bandwidth for clinical needs. We are carefully screening our patients, visitors, and staff, prior to entering to provide the safest environment possible for staff to work. All employees, whether clinical or administrative, are critical to the work we do for Veterans.

7. We also know that widespread school closures are creating significant strain on our employees who have children in the home. In light of this, we are recommending approval of leave or telework for a limited period in order to make appropriate long-term childcare arrangements. Absent undue hardship, long term school closures may not be a reason to approve new telework agreements.

8. OMB Memo M-20-15 ("Updated Guidance for National Capitol Region on Telework Flexibilities in Response to Coronavirus", dated March 15, 2020) recommends that "…agency heads should develop an operational plan that maximizes resources and functional areas to most safely and efficiently deliver these mission-critical functions and other Government services (including but not limited to staggered work schedules and other operational mitigation measures)." In support of these efforts, leaders are encouraged to work with their employees to explore alternative schedules, including shift work, weekend work, split shifts, expanded use of compressed work schedules, flexible start and stop times, and part-time work.

9. Please remember that alternative work schedules for Title 5 and Hybrid Title 38 employees may not be subject to the exclusions that apply to taking action in an emergency or other management rights identified in 5 U.S.C. § 7106(a)(2). Managers should consult with their local HR representatives to ensure that appropriate employee relations and labor laws and collective bargaining agreements are considered.

10. Employees who are working remotely are encouraged to take actions to reduce the strain on IT bandwidth:

- Take advantage of offline work
- Check email periodically throughout the day using mobile devices
- Log off when not actively working email, i.e., during meetings
- Eliminate unnecessary activity like using Skype for meetings (use VANTS), unnecessary email (thank you, you're welcome, ok, etc.)
- Suspend non-mandatory TMS training

- Employees in local commuting areas of hub offices, increase office presence when able and when permissible, as determined by managers.

11. For further questions, contact the Office of Workforce Management and Consulting at (b)(6) va.gov.

Richard A. Stone, M.D.

Attachment:

Workforce Managemant and Consulting Combined Frequently Asked Questions

U.S. Department of Veterans Affairs

Office of the Chief Human Capital Officer

VA Central Office
Washington, DC

March 15, 2020

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJECT: COVID-19 HR Emergency Preparedness FAQs - Version 3

This updated OCHCO bulletin notifies employees of the Office of Management and Budget's (OMB) memorandum issued on March 15, 2020. This memorandum provides guidance to Federal agencies in the National Capital Region regarding:

- Maximizing telework flexibilities to safeguard the health and safety of employees;
- Offering telework to additional employees, to the extent their work could be telework enabled; and,
- Utilization of weather and safety leave for employees who are not able to telework.

Education and communication are the best tools against COVID-19. To prepare Human Resource (HR) offices with Department of Veterans Affairs-specific guidance, HR Emergency Preparedness Frequently Asked Questions (FAQs) are updated on the HR Emergency Resource Center website.

- Leave and Hours of Duty
- Telework
- Staffing and Recruitment
- Employee Relations
- Labor Relations
- Compensation and Pay
- Evacuation Pay
- Hazard Pay
- Benefits
- HIPPA/Privacy Act and Reasonable Accommodation

Additional information and resources can be found on the HR Emergency Resource Center website.

Employees should contact their HR office with questions. HR offices with questions regarding this bulletin may be referred to Worklife and Benefits Service at (b)(6) @va.gov.

Issued by: VA/OCHCO/Worklife and Benefits Service

Veterans Health Administration
COVID-19 Supplemental HR FAQs

These answers have been reviewed by OCHCO and OGC, and represent the best interpretation of current policy, law, bulletins, or other guidance by VHA WMC HRCoE. This document is designed to supplement guidance provided by OCHCO based on specific questions posed by VHA managers.

All information contained here is intended to be broad guidance to quickly advise VHA managers during this emergency situation. Management Officials should consult with their labor relations specialist in HR to review applicable labor laws and collective bargaining agreements with questions related to bargaining unit employees and schedule changes. Supervisors are advised to consult with their human resources (HR) staff and District counsel prior to taking any action against an employee, making schedule changes, or if they have remaining questions about leave and premium pay. Supervisors should also consult the relevant collective bargaining agreements (CBA) and labor relations specialist with questions related to bargaining unit employees and applicable labor laws.

Be sure to check out the latest guidance from OCHCO here:
https://vaww.va.gov (b)(6); (b)(5)

Compensation

1. **If we move admin staff to shift work, what rules apply regarding night differential and weekend premium pay?**

   - Night differential – 5 U.S.C. 5545 requires that GS employees who work between 6:00 PM and 6:00 AM be entitled to pay for nightwork at their rate of basic pay plus premium pay amounting to 10 percent of that basic rate. Of note, 5 U.S.C. 5545(b)-(c) contain limited exceptions.

   - 5 U.S.C. 5343 requires that prevailing rate employees (wage) are entitled to their scheduled rate plus a night differential –
     (1) amounting to 7½ percent of that scheduled rate for regularly scheduled non-overtime work a majority of the hours of which occur between 3 p.m. and midnight; and
     (2) amounting to 10 percent of that scheduled rate for regularly scheduled non-overtime work a majority of the hours of which occur between 11 p.m. and 8 a.m.
     Night differential as described is considered a part of basic pay.

   - Weekend Premium Pay - Administrative employees have generally not received weekend premium pay; however, there is a provision for Sunday premium pay. (See VA Handbook 5007 Part V, Chapter 6)

VA Police Quarantine Authority in the Absence of a Federal Order

Guidance issued on March 2, 2020 by the Office of Security and Law Enforcement ("OSLE") and the VHA Senior Security Officer addressed VA police authority with respect to patients under a CDC quarantine Order that receive treatment at VA medical facilities.

Absent a federal quarantine Order issued by the CDC, or other applicable federal declaration, the laws of the several states will inform VA authority to enforce a quarantine.

State Quarantine

Traditionally, protection of the health and safety of the citizens of a state is an exercise of the States' police powers. *See Barnes v. Glen Theatre, Inc.*, 501 U.S. 560, 569, 111 S. Ct. 2456, 2462, 115 L. Ed. 2d 504 (1991) ("The traditional police power of the States is defined as the authority to provide for the public health, safety, and morals.").

The authority to compel quarantine or isolation is historically derived from a state's inherent "police power" to enact laws and promulgate regulations to safeguard the health, safety, and welfare of its citizens, a power reserved to the states under the Tenth Amendment of the United States Constitution. There is significant variation among states regarding isolation and quarantine laws but any authority to compel quarantine or isolation, absent specific federal authority, will be conferred by the laws of the respective states.[1]

VA police derive their authority from federal law, specifically, 38 U.S.C. §§ 901 and 902, but in situations where no applicable federal quarantine order has been implemented, or other pertinent federal declaration, VA must turn to state law to implement a legal framework that will enable delivery of needed care which may or may not include compelled isolation or quarantine restrictions.

Because VA police have no inherent authority to enforce or implement a quarantine or isolation of a patient in any VA facility, compelled detention, isolation, or quarantine authority will be derived from state law generally, and each respective facility should continually monitor their respective states for issuance by the state of any applicable isolation or quarantine orders.

[1] The National Conference of State Legislatures (NCSL) compiled a list, last updated in October 2014, of state quarantine and isolation statutes, available on the NCSL web page at: https://www.ncsl.org/research/health/state-quarantine-and-isolationstatutes.aspx

State Issued Quarantine Orders

State and local governments have the primary authority to prevent and control the spread of communicable diseases within their own jurisdictions. The Federal government may assist in state or local efforts to curtail the spread of a communicable disease when a state expressly requests assistance.[2]

However, as there is no expressly vested authority contained in the Constitution that would allow for the executive branch or executive branch agencies to execute state laws, the authority for enforcement of any state-imposed quarantine order rests solely with a state, not with the federal government.

VA police authority is conferred by federal law, 38 U.S.C. §§ 901 and 902; thus, VA police lack authority to enforce state law. Further, and in keeping with Constitutional constraints, VA Handbook 0730 restricts VA police officers from being conferred state policing authority. "VA police officers will not be deputized or appointed as special police officers or otherwise empowered with law enforcement authority by state, municipal, county, or other non-VA agencies for the purpose of enforcing state laws and local ordinances on VA property."

A quarantine or isolation order issued by a state does not alter the above analysis. VA police lack authority to enforce state law on VA property and, as a quarantine order would be issued under the "police power" of an individual state or locality, similarly lack authority to enforce a state quarantine order as no greater or lesser authority is conveyed merely because a state law is designed to protect the welfare and health of citizens or to prevent the possible proliferation of a communicable disease.

Supremacy Clause

Any matter that intrudes upon Congress's power to legislate gives way under the Supremacy Clause.[3] Thus, to the extent that a state were to attempt to enforce a state quarantine order on VA property, Federal supremacy would prevail, and VA could elect to not comply with the state ordered quarantine restrictions.

Limited Detention of an Individual

VA police may temporarily detain an individual attempting to violate an enforceable and operative quarantine order issued by a state or municipality, to prohibit a violation of law

[2] U.S. CONST. art. IV, § 4.
[3] U.S. CONST. art. IV, § 2.

in an officer's or officers' presence, so long as the actions taken by VA police are communicated to the appropriate state quarantine authorities, as identified in the individual state's quarantine statutes, as soon as practicable.[4]

While the precise wording of any quarantine or isolation order will necessarily further inform VA police as to whether or not an individual is violating or attempting to violate an enforceable state quarantine order, individuals seeking medical treatment should be provided such treatment, in comport with their eligibility for treatment, as this would not be considered violative of a quarantine order generally. Individuals who attempt to avoid ordered treatment or attempt to depart a facility in contravention of an applicable state quarantine order, would be those individuals violating or attempting to violate an order and who might also be subject to detention as a result of their actions, or inaction.

Such a detention for a violation of a state law, for which VA police have no conferred authority to enforce, as referenced above, may be accomplished generally under the citizen's arrest authority of the individual states. Such authority, like quarantine laws, is specific to the individual states, and familiarization with respective state law is encouraged.[5] Citizen's arrest authority has long been the standard by which a federal officer's actions have been measured when confronted with conflicts between federal law enforcement authority and State law prohibitions. *See generally, U.S. v. Atwell*, 470 F. Supp. 2d 554 (D. Md. 2007); *see also*, 10 U.S.C. § 1047.4.

Conclusion

VA police operate effectively and professionally everyday under these same authorities and constraints and no greater prohibitions are imposed, or greater authority created, merely because a disease may be communicable. As a practical matter, the convergence of state and federal law is an issue in which VA police are extremely well-versed. VA police should continue to employ the training and guidance that has been provided as no greater or lesser authority has been conferred upon VA police as a result of the Federal and State responses to COVID-19.

[4] This analysis is not identical to but is consistent with VA's interpretation of state involuntary commitment laws generally. A direct corollary is not intended to be drawn between the two separate and distinct provisions of state law, but instead the commitment provisions are merely a comparative for the appropriate legal analysis that would be applied.

[5] With respect to concerns over lack of explicit authority to engage in such policing actions, VA police officers, when assisting in the furtherance of medical treatment, would likely enjoy the immunity protections of 38 U.S.C. § 7316(f). *See also, Ingram v. Faruque*, 728 F.3d 1239 (10th Cir. 2013)

Department of Veterans Affairs

Memorandum

Date: JAN 3 0 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Request for Disaster Emergency Medical Personnel System (DEMPS) volunteers to support HHS Response to 2019-nCoV

To: Network Directors (10N1-23)

1. The purpose of the memorandum is to request DEMPS personnel in support of the Department of Health and Human Services (HHS) response to the 2019 Novel Coronavirus (2019-nCoV). The Veterans Health Administration has been asked to support screening missions to assist Centers for Disease Control (CDC) and HHS teams; the actual locations are to be determined.

2. All DEMPS deployed personnel will receive training on the screening process, fit testing for personnel protective equipment, and safety training, and will be part of the CDC/HHS teams.

3. VISNs are requested to review their capability for the time period of February 316, 2020. VISNs that have fully-qualified DEMPS personnel in the DEMPS Management System (DMS) registration application will receive an automated request generated by the DMS. A list of needed occupations is attached.

4. The VA Financial Services Center (FSC) Travel office will coordinate all travel and lodging arrangements and the FSC VA Time and Attendance System office will complete the timekeeping process.

5. Local transportation will be arranged through VHA's Office of Emergency Management (OEM). All other staff needs while deployed will be coordinated through OEM. The DEMPS rotation will be for two weeks in duration: one day for outbound travel, 12 work days and one day for return travel.

6. DEMPS VISN Points of Contact will utilize the DMS processes and procedures to fill the assigned requirements at: https://vhapim(b)(6); (b)(5)

7. Questions regarding this request can be addressed to your VISN DEMPS POC, Facility DEMPS Coordinator or the National Deployment Operations Program Officer, (b)(6) (b)(6) ISN, RN, at 202-400-(b)(6) or (b)(6) @va.gov.

Renee Oshinski

Attachment

Attachment

DEMPS REQUEST

# Requested	Profession	Specialty	Special Requirement/ Competency
12	Health Technicians and/or Nursing Assistants		none

DEPARTMENT OF
VETERANS AFFAIRS

Memorandum

Date: JAN 3 1 2020

From: Executive in Charge, Office of the Under Secretary of Health (10)

Subj: Veterans Health Administration Central Office (VHACO) Program Responsibilities for Novel Coronavirus in China (VIEWS 02370776)

To: VHACO Senior Leaders, Network Directors (10N1-23), and Medical Center Directors

1. Novel coronavirus, first identified on December 1, 2019, in Wuhan City, China, has infected 2,794 people in 15 countries and resulted in 80 deaths. Five confirmed cases in the United States all had recent travel to Wuhan City. The Centers for Disease Control and Prevention along with State Public Health departments are tracking close contacts to these individuals and others who had traveled to Wuhan City for the development of symptoms associated with this new viral infection in humans. The Veteran status of these individuals is unknown.

2. The Department of Veterans Affairs has a pandemic influenza plan that has been used to develop national, Veterans Integrated Service Network (VISN), and facility level preparedness plans. I have asked the Offices of Emergency Management (Dr. Paul Kim) and Population Health (Dr. Larry Mole) to co-lead the adaptation of this plan for the new coronavirus. VHACO Program Offices should be prepared to support the development of plans and policy to prepare facilities, Veterans, and employees/volunteers/trainees for the potential of a coronavirus pandemic. Draft plans and policy will be vetted by VISN and facility leadership in an expedited manner.

3. The most current information for health care providers, infection control, and laboratory testing for this coronavirus can be found at: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

4. Thank you for your leadership in development, and if needed, implementation of a plan to address an emerging threat to Veterans and employees/volunteer/trainees' health. If you have any questions, please contact the offices co-leading this initiative at (b)(6) va.gov.

Richard A. Stone, M.D.

Department of
Veterans Affairs

Memorandum

Date: FEB - 5 2020

From: Deputy Under Secretary for Health for Operation and Management (10N)

Subj: Managing Local Requests for Assistance related to Coronavirus (nCoV2019)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The primary mission of the Veterans Health Administration (VHA) is to deliver care to enrolled Veterans. VHA normally supports requests for assistance (RFA) when local, tribal, State and other Federal assets are not available, when a capability unique to VHA is required, or when mutual aid agreements are already in place.

2. The Department is a full partner in the federal response to domestic incidents, and VA's response is fully coordinated with our interagency partners in accordance with the National Response Framework and the Pandemic and All-Hazards Preparedness Act. VHA support is typically provided on a reimbursable basis, as required by the appropriate statutory authorities.

3. VHA resources are committed after approval by the Secretary of Veterans Affairs or at the direction of the President. In some instances, these assets may be made available to support local, regional and/or national routine and catastrophic incidents such as public health emergencies declared by the Secretary of Health and Human Services.

4. If a VISN or VA health care facility receives a healthcare-related request for assistance from a non-VA entity under a declared Public Health Emergency, please forward the RFA to the VHA Emergency Management Coordination Center. Questions concerning this memorandum may be directed to the VHA Office of Emergency Management at (304) 264-(b)(6) or email at (b)(6) @va.gov.

for Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: February 12, 2020

From: Deputy Assistant Secretary Office of Emergency Management and Resilience (007)

Subj: Department of Health and Human Services Request for Support to Novel Coronavirus Outbreak Task Order 5.7 - RELOAD (VIEWS# 2436754)

To: Deputy Under Secretary for Health for Operations and Management (10N)

1. The Department of Health and Human Services (HHS), as the lead for Emergency Support Function 8 (Public Health and Medical Services) has vetted and requested support from the Department of Veterans Affairs (attached), six (6) Veterans Health Administrations Medical Technicians for Medical Screening Mission in response to the Novel Coronavirus.

2. If this request is supportable, direct coordination with HHS is authorized. Names of participating personnel will be submitted to the HHS point of contact as soon as identified. Please include the VA Integrated Operations Center (VAIOC) on all correspondence and advise of any requests for additional VA resources outside the scope of this request.

   a. Requested Capability: Six (6) Veterans Health Administrations Medical Technicians for Medical Screening Mission in response to the Novel Coronavirus.

      i. Deployment Location: Travis AFB, California

      ii. Deployment Dates: February 14, 2020 – February 24, 2020

      iii. Command and Control: Upon arrival at the deployment location, the Veterans Health Administrations Medical Technicians will operate at the direction of HHS. Once released, operational control returns to VA

      iv. Transportation: Provided by HHS

      v. Funding: HHS

      vi. Requesting Agency Point of Contact: Joe Newcomer, Resource Coordinator Branch (HHS/ASPR/RCB), 202-445-0158

3. If this request is supportable, advise VA Integrated Operations Center via email (b)(6) va.gov) no later than (NLT) 1700, February 13, 2020.

4. Direct coordination with the requesting agency is authorized. Names of participating personnel should be submitted to the HHS point of contact as soon as identified. Please include the VA Integrated Operations Center (VAIOC) on all correspondence and advise of any requests for additional VA resources outside the scope of this request.

Subj: Department of Health and Human Services Request for Support to Novel Coronavirus Outbreak Task Order 5.7 - RELOAD (VIEWS# 2436754)

5. Thank you in advance for consideration of this interagency request. The OSP point of contact is Mr. (b)(6) Director of Operations. He may be reached at (202) 461-(b)(6) or (b)(6) va.gov.

Lewis Ratchford Jr.

Attachment

United States Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response (ASPR)

Public Health, Medical, and Human Services

2020 Novel Coronavirus

Task Order 5.7 Reload 2/11/20

1. Assigned To: LOG, A&F, RAMS, VA	**Funding Source:** Per A&F decision
2. Effective DTG: ~~2/1/2020~~ 2/14/2020	**Completion** ~~2/15/2020~~ 2/24/2020
4. Summary of Changes: RFR 0131-3567	
5. Assistance Requested: TRAVIS AFB	
6. Statement of Work: VA to send 14 Medical Technicians (as defined by Lamana) to provide support for the Medical Screening Mission EDIT: Please update TO 5.7 and source to VA for staffing Andrew McBrearty	
7. Administrative Responsibility: IMT	
8. Operational Responsibility: IMT	
9. Special Instructions: Please have the roster built in RMS and positions staffed. Do NOT generate orders or travel until authorized by IMT Washington DC. We are requesting that all personnel have been mask fit tested within the past 12 months.	
10. Authorized Personnel: ~~14 VA-Medical Technicians~~ 6 (six) VA-Medical Technicians	
11. Authorized Equipment:	
12. Authorized Vehicles: ~~Enough Vehicles to transport 14 PAX~~ Rentals for 6	
13. Authorized Facilities: Lodging .	
14. Authorization: At direction of ASPR **Approved By: Resource Coordination Branch** **(RCB) Time/Date:** ~~1350 1/31/2020~~ **1730 2/11/20**	(b)(6) **Resource Coordination Desk**

Department of Veterans Affairs

Memorandum

Date: FEB 18 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus (COVID-19) Table-Top Exercise(TTX) (VIEWS# 02449593)

To: Veterans Integrated Service Network Directors (10N1-23)

1. The Office of Emergency Management (OEM) has developed a COVID-19 TTX for Veterans Health Administration (VHA) medical facilities, Community Based Outpatient Clinics, and staff offices. The COVID-19 TTX was developed in conjunction with subject matter experts from VHA clinical specialists and facility emergency managers.

2. The purpose of each TTX is to assist all VHA entities and affiliates in identifying strengths, weaknesses, and gaps associated with response capabilities and resource availability when responding to the COVID-19. Also, TTX provides insight into the medical facilities and staff offices' response to a public health emergency, including communicating and coordinating with other agencies, departments, and/or organizations. The exercises can be modified to meet any specific requirements deemed appropriate by each facility or staff office.

3. The exercises can be found in the VHA Performance Improvement Management System at the following link: https://vhapims.(b)(6) under the Primary Organization "OEM-HQ" (See attachments).

4. To ensure all VHA facilities and staff offices are preparing for a potential COVID-19 outbreak in the United States, I am directing all VHA medical facilities to conduct a COVID-19 specific TTX **no later than March 6, 2020**. I am encouraging all staff offices and program offices to contact the local VAMC Emergency Manager for the date and time of their exercise and participate as appropriate. Facilities are not required to use the TTX prepared by OEM, however, the exercises should address the modules identified in the OEM TTX. If a facility has already accomplished a COVID-19 related exercise, it has met the intended requirements for TTX. Reporting exercise completion can be found in the attached instructions.

5. Questions regarding the TTX can be emailed to (b)(6) va.gov.

Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: MAR 0 2 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Request for Disaster Emergency Medical Personnel System (DEMPS) volunteers to support COVID-19

To: Network Directors (10N1-23)

1. The purpose of this memorandum is to request DEMPS personnel to provide 4 Police Officers to augment law enforcement at the VA Palo Alto Healthcare System.

2. VISNs are requested to review their capability for the time period of March 3 – 16, 2020. VISNs that have fully-qualified personnel in the DEMPS Management System (DMS) registration application will receive an automated request generated by the DMS.

3. The VA Financial Services Center (FSC) Travel office will coordinate all travel and lodging arrangements and the FSC VA Time and Attendance System office will complete the timekeeping process.

4. Local transportation will be arranged through VHA's Office of Emergency Management (OEM). All other staff needs while deployed will be coordinated through OEM. The DEMPS rotation will be for 14 days in duration: one day for outbound travel, 12 work days and one day for return travel.

5. DEMPS VISN Points of Contact will utilize the DMS processes and procedures to fill the assigned requirements at: https://vhapims.(b)(6)

6. Questions regarding this request can be addressed to your VISN DEMPS POC, Facility DEMPS Coordinator or the National Deployment Operations Program Officer, (b)(6) MSN, RN, at 202-400(b)(6) or (b)(6) l@va.gov.

Renee Oshinski

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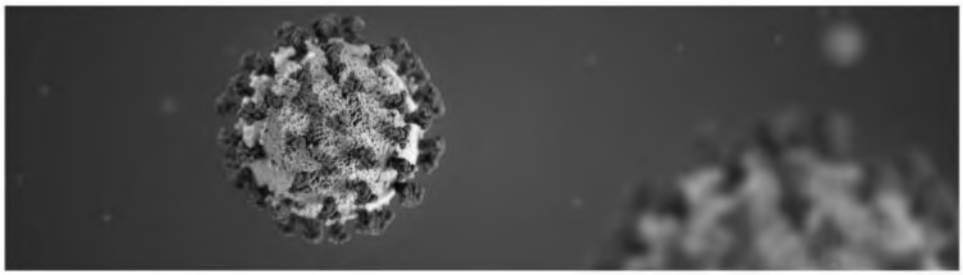
Veterans Health Administration
COVID-19 Strategic Response Plan



If you are sick, stay home.
If someone in your household is ill, stay home
Reduce close contacts in the community and at work

March 3, 2020

VHA COVID-19 Workgroup
Emergency Management Coordination Cell
Version 1.0

Draft - Pre-Decisional Deliberative Document Internal VA Use Only

Overview

COVID-19, a novel coronavirus infecting humans, has been declared a Public Health Emergency of International Concern by the World Health Organization and a Public Health Emergency by the U.S. Government. Current evidence shows that the COVID-19 virus when compared to influenza has a slightly higher transmission rate, similar rates of hospitalization and a higher overall death rate. Studies from China show higher death rates in men, those aged 70 and older, and those with cardiovascular disease, diabetes, chronic obstructive pulmonary disease, hypertension, and cancer.

The primary goal of the response plan is to protect uninfected Veterans and staff from acquiring COVID-19 infection by leveraging technology and communications and by using dedicated staff and space to care for COVID-19 patients. VA will create a safe environment by implementing a system where one VA facility operates as two separate "zones" (Standard and COVID-19) for inpatient care and provides most outpatient care for Veterans through telehealth services. This approach minimizes the risk of infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care. The plan includes strategies to address an overwhelming number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19.

VHA will respond using a 4-phase approach to COVID-19: Contingency Planning and Training; Initial Response; Establishing Alternate Sites of Care; and Sustainment and Recovery. This document provides an overview of the changes that are necessary within the Veterans Health Administration (VHA) healthcare system to mitigate the impacts from the COVID-19 outbreak on Veterans, employees and health care operations.

Phase 1 – Contingency Planning and Training

VHA's overall strategy for mitigating the impact of COVID-19 on Veterans, employees, visitors and the VHA health care delivery system. The overarching principles guiding the strategy are:

- Protect patients not infected and employees from acquiring COVID-19 infection
- Shift priorities, resources, and standards of care to accommodate a large influx of infectious patients
- Physically and functionally separate suspected or confirmed COVID-19 patients from individuals who have not been exposed to the virus
- Use dedicated employees to care for COVID-19 patients
- Leverage technology and communications to minimize exposure
- Identify opportunities to deliver supportive care to large populations of patients, in coordination with community partners

VA facilities have prepared for previous infectious disease events including H1N1 influenza, Ebola, and Zika. These plans are foundational to response plan development for COVID-19

and should be exercised in tabletop exercises designed for COVID-19 in administrative and clinical areas. The strategies for planning and training COVID-19 are:

- Develop and conduct training on plans, policy and procedures to protect Veterans and staff
- Conduct tabletop exercises
- Identify personal protective equipment requirements and stock levels
- Identify existing capability and "just in time" requirements
- Develop "one voice" messaging for Veterans and staff

Phase 2 – Initial Response

VA facilities must be prepared to implement a response to COVID-19 outbreaks in their areas. The strategies include:

- Ensure situational awareness reporting procedures are in place
- Ensure transparent communications across the enterprise
- Receive and triage Veterans with suspected or confirmed COVID-19 infection
- Provide acute and outpatient care for Veterans with COVID-19
- Maintain care for Veterans without COVID-19 through telehealth services

Each facility will establish workflows that create outpatient and inpatient zones for suspected and confirmed COVID-19 cases and standard zones. The "two zone approach" allows every VA medical center to establish separate solutions to safely care for Veterans with COVID-19 while continuing to provide care for Veterans in need of VA facility-based care. Separate locations for these two populations allow for the creation of secured areas, implementation of appropriate infection control practices, and deployment of staffing models to limit risk to Veterans and staff.

Triage: VA will deploy various tools to prompt Veterans to call VA before visiting a VA facility while sick. Some of the tools will provide extensive triage capabilities (e.g., Call Centers) while other will be self-reported answers to standard questions (e.g., Kiosks). The table below highlights Veteran touchpoints and strategies. Virtual and in-person triage strategies are presented below.

	Veteran VA Interface									
Strategy	Web	VA APP	Online Appoint-ment Mgt	MyHealth -eVet	National Call Center	VISN/ Facility Phone	Scheduled Visit Virtual	Scheduled Visit Physical	Facility Drop in	In-house
Provide education on COVID-19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remind to call before going to any health care site	✓	✓	✓	✓	✓	✓				
Provide self-screening tool	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Provide education on isolation and quarantine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Link "If you have these symptoms" to actionable path	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pathway for Veteran to move within physical space	✓		✓	✓	✓	✓	✓	✓	✓	✓
Set expectations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Isolation, Quarantine, follow up, including monitoring	✓	✓		✓	✓	✓	✓			

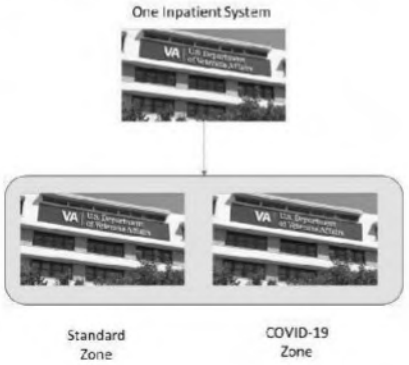
Virtual: Veterans and staff will be directed to "call first" when they have symptoms of a cold or flu before traveling into a VA facility. For Veterans, VA call centers (contract, VISN, Facility) have scripted language and workflows to assess fever and symptoms and will conduct a warm handoff to trained clinical staff for additional triage through the telephone. Veterans with confirmed symptoms may be instructed to come to a VA facility for additional triage or may be asked to remain at home with VA providing virtual follow up. VA staff, volunteers, and trainees will follow a similar process and notify their supervisor and/or occupational health before coming to work.

Patients triaged and without suspicion of COVID-19 infection who require urgent or emergency care will be directed to an area separate from the COVID evaluation area. Standard acute inpatient and ICU units will be also separate from those dedicated to COVID-19 care.

In-person: Patients who are referred to a facility by a call center or present at the facility will enter a local system designed to limit the exposure of other Veterans and VA staff to COVID-19. Veterans will be instructed by the call center or through local signage to use a limited number of designated entry points into the facility and to ask for a face mask when they enter the facility. COVID-19 triage stations are located close to these entrances and employees outfitted with appropriate Personal Protective Equipment (PPE) will screen all individuals for signs, symptoms, or epidemiological exposures that put them at high risk for COVID-19 infection. The possible outcomes of this triage are:

- Patient is sent home with or without instructions for self-care and self-quarantine or isolation as appropriate, for non-face-to-face medical evaluation, or to go to an alternate site of care; or
- Patient is directed to the standard urgent care or emergency department; or
- Patient is directed to the COVID emergency department.

Inpatient Care: The "two zone" plan applies to all inpatient areas and is designed to limit exposures to COVID-19 in the intensive and acute care areas, community living centers, and VA rehabilitation programs. By shifting outpatient care from facility-based to virtual for all Veterans, VA addresses potential risk through social distancing and isolation and quarantine of Veterans who have or are under investigation for COVID-19. VA facilities will be able treat increasing numbers of Veterans with COVID-19 in a safe and high-quality environment due to these preparedness efforts.



The implementation of these principles will begin immediately through actions to address how Veterans will be triaged; to split facilities —both physically and functionally— into a "COVID-19 Hospital" encompassing COVID-19 ED/urgent care, hospitalization, and Intensive Care Unit (ICU) units where patients suspected or confirmed to have COVID-19 would be housed and cared for, and a "Standard Hospital" for uninfected patients.

Standard Zone: This Standard Zone's primary mission is the safe care for acute conditions in patients who do not have known COVID-19, symptoms of COVID-19, or high-risk exposure to COVID-19. All elective admissions should be cancelled to limit the risk of these Veterans entering the facility.

Employees should not cross-cover between COVID-19 and standard units. Traffic routes between units should be separate whenever possible. Employees and patients in the standard hospital must be screened periodically for signs or symptoms of COVID-19 infection and, if positive, immediately isolated and transferred to the COVID-19 hospital. In some instances, a standard unit should be converted to a COVID-19 unit based on suspected widespread exposure inside that unit (such as from an infected health care employee). Visitors should also be restricted and encouraged to use non-face-to-face methods to communicate with loved ones.

COVID-19 Zone: The COVID-19 Zone's primary mission is the safe care of acutely ill confirmed or suspected COVID-19 patients or those with high-risk COVID-19 exposures, whether their condition relates to COVID-19 or not. The Medical Center will dedicate complete areas for emergency/urgent care, acute care, and ICU care to COVID-19 Hospital patients. These areas will limit COVID-19 exposure by staffing with dedicated personnel to minimize the number of individuals who become potentially exposed; restricting visitors and training activities; and minimizing patient movement. New areas capable of caring for COVID-19 patients may be found by:

- Decreasing elective admissions or procedures

- Shifting and consolidating standard patients in certain locations
- Discharging individuals not deemed at immediate need for hospitalization (such as patients in residential programs)
- Activating new (e.g. tents) or non-clinical areas

The air flow in these areas should be isolated from standard areas, and the air exhausted or HEPA-filtered prior to recirculation. Facilities will plan for cascading designation and activation of COVID-19 units as necessary. The COVID-19 hospital will have dedicated ancillary services, such as radiology and phlebotomy. Employees working in the COVID-19 Hospital need access to dedicated PPE, restrooms, and break and call rooms. Medical care, infection control, and environmental management will be done in accordance with CDC guidance. Mental health, medical, and surgical specialty consultation should be conducted using non-face-to-face methods (telehealth, e-consults) when possible.

Outpatient Care: Ambulatory care areas include in-hospital primary care, mental health, specialty clinics, and Community Based Outpatient Clinics (CBOCs). The strategies for these areas are:

- Continue routine and 'urgent' care of patients who do not have known COVID-19, symptoms of COVID-19, or high-risk exposure to COVID-19
- Telehealth follow-up of Influenza-Like-Illness (ILI)/COVID-19 patients at home
- Triage of patients with ILI for home isolation versus emergency evaluation for possible hospitalization

Larger CBOCs will maintain point of entry triage for those patients that physically present at the facility. Facilities will need to determine how smaller CBOCs will function including whether suspected COVID-19 patients will be seen at these locations. Clinics may also be closed, and staff directed to work from home or assist at other facility locations. Clinics should attempt to shift to an "all telehealth" mode, with phone, video, and/or electronic communication to meet the immediate needs of ambulatory patients, with the exception of some "standard" urgent care (including primary and mental health). Patient Aligned Care Teams (PACT) and specialty clinics should use non-face-to-face methods to communicate with all their scheduled patients, and to respond to any urgent needs.

COVID-19 Outpatient Care: Veterans who are being tested for and those who have been confirmed to have COVID-19 infection should be assessed for at home quarantine or isolation. With 80% of persons with COVID-19 having asymptomatic disease or mild symptoms, limited inpatient resources should be reserved for those with severe disease or significant contraindications to at-home quarantine or isolation. At-home Veterans will be managed through telehealth with the potential use of mobile services (e.g., Annie) to assist with follow up. Documenting recovery from COVID-19 including a series of negative laboratory tests continues to evolve and will require adjustments to specimen collection routines. At-home patients

requiring face-to-face visits should first be considered for Home Based Primary Care type solutions or follow guidance above for triage and inpatient care.

Phase 3 – Establishing Alternate Sites of Care

VHA will establish alternate sites of care should the healthcare system not be able to meet demands on care. The goal will be to ensure VHA maintains the capability to meet the Veterans' need when demand outpaces capabilities. The strategies are:

- Activate identified alternate sites of care in accordance with the facility Emergency Operations Plan to meet surge demand (e.g., outlying ward or building, field hospital, site off VA campus)
- Implement activities and procedures to meet limited activities to include facilities, staff and supplies
- Be prepared to support local communities under agreement to provide care
- Be prepared to implement contingency planning for worst case scenario

Activities would focus on expanding space within the COVID-19 Hospital; identifying opportunities within each VISN for housing large numbers of Veterans; and/or, integrating with local, State and Federal partners to address overwhelming numbers of patients who need hospitalization. Some solutions will require legal authority to purchase services or to provide services to non-Veterans.

Phase 4 – Sustainment and Recovery

The objective of phase 4 is to maintain the highest standards of care for all Veterans, continue to protect Veterans and staff and return to normal operations when able. This phase addresses staff augmentation, rest and recovery, mental health care, and protocols for returning the facility to normal operations. VA facilities may transition from this phase back to phase 3 and then 2 activities or an asynchronous manner as a function of the prevalence of COVID-19 in the local community, local facility caseload and severity of disease.

Recovery strategies and actions are designed to help restore the systems that are critical to providing care, treatment, and services in the most expeditious manner possible. Listed below is a list of recovery considerations under phase 4. While not an exhaustive list, it is intended to guide planning, operational and communication efforts:

- Ensure that health-care personnel have the opportunity for rest and recuperation
- Conduct occupational health screening, monitoring, and follow-up of staff
- Critical Incident Stress Management
- Inventory and Restock medications and supplies
- Clean, Service and Renew essential medical equipment and AIIR rooms
- Initiate plan to reinstate services that were curtailed in Phase 2/3
- If activated, closing alternative health care sites

- Return to usual job functions and scopes of practice
- Resuming usual standards of care

Residential Populations

Special consideration is needed for residential populations at the medical center: nursing homes/hospice, mental health, rehabilitation, mental health rehabilitation treatment programs, spinal cord, and blind rehabilitation. Strategies to be considered include discharging some of these patients, temporarily closing some programs, or safely sequestering these patient populations, especially particularly vulnerable populations like nursing home residents. Facilities should provide an extra layer of entry restriction, infection control precautions, and supply chain scrutiny. These areas should have limited or no visitors and careful monitoring of employees, both for symptoms and history of sick close contacts. Social distancing on the ward may be required to limit viral transmission within a care unit.

THE WHITE HOUSE

WASHINGTON

March 13, 2020

The Honorable Chad F. Wolf
Acting Secretary
Department of Homeland Security
Washington, D.C. 20032

The Honorable Steven T. Mnuchin
Secretary
Department of Treasury
Washington, D.C. 20220

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
Washington, D.C. 20201

The Honorable Pete T. Gaynor
Administrator
Federal Emergency Management Agency
Washington, D.C. 20472

Dear Secretary Wolf, Secretary Mnuchin, Secretary Azar, and Administrator Gaynor:

I have determined that the ongoing Coronavirus Disease 2019 (COVID-19) pandemic is of sufficient severity and magnitude to warrant an emergency determination under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act").

My decision to make this determination pursuant to section 501(b) of the Stafford Act is based on the fact that our entire country is now facing a significant public health emergency. The World Health Organization has officially declared that we are in the midst of a global pandemic. As of the date of this declaration, 32 states, 3 territories, 4 tribes, and 1 tribal nation, spread geographically across our country, have declared a state of emergency as a result of the virus. Only the Federal Government can provide the necessary coordination to address a pandemic of this national size and scope caused by a pathogen introduced into our country. It is the preeminent responsibility of the Federal Government to take action to stem a nationwide pandemic that has its origins abroad, which implicates its authority to regulate matters related to interstate matters and foreign commerce and to conduct the foreign relations of the United States. For example, the Federal Government, through the Department of Health and Human Services (HHS) and its component, the Centers for Disease Control and Prevention (CDC), has authority

to take the necessary steps "to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession," 42 U.S.C. § 264(a), in close coordination with State, local, and tribal officials. In addition, the Federal Government has responsibility for securing our borders and overseeing entry of foreign nationals into our country in the interest of the United States.

This pandemic has the potential to cause severe consequences for our country's national and economic security. Based on the advice of public health officials, I have already taken stringent measures to restrict travel to the United States of foreign nationals who have been recently physically present in certain countries that pose a threat of intensifying the spread of COVID-19 within our country. And HHS and CDC have taken effective action to address the public health threat posed by COVID-19. While these actions have been in the best interest of the health of our people, COVID-19 has the potential to impose a temporary financial hardship on all Americans. It is therefore critical that we deploy all powers and authorities available to the Federal Government to provide needed relief.

Therefore, as an initial step, I hereby determine, under section 501(b) of the Stafford Act, that an emergency exists nationwide.

In accordance with this determination, the Federal Emergency Management Agency may provide, as appropriate, assistance pursuant to section 502 and 503 of the Stafford Act for emergency protective measures not authorized under other Federal statutes. Administrator Gaynor shall coordinate and direct other Federal agencies in providing needed assistance under the Stafford Act, subject to the Department of Health and Human Services' role as the lead Federal agency for the Federal Government's response to COVID-19.

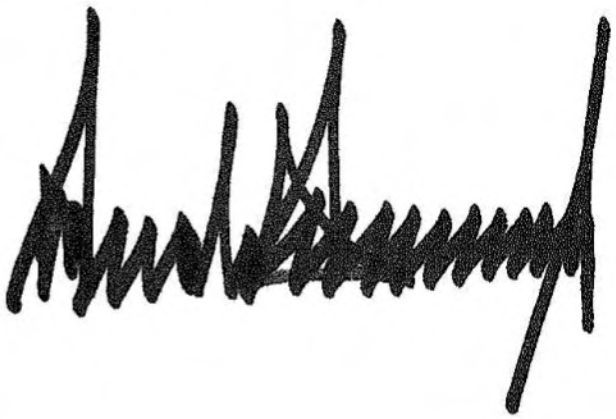
In order to meet the challenges caused by this emergency pandemic, I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans. In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute.

I am also instructing Secretary Mnuchin to provide relief from tax deadlines to Americans who have been adversely affected by the COVID-19 emergency, as appropriate, pursuant to 26 U.S.C. 7508A(a).

In addition, after careful consideration, I believe that the disaster is of such severity and magnitude nationwide that requests for a declaration of a major disaster as set forth in section 401(a) of the Stafford Act may be appropriate.

I encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria. I stand ready to expeditiously consider any such request.

Sincerely,



Department of Veterans Affairs

Memorandum

Date: MAR 0 2 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus (COVID-19) Protection

To: Network Directors (10N1-23)

1. New COVID-19 cases have been confirmed in the United States where individuals had not traveled to high-risk countries nor had close contact with someone with COVID-19. Veterans Health Administration (VHA) facilities may see similar cases and experience an influx of concerned Veterans with flu-like symptoms. The VHA Office of Emergency Management (OEM) COVID-19 tabletop exercise addresses several scenarios, and this memorandum lists a series of steps each VHA location should implement to protect Veterans and staff from COVID-19 infection.

a. Advise and encourage all Veterans and staff members to call ahead, prior to presenting at a VHA facility, when they have flu-like symptoms.
b. Implement procedures for Veterans with flu-like symptoms to safely maneuver the facility and campus to their designated appointments or areas.
c. Educate VHA staff, volunteers, and trainees on COVID-19 procedures for each of your care locations.
d. Masks should ONLY be provided to Veterans and staff who are exhibiting flu like symptoms. This guidance is to protect other Veterans and staff from the ill patient. Masks should not be provided to Veterans or staff for home isolation or quarantine.
e. Implement a strategy throughout the facility to conserve, track and account for all Personal Protective Equipment (PPE). These procedures and processes must be in place to ensure we have the appropriate amount of PPE to sustain our ability to work safely for an extended period.
f. Implement plans to identify, approve and support Ad Hoc Telework in the event staff require quarantine/isolation at home.

2. Thank you for all your efforts every day and particularly during this Public Health Emergency. If you have additional questions, please contact Paul D. Kim, MD or Larry Mole, PharmD by sending an email to (b)(6) va.gov

for Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: March 15, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Coronavirus (COVID-19) – Guidance for Work Recommendations for Asymptomatic Healthcare Personnel after Exposure to a COVID-19 Patient

To: Network Directors (10N1-23)

1. VHA facilities have initiated mitigation strategies to decrease employee exposures to COVID-19 at work through active screening outside the facility, restricted patient flow through the facility, and by limiting the number of staff that work with COVID-19 patients. However, employees remain at risk of exposure when performing procedures on known COVID-19 patients and from asymptomatic COVID-19 infected patients.

2. The Centers for Disease Control and Prevention (CDC) has updated recommendations on public health management of health care personnel (HCP) with potential exposure in a healthcare setting to patients with COVID-19. The updated guidance allows for asymptomatic healthcare personnel who have an exposure to a COVID-19 patient to continue to work after consultation with their occupational health program or designee. Information on this topic from the CDC can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

3. VHA facilities will have a process in place for staff to self-refer or supervisors to refer employees with an exposure to a patient with COVID-19 infection to occupational health or designee for consultation. The consultation with the occupational health program or designee will include:

- The provision of face masks (not N95) to wear while working at a VA facility during the 14 days following exposure to a patient with COVID-19 infection.
- A tracking system for the 14 days following exposure to a patient with COVID-19 infection that includes:
  - Daily reports on symptoms and fever prior to starting work,
  - Location where employee will work that day (e.g., office, hospital, clinic)
- Staff education:
  - Guidance to remain at home if they develop any symptoms prior to work.
  - Health checks for fever and respiratory symptoms while at work.
  - Process to immediately report to occupational health if they become symptomatic.

4. If health care personnel exposed to a patient with COVID-19 infection develop even mild symptoms consistent with COVID-19, they will immediately cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or

occupational health services prior to leaving work. Healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic HCP.

5. For further questions, contact (b)(6) MD, MPH, Medical Advisor, Office of Occupational Safety and Health at (b)(6) @va.gov.

Renee Oshinski 174682 Digitally signed by Renee Oshinski 174682 Date: 2020.03.15 09:38:50 -04'00'

Renee Oshinski

Department of Veterans Affairs

Memorandum

Date: FEB 14 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Personal Protective Equipment

To: Network Directors (10N1-23)

1. The purpose of this memorandum is to ensure all Veterans Health Administration (VHA) facilities have adequate supplies of the appropriate personal protective equipment (PPE). VHA will monitor usage and respond to any shortages as quickly as possible.

2. In the event you have either a suspected case or a confirmed case of COVID-19 and require the use of PPE to treat and/or care for the Veteran(s) please provide to the Emergency Management Coordination Cell (EMCC) the following information daily:

- The quantity of each item used, to include the description, the manufacturer, and manufacturer number
- Current stock of each item
- Any immediate needs to replenish items used
- Any additional shortfalls in supplies.

3. To help ensure your consumption of PPE does not exceed any demand, please provide PPE to only those who will be caring directly for any suspected/confirmed cases.

4. It is highly recommended that all fit testing be done in a qualitative manner with a challenge agent as opposed to quantitative so that the same mask can be used multiple times.

5. The EMCC will track all information and address any unmet needs as quickly as possible.

6. If you have any questions regarding this memorandum, please contact the EMCC at (b)(6) @va.gov.

for Renee Oshinski

Coronavirus Communication Plan

For VISN Directors and Medical Center Leadership

3-5-2020

Background:

The COVID-19 (Coronavirus) is a new virus that originated in China in December 2019. Cases have been identified in the United States and other international locations.

All Employee Message

Goal: Provide employee update timely notifications of presumptive and confirmed cases

Key messages:

- VA is committed to protecting our staff and uninfected patients, limiting the spread of COVID-19 transmission
- Employees are all bound by HIPAA regulations (Health Insurance Portability and Accountability Act) and must respect patient privacy
- Quarantine is for people who could have been exposed and are waiting to see if they become sick; Isolation is for someone who is already sick
- Each facility has processes/procedures in place to screen for signs of respiratory illness and to ensure inventory of personal protective equipment (PPE)
- Staff who feel sick with fever or cold/flu symptoms should call in sick and contact their provider; If at work, staff should put on a mask and arrange with their supervisor to go home and call their provider
- Continue to practice good baseline hand hygiene and use PPE as indicated.

Sample Employee Messages:

COVID Preparedness Guide for Internal & External Stakeholders

Goal: Provide Veteran & staff with easily comprehendible information regarding Coronavirus Prevention

Approved message

> A Veteran inpatient has tested positive for Coronavirus (COVID-19) here at the _____ Healthcare System. The risk of transmission to other patients and staff remains low, as the Veteran is being cared for in isolation by staff who are specially trained on the latest Centers for Disease Control treatment guidelines and utilizing personal protective equipment and infection control techniques.

The risk of transmission to other patients and staff remains low, as the Veteran is being cared for in isolation by staff who are specially trained on the latest Centers for Disease Control treatment guidelines and utilizing personal protective equipment and infection control techniques.

VA is screening Veterans and staff who present with symptoms of fever, cough, and shortness of breath who meet the CDC criteria for evaluation of COVID-19 infection. Per CDC guidance and VA protocols, individuals known to be at risk for a COVID-19 infection are immediately isolated to prevent potential spread to others.

Veterans and staff are encouraged to take every day preventative actions to avoid being exposed to the virus:

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Stay home if you are sick or becoming sick.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- If you have symptoms or have been exposed to someone with symptoms, call the VA before going to the facility.

For more information about the Coronavirus, please visit: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Approved Congressional sample message

VA and VISN 6 are paying special attention to Veteran Health due to the COVID-19 (Coronavirus) outbreak and escalation. This effort is coordinated at the VA, VHA, and VISN levels to effect operations in all our facilities. VA is working closely with the CDC and other federal agencies, as you are already aware, to address the outbreak. Our staff is taking precautions to safeguard everyone in VA facilities.

This morning VHA's Executive in Charge, Dr. Richard Stone directed VA facilities to conduct a screening process, with restricted access, to mitigate the risk of COVID-19 (Novel Coronavirus). Leadership at our medical centers and clinics are assuring that staff minimize entry to the least necessary entryways, and staff them for controlled access, based on a screening process.

The screening consists of three questions:

1. Do you have a fever? Do you have a worsening cough or flu-like symptoms?
2. Have you traveled to China, Japan, Italy, Iran or South Korea in the last 14 days?
3. Have you been in close contact with someone, including health care workers, confirmed to have the coronavirus disease?

Patients and staff are being advised of proper protocols addressing the virus through signage, electronic messaging in facilities, on the web and through social media. Staff have been provided scripts for screening visitors, and handling patients who answer screening questions affirmatively.

A process is in place to report and track Veterans and staff who screen positively. Those individuals will also be taken through a complete protocol that helps them and protects staff and others. Staff have been advised of the risks and the steps to take if they find themselves feeling affected.

We will continue to provide updates as the situation changes and we adjust to conditions as they occur.

Internal Signage (Posters, Kiosk Message) (Disseminate Wednesday, March 4, 2020)

Goal: Inform internal audience of extra safety precautions to mitigate spreading of Coronavirus

NOTICE Limited Visitation 3-4-2020.do

Limited Visitation Poster

Coronavirus Alert Poster 2-28-2020 Ve

Coronavirus Alert Poster 2-25-2020a.p

Front Desk Signage

Govdelivery Message to Veterans:

Goal: Inform Veterans of extra safety precautions to mitigate spreading of Coronavirus

Adobe Acrobat PDFXMLDocument

Media Response(s) to Query Only

Adobe Acrobat PDFXMLDocument

COVID-19 Communications Toolkit

U.S. Department of Veterans Affairs
Veterans Health Administration

Revision 1
Date Revised: 03/06/2020

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Purpose

VHA Communications intends to assist you in communicating to your staff and patients through this evolving toolkit. As we move from focusing on containment to mitigation of this coronavirus outbreak, the information keeps evolving. This is designed to be a blueprint, not a bible.

However, there are commandments to remember (less than 10):

1. **All media queries must be forwarded to VHA Communications and OPIA.**
2. **Any Congressional queries must be forwarded to OCLA and OPIA.**
3. **Any messages (internal or external) addressing possible positive cases of COVID-19 should be coordinated and approved through VHA Communications and OPIA.**
4. Any operational messages (patient and employee health and safety communications, facility instructions, signage, etc.) **do not require approval.** We are glad to review them and offer another set of eyes, but you have a hospital to run. If you have a question about whether a message might go beyond "operational," contact VHA Communications.
5. In all communications, please make sure that you protect all Veterans' and patients' personal information, especially health information. [VA Policy]

This document will be continually updated, corrected, revised and generally messed with, so please make sure you have the latest revision. We will provide samples, best practices and examples of COVID-19 communications that could be helpful.

Note, many of these documents are on various SharePoint sites.

Please forward what you create locally, so we can continue to replace "the best" with "even better" to share throughout the network in future revisions.

Contacts:

(b)(6) Executive Director, VHA Communications
(b)(6) @va.gov | Office: 202.461(b)(6) | Cell: 202.210(b)(6)

(b)(6) Director, VHA Media Relations
@va.gov | Office: 202.379(b)(6)

Important Links

Frequently Asked Questions

COVID-19 Frequently Asked Questions – VA

COVID-19 Frequently Asked Questions -- CDC

Key Reference Websites

VHA Public Health COVID-19 Information

CDC COVID-19 Information

VHA High Consequence Infection (COVID-19) SharePoint

Situation Summary

CDC Situation Summary

Prevention & Treatment Guidance

CDC Prevention & Treatment

Travel Information

CDC Travel Information

Long Term Care Facilities

CDC Long-Term Care Strategies

Latest EIC Message to All Employees

MESSAGE FROM THE EXECUTIVE IN CHARGE
March 05, 2020
Novel Coronavirus (COVID-19) Disease UPDATE

We continue to work closely with the Centers for Disease Control and Prevention (CDC) and other Federal agencies to monitor and respond to the current outbreak of Novel Coronavirus (COVID-19) in the United States.

VA has received its first confirmed case of a COVID-19 positive Veteran at the Palo Alto VA Medical Center. First, I want to allay fears. VA has a comprehensive plan in place to protect the health of everyone who visits or works at one of our facilities. And while we must be prepared as a health care organization, the CDC still considers COVID-19 to be a low threat to the general American public. For people in communities where the ongoing community spread of COVID-19 has been reported, the risk of exposure is elevated but still relatively low.

That said, preparation is a team approach, and everybody needs to be involved. It is imperative that all VHA employees understand and adhere to the Standard, Contact, and Airborne Precautions, which include the use of Personal Protective Equipment (PPE). Healthcare personnel evaluating or treating a patient suspected or confirmed to have a COVID-19 infection should use these precautions. In addition, it is critical that all facilities and VISNs communicate COVID-19 outbreak-related information to the Emergency Management Coordination Cell (EMCC) at (b)(6) @va.gov so we can maintain accurate, up-to-date information to respond to this rapidly changing situation.

All VA medical facilities are implementing screening measures for signs of respiratory illness and exposure to COVID-19. Via telehealth services, we will provide a first line of defense using virtual screening for symptoms or exposure. Onsite, we will use standardized screening questions at appointment check in and during initial clinical screening. The High Consequence Infection (HCI) SharePoint site has screening scripts and resources.

Prevention is the best medicine. To protect yourselves and others, wash your hands often for 20 seconds or the length of two happy birthday songs, avoid touching your face, cover coughs and sneezes, get a flu shot if you haven't already, avoid other people who are sick, and importantly, stay home if you are sick. If you notice that a fellow employee has come to work sick, encourage them to take leave. Our goal is to prevent COVID-19 infections from spreading within VA while maintaining our usual high level of care for all Veterans.

Follow CDC Guidance

People who show symptoms of COVID-19, including fever, cough, shortness of breath, or have had exposure to a confirmed case of COVID-19 should wear a facemask and isolate themselves from others.

Currently, the CDC does not recommend that people who are well wear PPE (e.g., facemasks) to protect themselves from COVID-19 and other respiratory diseases in the community.

Please know that PPE does not fully protect a healthy person from becoming infected. Instead it is for use by people with symptoms to attempt to prevent the spread of infection.

Stay Informed

COVID-19 specific guidance developed by VA's Emergency Management Coordination Cell (EMCC) is available on the HCI SharePoint site. The site includes information on prevention, screening/diagnosis/treatment, Infection Control, Communications, Administration, and a series of frequently asked questions (FAQs).

Links to the CDC Website and resources are also on the SharePoint site.
You can also visit VA's Public Health Website for general updates to the public.

It is important for us all to work together to protect ourselves from infection, keep our facilities clean, follow CDC guidelines to evaluate and care for Veterans with potential exposure and symptoms of respiratory illness, and maintain our focus on doing our jobs to the best of our abilities.

Richard A. Stone, MD
Executive In Charge, VHA

Travel Message from VA Secretary

A MESSAGE FROM THE SECRETARY

Important Information Regarding the Novel Coronavirus (COVID-19)

As the expanding global outbreak of COVID-19 continues, your health and safety as members of the Department of Veterans Affairs (VA) workforce remains a top priority.

Although the risk of contracting COVID-19 remains low, employees should be proactive in reducing the spread of disease by taking preventative actions, including:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Wash your hands often with soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizer (at least 60% alcohol) if soap and water are not available.
- Clean and disinfect frequently touched objects and surfaces.
- Do not touch your eyes, nose, or mouth with unwashed hands.
- Stay home when you are sick.

Information about COVID-19 is available on the VHA High Consequence Infection SharePoint site. The site includes information on prevention, screening/diagnosis/ treatment, infection control, communications, administration, and a series of frequently asked questions. You can also visit VA's Public Health Website for general updates to the public. The Centers for Disease Control and Prevention (CDC) continues to provide updates and insight from medical professionals about how to protect you and your loved ones from COVID-19.

The VA Office of the Chief Human Capital Officer, in collaboration with Office of Personnel Management, has issued several Bulletins on HR topics that can be found on the HR Emergency Resource Center website. If you have questions regarding leave or telework flexibilities available in dealing with COVID-19, please speak with your supervisor or human resources office to discuss your specific concerns.

VA is monitoring the situation and will share updates as the situation evolves. We remain deeply appreciative of your continued service to our Veterans, the Department, and the Nation.

Robert L. Wilkie

Congressional Messages

Veterans Health Administration
Novel Coronavirus (COVID-19)
Congressional One-Pager
Current as of March 4, 2020

The Veterans Health Administration (VHA) is working closely with the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) and other Federal agencies to monitor and respond to the current outbreak of Novel Coronavirus (COVID-19) in the United States. VHA is operating in accordance with CDC guidance and actively participating in response efforts in local communities to address the outbreak.

VHA Actions

VHA has a comprehensive plan in place to protect the health of everyone who visits or works at one of our facilities. The Emergency Management Coordination Cell (EMCC) has been activated and is working diligently to respond to this rapidly changing situation. Supply chain measures are in place, negative airflow beds are available across VHA facilities, and testing kits have been made available.

VHA is reinforcing adherence to the Standard, Contact, and Airborne Precautions, which include the use of Personal Protective Equipment (PPE). Healthcare personnel evaluating or treating a patient suspected or confirmed to have a COVID-19 infection have been directed to use these precautions.

VHA is conducting frequent, repeated communications with employees on the importance of common sense behaviors for reducing the spread of illness, including washing hands for at least 20 seconds, avoiding touching their faces, covering coughs and sneezes, getting vaccinated against the flu, avoiding other people who are sick, and encouraging employees to stay home if they are sick.

In addition, VHA is heavily encouraging Veterans to call their local medical center before visiting the facility and telling them to consider using VA's telehealth and virtual care options like VA Video Connect. VA's telehealth providers can evaluate their symptoms and provide a diagnosis and comprehensive care.

Screening at VHA Facilities

All VA medical facilities are in the initial stages of implementing screening measures for signs of respiratory illness and exposure to COVID-19. Via telehealth services, VHA will provide a first line of defense using virtual screening for symptoms or exposure. Standardized screening questions are in place for all administrative call centers and Clinical Contact Centers (CCC). Onsite at medical facilities, VHA is instituting

screening at all points of entry and following escalation pathways for positive screening. Facilities will use standardized screening questions at appointment check in and during initial clinical screening. In addition, facilities will use a two-tiered system with an "active" COVID-19 zone and a "passive" zone for standard care unrelated to COVID-19.

Patient Privacy

As a reminder, VHA cannot release Personally Identifying Information (PII) about patients, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Visit VA's Public Health Website for the latest updates.

Further Detail on Screening (March 5 DUSHOM Message)

The Department of Veterans Affairs (VA) and Veterans Integrated Service Network (VISN) _____ are paying special attention to Veteran health due to the COVID-19 (Novel Coronavirus) outbreak and escalation. This effort is coordinated at the VA, Veterans Health Administration, and VISN levels to impact operations in all our facilities. VA is working closely with the Centers for Disease Control and other federal agencies, as you are already aware, to address the outbreak. Our staff is taking precautions to safeguard everyone in VA facilities.

This morning, VHA's Executive in Charge, Dr. Richard Stone, directed VHA facilities to conduct a screening process, with restricted access, to mitigate the risk of COVID-19. Leadership at our medical centers and clinics are assuring that staff minimize entry to as few entryways as necessary, and staff them for controlled access, based on a screening process.

The screening consists of three questions:
1. Do you have a fever? Do you have a worsening cough or flu-like symptoms?
2. Have you traveled to China, Japan, Italy, Iran or South Korea in the last 14 days?
3. Have you been in close contact with someone, including health care workers, confirmed to have the coronavirus disease?

Patients and staff are being advised of proper protocols to address the virus through signage, electronic messaging in facilities, on the web and through social media. Staff have been provided scripts for screening visitors and for handling patients who answer screening questions affirmatively.

A process is in place to report and track Veterans and staff who screen positively for COVID-19. Those individuals will also be taken through a complete protocol that helps them and protects staff and others. Staff have been advised of the risks and the steps to take if they find themselves feeling affected.

Messaging about COVID-19 Positive Patients/Employees

These are template messaging that will need to be adjusted per situation and **approved through VHA Communications and OPIA.**

Positive

Puget Sound

On March 5, 2020, VA Puget Sound Health Care System evaluated and tested a Veteran for Coronavirus (COVID-19). VA Puget Sound was able to discharge the Veteran home based on clinical status with instructions for home isolation and self-care according to Centers for Disease Control and Prevention guidelines. After receiving the presumptive positive COVID-19 test results, VA Puget Sound is collaborating with the local health jurisdiction for monitoring.

The risk of transmission to other patients and staff remains low, as the Veteran is in isolation at home and VA continues to follow Centers for Disease Control guidelines in treating the patient.

VA is screening Veterans and staff who present with symptoms of fever, cough, and shortness of breath who meet the CDC criteria for evaluation of COVID-19 infection. Per CDC guidance and VA protocols, individuals known to be at risk for a COVID-19 infection are immediately isolated to prevent potential spread to others.

Veterans and staff are encouraged to take every day preventative actions to avoid being exposed to the virus:

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Stay home if you are sick or becoming sick.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- If you have symptoms or have been exposed to someone with symptoms, call the VA before going to the facility.

For more information about the Coronavirus, please visit: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Palo Alto

A Veteran who has tested positive for Coronavirus (COVID-19) was transferred to VA Palo Alto Health Care System (VAPAHCS) for treatment Monday, March 2, 2020. This is the first confirmed case to be treated at a VA health care facility.

Presumptively Test Positive
Persons with a positive test performed locally without CDC lab confirmation
https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

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Southern Nevada

A Veteran inpatient presumptively tested positive for Coronavirus (COVID-19) March 4 at the VA Southern Nevada Healthcare System. The facility is awaiting confirmatory results from the Centers for Disease Control.

The risk of transmission to other patients and staff remains low, as the Veteran is being cared for in isolation by staff who are specially trained on the latest Centers for Disease Control treatment guidelines and utilizing personal protective equipment and infection control techniques.

VA is screening Veterans and staff who present with symptoms of fever, cough, and shortness of breath who meet the CDC criteria for evaluation of COVID-19 infection. Per CDC guidance and VA protocols, individuals known to be at risk for a COVID-19 infection are immediately isolated to prevent potential spread to others.

Veterans and staff are encouraged to take every day preventative actions to avoid being exposed to the virus:

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Stay home if you are sick or becoming sick.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- If you have symptoms or have been exposed to someone with symptoms, call the VA before going to the facility.

For more information about the Coronavirus, please visit:
https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Not Confirmed or Presumed

We only send releases for presumptive positive or positive COVID-19 infection results. We don't send releases for suspected cases or "persons under investigation."

All Employee Messaging

Goal: Provide employee update timely notifications of presumptive and confirmed cases

Key messages:

- VA is committed to protecting our staff and uninfected patients, limiting the spread of COVID-19 transmission
- Employees are all bound by HIPAA regulations (Health Insurance Portability and Accountability Act) and must respect patient privacy
- Quarantine is for people who could have been exposed and are waiting to see if they become sick; Isolation is for someone who is already sick
- Each facility has processes/procedures in place to screen for signs of respiratory illness and to ensure inventory of personal protective equipment (PPE)
- Staff who feel sick with fever or cold/flu symptoms should call in sick and contact their provider; If at work, staff should put on a mask and arrange with their supervisor to go home and call their provider
- Continue to practice good baseline hand hygiene and use PPE as indicated.

Samples:

All Employee Message Template_M	All Employee Message Template 2.	All Employee Message Template 3.	Adobe Acrobat Document	COVID-19 Employee Education_update.ppt

Signage

Goal: Inform internal audience of extra safety precautions to mitigate spreading of coronavirus

Samples:

~WRO1510.doc	Coronavirus Alert Poster 2-28-2020 Ve	Coronavirus Alert Poster 2-25-2020a.p	Coronavirus Alert Poster 2-29-2020 Ve	

Messages to Veterans

Goal: Inform Veterans of extra safety precautions to mitigate spreading of coronavirus through GovDelivery or other medium

Samples:

Adobe Acrobat PDFXML Document				

VETResources Messages:

02/05/2020: https://content.govdelivery.com/accounts/USVA/bulletins/279037e

02/26/2020: https://content.govdelivery.com/accounts/USVA/bulletins/27c83fd

Social Media

Blog:

VA is ready for coronavirus—and working to protect you
Planning to visit a VA health care facility? Here's what to expect

By now, you've heard about the coronavirus disease, known as COVID-19, that's causing respiratory illness around the world.

Fortunately, VA is ready. We have plans in place to protect everyone who gets care, visits or works at one of our facilities.

For Veterans, families and visitors, that means your VA visit will be different for a while. If you're a Veteran seeking medical care, call before visiting—even if you already have an appointment. Or you can sign in to MyHealtheVet and send a secure message. You may be able to get diagnosed and receive care through VA telehealth without having to come in at all.

If you do visit a VA hospital, clinic, community living center or other health care facility, you'll be met at the entrance by a VA staff. They will greet you and ask three screening questions:

1. Do you have a fever? Do you have a worsening cough or flu-like symptoms?
2. Have you traveled to China, Japan, Italy, Iran or South Korea in the last 14 days?
3. Have you been in close contact with someone, including health care workers, confirmed to have the coronavirus disease?

Depending on your answers, a VA health care professional will assist you on the next steps of your visit.

If you're a Veteran coming in for an appointment, plan to leave home a little earlier than usual to allow time for the screening.

We're doing all we can to make sure everyone in every VA facility—patients, families, visitors, staff and anyone else—stays as safe as possible during this situation.
For the latest VA updates on the coronavirus and common-sense tips on preventing the spread of disease, visit www.publichealth.va.gov.

VANTAGE Blog published on January 31 and continually updated since:
https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/

Facebook

Veterans: VA is ready for coronavirus—which means in order to protect you, your family and every Veteran, your VA visit will be different from what you're used to. If you're coming in for a health care visit, stop and call first, or send a secure message through MyHealtheVet—even if you have an appointment. You may be able to get diagnosed and receive care through VA telehealth without having to leave home. If you do visit, plan to get there earlier than usual to answer three simple screening questions. It's for everyone's safety! Find out more: (blog URL)

Twitter

#Veterans: #VA is ready for coronavirus, w/ changes that affect you. Before your appointment, call first or message your care team—you might not have to leave home. If you do need to visit a VA facility, we're doing things to protect you & your family. Find out more: (blog URL)

Both Facebook and Twitter

1. Stay informed about coronavirus. VA is prepared to protect the health and safety of staff and Veterans in our care, and is taking steps to curb the spread of respiratory illness in our facilities. https://www.blogs.va.gov/VAntage/72072/coronavirus-be-informed-and-call-your-provider-if-symptoms-develop/

2. Protect yourself and your loved ones against respiratory illness: Get a flu shot. Cover your coughs and sneezes. Wash hands often with soap for 20 seconds. Avoid touching your eyes, nose and mouth. Stay home if you're sick, and avoid others who are sick. https://www.publichealth.va.gov/n-coronavirus/index.asp

3. Your best defense against coronavirus: keep doing what you're doing to stay healthy. That means avoiding the flu. https://www.myhealth.va.gov/mhv-portal-web/ss20200211-coronavirus

Photos:

If you need high resolution photographs, contact VHA Digital Media:

Appendix N – Acronyms

Acronym	Definition
AAMI	Advancement of Medical Instrumentation
AAR	After Action Report
ACC	Accounting Classification Codes
AEM	Area Emergency Manager
AGMP	Aerosol-Generating Medical Procedures
AHEC	All Hazards Emergency Cache
AII	Airborne Infection Isolation
AIIR	Airborne Infection Isolation Room
ANSI	American National Standards Institute
ASPR	Assistant Secretary for Preparedness and Response (HHS)
AUSHO	Assistant Under Secretary for Health and Operations
BIA	Biological Incident Annex
CBOC	Community Based Outpatient Clinics
CCC	Clinical Contact Center
CDC	Centers for Disease Control and Prevention
CFO	VHA Chief Financial Officer
CMO	Chief Medical Officer
CMOP	Consolidated Mail Outpatient Pharmacy
COP	Common Operating Picture
COVID-19	Coronavirus Disease 2019
CSCO	VISN Chief Supply Chain Officers
DA	Dispense Asset
DEMP	Disaster Emergency Medical Personnel
DHHS	United States Department Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DO	District Office
DOD	Department of Defense
DPA	Defense Production Act
DUSHOM	Deputy Under Secretary for Health for Operations Management
ED	Emergency Department
EEI	Essential Element(s) of Information
ELCM	Equipment Lifecycle Management
EMAC	Emergency Management Assistance Compact
EMCC	Emergency Management Coordination Cell
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	HCI Emergency Operations Plan
EPA	Environmental Protection Agency
EPC	Emergency Program Coordinator
EPS	Emergency Pharmacy Service
ERT	P&LO Emergency Response Team
ESF	Emergency Support Functions
FCC	Federal Coordinating Center

Acronym	Definition
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Administration
FFR	Filtering facepiece respirators
FIOP	Federal Interagency Operational Plan
FMS	Federal Medical Center
HCC	Hospital Command Center
HCI	High Consequence Infection
HCP	Healthcare Personnel
HCW	Healthcare Workers
HEPA	High-Efficiency Particulate Air
HHS	Health and Human Services (Federal)
HIPAA	Health Insurance Portability and Accountability Act of 1996
HOC	Healthcare Operations Center
HSEEP	Homeland Security Exercise Evaluation Program
HSPD	Homeland Security Presidential Directive
IAP	Incident Action Plan
IB	Issue Brief
ILI	Influenza-Like-Illness
ICP	Incident Command Post
ICS	Incident Command System
ICU	Intensive Care Unit
IOC	Integrated Operations Center
IPC	Infection Prevention and Control
JIC	Joint Information Center
JIS	Joint Information System
LEOC	Local Emergency Operations Center
LFA	Lead Federal Agency
LNO	Liaison Officer
Log OPR	Logistics Operations, Plans, & Readiness
MACS	Multi Agency Coordination System
MC	Medical Centers
MCM	Medical Countermeasure
MCV	Mobile Vet Centers
MERS	Middle East Respiratory Syndrome
MPU	Mobile Pharmacy Units
MRC	Medical Reserve Corps
MSPO	Medical Supply Program Office
M&A	Metrics & Analytics
NCA	National Cemetery Administration
NDMS	National Disaster Medical Services
NIMS	National Incident Management System
NPI	Non-Pharmaceutical Interventions
NRCC	National Response Coordination Center
NRF	National Response Framework
NSC	National Security Council
OCHCO	Office of the Chief Human Capital Officer
OCLA	Office of Congressional and Legislative Affairs

Acronym	Definition
OEM	Office of Emergency Management
OPIA	Office of Public and Intergovernmental Affairs
OPM	Office of Personnel Management
OPR	Office of Operations, Plans, and Readiness
PACT	Patient Aligned Care Teams
PanCAP	Pandemic Crisis Action Plan
PAO	Public Affairs Officers
PCP	Primary Care Provider
PDUSH	Principal Deputy Under Secretary for Health
PH	Population Health
PHE	Public Health Emergency
PHEIC	Public Health Emergency of International Concern
PHERA	Public Health Emergency Response Act
PIO	Public Information Officer
PO	Program Office
POD	Point of Dispensing
PPE	Personal Protective Equipment
PUI	Person Under Investigation
P&LO	Procurement & Logistics Office
RCS	Readjustment Counseling Services
RDS	Regional Dispensing Site
REM	Regional Emergency Manager
RFA	Request for Assistance
RHO	Regional Health Officer
RN	Registered Nurse
ROC	Regional Operations Center
RPO	Regional Procurement Offices
RSS	Receipt, Staging and Storing
SARS	Severe Acute Respiratory Syndrome
SEOC	State Emergency Operations Center
SitRep	Situational Reports
SLTT	State, Local, Tribal, and Territorial
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOC	HHS Secretary's Operation Center
TB	Tuberculosis
The Tracker	Issue Brief Tracker Web Application Tracker
TTX	Tabletop Exercise
U.S.	United States
U.S.C.	United States Code
USG	United States Government
USH	Under Secretary for Health
VA	Veterans Affairs
VAMC	Veteran Affairs Medical Center
VBA	Veterans Benefits Administration
VC	Vet Center
VCS	Veterans Canteen Services

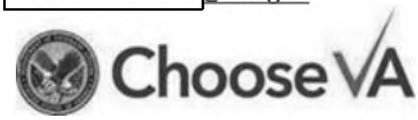
Acronym	Definition
VHA	Veterans Health Administration
VISN	Veteran Integrated Service Network
Watch	VHA OEM Watch
WMC	VHA Workforce Management and Consulting
WHO	World Health Organization

From: Powers, Pamela
Sent: Tue, 24 Mar 2020 21:35:15 +0000
To: (b)(6)
EOP/OMB(b)(6)@omb.eop.gov
Cc: (b)(6), EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB(b)(6) EOP/OMB;(b)(6), EOP/OMB;(b)(6)
(b)(6) EOP/OVP;(b)(6) EOP/OMB;Syrek, Christopher D. (Chris)(b)(6)
EOP/WHO;(b)(6) (b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;(b)(6)
EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.24.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov



COVID-19 – Agency Response
3/24/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Coordinating with FEMA Region IX and VISN 22 to develop plan for caring for Veteran patients receiving care in the private sector in 4 VAMCs in Southern CA.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field.
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow.
- Considering modifying VA Child Care Subsidy Program Policy on total family income limit to increase coverage and aid mission essential employees in accessing child-care during COVID-19.
- Gathering data on total number of VA employees on National guard / reserve duty / eligible for being called up – requires working with DOD to obtain full data and coordination with DOD to determining who at this moment is active/called up vs. performing their VA job. Update: coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective immediately, the Board will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19.
- The Board will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature.
- As of close of business on Monday, March 23, 2020, VBA contract vendors had reported a cumulative total of 13,963 unique Veterans whose contract examinations have been impacted by the pandemic (1,508 living overseas and 12,455 domestic).
- As of March 23, 2020, 45 medical centers have turned off Disability Benefits Questionnaires (DBQs). The number of DBQs turned off varies by medical center and ranges from 50 to 82 (all). C&P exam requests in those areas will now be routed to the MDE vendors.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
    - VEO is also working with OIT to enable the 161 Salt Lake City employees to work remotely.

- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations. (In the last few years, NCA has been working with DoD to disinter "unknown" remains from the cemetery for DoD identification.) Disinterment operations will resume at the current commitment level once the public health care crisis is over.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- VA will institute a pause on the MISSION Act Standards following a discussion with OIRA, scheduled for 3/24/20.
- VA considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis.

Guidance, Communication and Outreach with Stakeholders

- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).

- **Other Notable Responses**

  - 296 Positive Veteran COVID-19 Cases

Location	Total	Pending Confirmation	VA Inpatient, ICU	VA Inpatient, Acute Care	Recovered	Quarantined Home
Total	**296**	**31**	**21**	**37**	**1**	**197**
Albany	1					1
American Lake	2					2
Ann Arbor	1		1			
Arizona	1			1		
Atlanta	17		1	1		15
Augusta	1					1
Bay Pines	1					1
Birmingham	1			1		
Boise	1					1
Boston	4					4
Bronx	10		1			8

Cheyenne	1					1
Chicago	3		1			2
Cincinnati	5					5
Cleveland	8			4		4
Columbia MO	1		1			
Columbia SC	5			1		4
Dayton	1		1			
Denver	7			2	1	4
Detroit	1					1
Durham	1					1
Fayetteville NC	2					2
Fresno	1					1
Hines	4					3
Honolulu	1					1
Houston	1					1
Hudson Valley	7			1		5
Indianapolis	3					3
Kansas City	3					3
Las Vegas	1					1
Lebanon	1					1
Long Beach	2			1		1
Los Angeles	1		1			
Madison	2					2
Manchester	1					1
Memphis	1					1
Miami	2			1		
Middle Tennessee	1					1
Milwaukee	6		1	3		2
Minneapolis	2			1		1
Montana HCS	1					1
Mountain Home	1					1
New Jersey	2					2
New Mexico	2					2
New York Harbor	14		3	2		8
NOLA	63	31	5	7		20
North Chicago	2					2
Northampton	2					2
Northport	9					9
Oklahoma City	1					1
Omaha	2					2

Orlando	3					3
Palo Alto	4		1			3
Philadelphia	3					3
Portland	3			2		
Puget Sound	13		1	3		9
Salt Lake City	1					1
San Diego	6					6
San Francisco	1			1		
San Juan	11			1		10
Seattle	3					3
Sioux Falls	3					2
Southern Nevada HCA	2		1			1
Spokane	1					
St. Louis	1					1
Syracuse	1					1
Togus	3					3
Tomah	1					1
Washington DC	2					2
Washington, DC	10		2	1		7
WCPAC	1					1
West Haven	5			3		2
West Palm Beach	1					1
White River Jct	2					1
Wichita	1					1

- **Veteran Deaths**: 4 veterans have died from COVID- 19. 1 in Portland, 1 in White River Junction, 1 in the Bronx (NY) and 1 in New Orleans

- **58 VA Employees (Up 21 from yesterday's count):**
  - 2 Denver, CO
  - 1 Boise City, ID
  - 3 Las Vegas, NV
  - 8 Seattle, WA
  - 1 Houston, TX
  - 1 Miami, FL
  - 2 Indianapolis, IN
  - 1 Detroit, MI
  - 2 Washington, DC (Both employees of Washington, DC VAMC)
  - 5 New York, NY
  - 1 Albany, NY
  - 2 Omaha, NE

1 Honolulu, HI
1 Nashville, TN
1 Albuquerque, NM
3 Palo Alto, CA
1 Augusta, ME
1 Boston, MA
2 Northampton, MA
1 Memphis , TN
1 Salt Lake City, UT
1 Madison, WI
1 Martinsburg, WV
1 Cincinnati, OH
1 Montrose, NY
1 Syracuse, NY
1 Columbia, SC
1 Kansas City, MO
2 Buffalo, NY
3 San Diego, CA
1 Phoenix, AZ
1 Augusta, ME
1 Cleveland, OH
3 Chicago, IL

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.

- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)

- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees

- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.

From: Powers, Pamela
Sent: Tue, 24 Mar 2020 23:02:20 +0000
To: (b)(6) EOP/OMB (b)(6) EOP/WHO
Subject: Re: VA COVID-19 Operations Plan

I
Get Outlook for iOS
From: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Sent: Tuesday, March 24, 2020 6:21:54 PM
To: Powers, Pamela (b)(6) @va.gov>; (b)(6) EOP/WHO
(b)(6) @who.eop.gov>
Subject: [EXTERNAL] RE: VA COVID-19 Operations Plan

My staff and I are still looking. Does this need to go to (b)(5)
(b)(5)

From: Powers, Pamela <(b)(6) @va.gov>
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Pam

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Sent: Tuesday, March 24, 2020 4:53 PM
To: Powers, Pamela
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Thanks, I'll take a look.

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395 (b)(6)
C: 202-881-

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Tuesday, March 24, 2020 1:39 PM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/OMB
(b)(6) @omb.eop.gov>

Cc: Cashour, Curtis <(b)(6)@va.gov>; Tucker, Brooks <(b)(6)@va.gov>; Miller, Katie R. EOP/OVP <(b)(6)@ovp.eop.gov>; DL OMB Dir Office OMB_COVID19OPS <(b)(6)@omb.eop.gov>
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Pamela Powers
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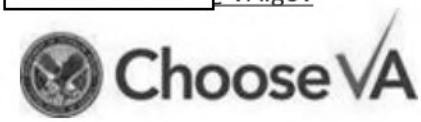
Office: 202-461(b)(6)
Cell: 202-430(b)(6)
(b)(6)@VA.gov



From: Powers, Pamela
Sent: Tue, 24 Mar 2020 23:05:40 +0000
To: (b)(6) EOP/OMB (b)(6) EOP/WHO
Subject: Re: VA COVID-19 Operations Plan

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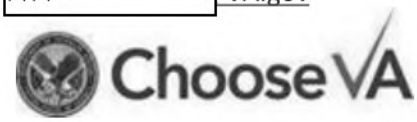

From: Powers, Pamela
Sent: Tue, 24 Mar 2020 23:15:39 +0000
To: (b)(6) . EOP/OMB
Cc: EOP/WHO
Subject: Re: VA COVID-19 Operations Plan

Ok thank you.
Get Outlook for iOS
From (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Tuesday, March 24, 2020 7:14:25 PM
To: Powers, Pamela <(b)(6) @va.gov>
Cc: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: [EXTERNAL] Re: VA COVID-19 Operations Plan

I'm not recommending anything go to (b)(5)
(b)(5)

Sent from my iPhone

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Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov
<image001.jpg>

From: Powers, Pamela
Sent: Wed, 25 Mar 2020 00:18:28 +0000
To: (b)(6) EOP/WHO; (b)(6) EOP/OMB
Subject: Re: VA COVID-19 Operations Plan

I looked through it with that same lens and didn't see (b)(5)
(b)(5)

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From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Tuesday, March 24, 2020 8:01:05 PM
To: (b)(6) EOP/OMB (b)(6)@omb.eop.gov>; Powers, Pamela (b)(6)@va.gov>
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O: 202-395(b)(6)
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From: (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>
Sent: Tuesday, March 24, 2020 6:22 PM
To: Powers, Pamela <(b)(6)@va.gov>; (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
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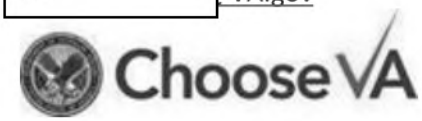
(b)(6) VA.gov



From: Powers, Pamela
Sent: Wed, 25 Mar 2020 19:17:28 +0000
To: (b)(6) EOP/WHO; (b)(6) EOP/OMB
Subject: RE: VA COVID-19 Operations Plan

Also, are we good to release this to the field with those changes considered?

From: Powers, Pamela
Sent: Wednesday, March 25, 2020 3:10 PM
To: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>; (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>
Subject: RE: VA COVID-19 Operations Plan

Thanks (b)(6) I will relay that to our team. Appreciate your quick turn, gentlemen.

Pam

From: (b)(6) EOP/WHO (b)(6)@who.eop.gov>
Sent: Wednesday, March 25, 2020 2:55 PM
To: Powers, Pamela (b)(6)@va.gov>; (b)(6) EOP/OMB (b)(6)@omb.eop.gov>
Subject: [EXTERNAL] RE: VA COVID-19 Operations Plan

I didn't quite make it through all of it but everything I looked at looked (b)(5)

(b)(5)

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395(b)(6)
C: 202-881

From: Powers, Pamela (b)(6)@va.gov>
Sent: Wednesday, March 25, 2020 2:50 PM
To: (b)(6) EOP/OMB (b)(6)@omb.eop.gov>
Cc: OP/WHO <(b)(6)@who.eop.gov>
Subject: Re: VA COVID-19 Operations Plan

Thank you, (b)(6)

(b)(6) any concerns?

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From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Wednesday, March 25, 2020 2:48:58 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] Re: VA COVID-19 Operations Plan

I'm good.

Sent from my iPhone

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> (b)(5)
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Miller, Katie R. EOP/OVP <(b)(6) @ovp.eop.gov>; DL OMB Dir Office
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Cell: 202-430-(b)(6)
(b)(6) VA.gov

From: Powers, Pamela
Sent: Wed, 25 Mar 2020 19:19:36 +0000
To: (b)(6) EOP/OMB
Cc: OP/WHO
Subject: RE: VA COVID-19 Operations Plan

Ok, will do so. Thanks (b)(6)

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Wednesday, March 25, 2020 3:16 PM
To: Powers, Pamela (b)(6) va.gov>
Cc: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: [EXTERNAL] Re: VA COVID-19 Operations Plan

One late note...

At the bottom of the page 1 (pdf page 6), VA states this plan is not available for (b)(5)

(b)(5)

Sent from my iPhone

On Mar 25, 2020, at 3:10 PM, Powers, Pamela <(b)(6) @va.gov> wrote:

Thanks (b)(6) I will relay that to our team. Appreciate your quick turn, gentlemen.

Pam

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Wednesday, March 25, 2020 2:55 PM
To: Powers, Pamela (b)(6) @va.gov>; (b)(6) EOP/OMB
<(b)(6) @omb.eop.gov>
Subject: [EXTERNAL] RE: VA COVID-19 Operations Plan

I didn't quite make it through all of it but everything I looked at looked (b)(5)

(b)(5)

(b)(5)

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395(b)(6)
C: 202-881

From: Powers, Pamela (b)(6) @va.gov>
Sent: Wednesday, March 25, 2020 2:50 PM
To: (b)(6) . EOP/OMB (b)(6) @omb.eop.gov>
Cc: EOP/WHO (b)(6) @who.eop.gov>
Subject: Re: VA COVID-19 Operations Plan

Thank you, (b)(6)

(b)(6), any concerns?

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From: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Sent: Wednesday, March 25, 2020 2:48:58 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: [EXTERNAL] Re: VA COVID-19 Operations Plan

I'm good.

Sent from my iPhone

> On Mar 24, 2020, at 8:18 PM, Powers, Pamela (b)(6) @va.gov> wrote:
>
> I looked through it with that same lens and didn't see (b)(5)
> (b)(5)
>
> Get Outlook for iOS

From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Tuesday, March 24, 2020 8:01:05 PM
To: (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>; Powers, Pamela <(b)(6)@va.gov>
Subject: [EXTERNAL] RE: VA COVID-19 Operations Plan

Reviewing now.

Is there anything in here that you think I should be alerted to policy wise?

Anything that would make the newspaper test?

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>
Sent: Tuesday, March 24, 2020 6:22 PM
To: Powers, Pamela <(b)(6)@va.gov>; (b)(6) EOP/WHO (b)(6)@who.eop.gov>
Subject: RE: VA COVID-19 Operations Plan

My staff and I are still looking. Does this need to go to (b)(5)
(b)(5)

From: Powers, Pamela <(b)(6)@va.gov>
Sent: Tuesday, March 24, 2020 6:13 PM
To: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>; (b)(6) (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>
Subject: Re: VA COVID-19 Operations Plan

Any concerns? We would like to get this out ASAP. Thank you.

Pam

Get Outlook for iOS

From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Tuesday, March 24, 2020 4:53 PM
To: Powers, Pamela
Subject: [EXTERNAL] RE: VA COVID-19 Operations Plan

Thanks, I'll take a look.

(b)(6)

Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela (b)(6) va.gov>
Sent: Tuesday, March 24, 2020 1:39 PM
To (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6)
(b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Cc: Cashour, Curtis (b)(6) @va.gov>; Tucker, Brooks
(b)(6) @va.gov>; Miller, Katie R. EOP/OVP
@ovp.eop.gov>; DL OMB Dir Office OMB_COVID19OPS
(b)(6) @omb.eop.gov>
Subject: VA COVID-19 Operations Plan

(b)(6)

FYSA. VA has developed a COVID-19 Operations Plan (attached) to outline Veterans Health Administration (VHA) response activities for COVID-19 in the United States. This is the first of its kind and is very much needed to continue to operate in a consistent and effective manner across the VHA enterprise.

VHA will conduct all activities necessary to protect Veterans and staff from COVID-19 and ensure continuity of access to and delivery of healthcare services to Veterans as appropriate. Also, as defined in the Pandemic Crisis Action Plan (PanCAP) Adapted U.S. Government COVID-19 Response Plan (March 13, 2020)1, VHA will support U.S. Department of Health and Human Services (HHS) through Emergency Support Functions (ESFs) as requested. This response will be carried out in accordance with the National Response Framework (NRF)2 and in accordance with established departmental authorities and standing policies.

The primary goal of the operations plan is to protect Veterans and staff from acquiring COVID-19 infection by leveraging technology, communications as well as using dedicated staff and space to care for COVID-19 patients. The Department of Veterans Affairs (VA) will create a safe environment by implementing a system where one VA facility operates as two separate "zones" (Standard and COVID-19) for inpatient care. VA will provide most outpatient care for Veterans through telehealth services as appropriate. This approach minimizes the risk of infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care. The plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19.

VHA will be releasing this to the field in the near future. If you have any questions or concerns, please let me know.

Thanks,
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov

From: Powers, Pamela
Sent: Wed, 25 Mar 2020 21:24:13 +0000
To: (b)(6)
EOP/OMB(b)(6)@omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris);(b)(6) EOP/WHO;(b)(6) (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO;(b)(6)
EOP/WHO;(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.25.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461(b)(6)
Cell: 202-430-(b)(6)
(b)(6) VA.gov

ChooseVA

COVID-19 – Agency Response
3/25/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **Mobile Vet Centers update:**
  - Los Angeles, CA (Deployment Started)
    Vet Center staff connected with 7 Veterans, Service members and families over the course of the deployment. Contact was also made with 8 civilians.
  - New Orleans, LA (Deployment Started)
    Vet Center staff connected with 15 Veterans, Service members and families over the course of the deployment. Contact was also made with 40 civilians
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- As of close of business on Tuesday, March 24, 2020, VBA contract vendors had reported a cumulative total of 17,843 unique Veterans whose contract examinations have been impacted by the pandemic (1,563 living overseas and 16,280 domestic).
- As of March 24, 2020, 47 medical centers have turned off Disability Benefits Questionnaires (DBQs). The number of DBQs turned off varies by medical center and ranges from 50 to 82 (all). Compensation & Pension exam requests in those areas will now be routed to contract vendors.
- A total of 627 transition events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- Working with Peace Corps POC on potential employment pool for increase in staff across VA.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- VA met with OIRA and OMB on MISSION Act considerations. The following language was approved by the Task Force and meets OIRA/OMB recommendations. This language will be released to media

and congressional stakeholders, and VA is reworking guidance to the field:

  - "VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
  - VA is taking the following steps in order to ensure the safety of Veterans as they access care:
    - VA community care referrals for emergent or urgent clinical needs will continue as necessary.
    - Veterans with care currently scheduled in the community should continue with this care as clinically appropriate and if available.
    - Referral requests for non-emergent care with community providers will be reviewed on a case-by-case basis for immediate clinical need and with regard to the safety of the Veteran when being seen in-person, regardless of wait time or drive time eligibility.
    - VA is expanding the use of telehealth and telephone sessions to address many of Veterans routine medical needs.
  - These measures will be reassessed continuously and communicated every 30 days to determine whether they need to be extended or adjusted.
  - VA's actions are in line with current CDC recommendations and are required to help protect Veterans from unnecessary COVID-19 exposure. Similarly, many community health care systems are taking the same approach, and we anticipate less capacity in the community for routine care to limit foot traffic in their facilities and help stop the spread of COVID-19."

- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.

Guidance, Communication and Outreach with Stakeholders

- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)

- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic

- **Other Notable Responses**

  - **365 Positive Veteran COVID-19 Cases**
    - VA is now using Artificial Intelligence to cull data from veteran's records of COVID-19 positive patients.
    - This is an increase of 69 cases from yesterday's numbers
    - 72 Veterans are in inpatient care (37 in ICU, 35 in Acute Care)
    - 293 are in outpatient care and are quarantined at home
    - 63 of these veterans are in New Orleans, which is a hot spot for VA

  - **Veteran Deaths**: 7 veterans have died from COVID-19.

  - **63 VA Employees (Up 5 from yesterday's count):**

    2 Denver, CO
    1 Boise City, ID
    3 Las Vegas, NV
    8 Seattle, WA
    2 Houston, TX
    1 Miami, FL
    2 Indianapolis, IN
    1 Detroit, MI
    2 Washington, DC (Both employees of Washington, DC VAMC)
    6 New York, NY
    1 Albany, NY
    2 Omaha, NE
    1 Honolulu, HI
    1 Nashville, TN
    1 Albuquerque, NM
    3 Palo Alto, CA
    1 Augusta, ME
    1 Boston, MA
    2 Northampton, MA
    1 Memphis , TN
    2 Salt Lake City, UT

1 Madison, WI
1 Martinsburg, WV
1 Cincinnati, OH
1 Montrose, NY
1 Syracuse, NY
1 Columbia, SC
1 Kansas City, MO
2 Buffalo, NY
3 San Diego, CA
1 Phoenix, AZ
1 Augusta, ME
1 Cleveland, OH
3 Chicago, IL
2 Atlanta, GA

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.

- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.

- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts

- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Considering modifying VA Child Care Subsidy Program Policy on total family income limit to increase coverage and aid mission essential employees in accessing child-care during COVID-19.
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)

- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 11:25:29 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: Fwd: ALERT -- Tomorrow OIG will publish results from last week's data collection on COVID-19 screening

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Thursday, March 26, 2020 7:25:15 AM
To: Stone, Richard A., MD (b)(6) @va.gov>; RLW (b)(6) @va.gov>
Subject: Re: ALERT -- Tomorrow OIG will publish results from last week's data collection on COVID-19 screening

This is unbelievable.
Get Outlook for iOS
From: Stone, Richard A., MD (b)(6) @va.gov>
Sent: Thursday, March 26, 2020 5:50:18 AM
To: RLW (b)(6) @va.gov>; Powers, Pamela <(b)(6) va.gov>
Subject: Re: ALERT -- Tomorrow OIG will publish results from last week's data collection on COVID-19 screening

(b)(6)
We will work with the Secretary to respond.
Get Outlook for iOS
From: Stone, Richard A., MD <(b)(6) va.gov>
Sent: Thursday, March 26, 2020 5:34:27 AM
To: RLW (b)(6) va.gov>; Powers, Pamela (b)(6) va.gov>
Subject: Fwd: ALERT -- Tomorrow OIG will publish results from last week's data collection on COVID-19 screening

This is the most disgusting behavior I have encountered. The IG lied to me and under the guise of support, we get this! Will apparently be released today.
Rich
Get Outlook for iOS
From: (b)(6) @va.gov>
Sent: Wednesday, March 25, 2020 11:31:07 PM
To: Stone, Richard A., MD <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Boyd, Teresa D. (b)(6) @va.gov>
Subject: RE: ALERT -- Tomorrow OIG will publish results from last week's data collection on COVID-19 screening

Good evening,
My apologies for the late missive. The attached document is OIG's draft report on VHA screening and preparedness for COVID-19. OIG asks that the document be provided just to the 3 of you, and that you address your comments to Dr. Daigh before noon tomorrow (Thursday March 26).

BLUF

- The report will generate substantial Congressional and media flare and will increase anxiety among Veterans and the public, especially at the sites named in the report.
- OIG will publish tomorrow at 3 pm.
- Public affairs messaging from VA should be prepared first thing in the morning.
- These data bring light to VA's need for ongoing support from Congress and the nation to be ready.

Key sensitive points

- Equipment inventories, adequate supplies and medications, staffing shortages, and established plans for community coordination are the hot points. The data shows significant gaps in these areas at multiple sites.
- At the time of the review, none of the sites had ability to process COVID-19 tests.
- VHA is doing well with screening, and can improve somewhat at managing access to CLCs by visitors.

First stab at comments to OIG

We are concerned that publication of this report will exacerbate already anxious Veterans and Americans at a time when all VA entities have an obligation to enhance public stability. We are concerned that Veterans may avoid coming to VA for care due to a misperception that VHA is not sufficiently resourced to care for them. This would be tragic and would undermine VHA's mission to support the country's emergency response to the pandemic. We object to publication of this report at this time.

Possible media or congressional questions

What is VHA doing at the sites with deficiencies to ensure they are ready for COVID-19 patients?
What is VHA doing to make CLC's secure and safe? And how will VHA know that all of them are?
What is VHA doing to build up staff where its needed? To get enough supplies and equipment in place?
How can we be confident that VHA can take care of its Veterans and support communities when it sounds like facility leaders plan to send patients into the community?
We want to know this information for all VHA sites – where is it posted?

Respectfully,

(b)(6) ***M.D.***
Director, GAO OIG Accountability Liaison (GOAL)
Phone: (202) 461-(b)(6)
Cell: (202) 340-(b)(6)
e-mail:(b)(6)*@va.gov*
GOAL intranet: http://vaww.pdush.med.va.gov/programs/goal/goalDefault.aspx
Veterans Health Care. Ethical. Accountable. Trusted.

From: (b)(6) va.gov>
Sent: Wednesday, March 25, 2020 4:02 PM
To: VHA OIG Draft Reports <(b)(6) @va.gov>

Subject: ALERT -- Tomorrow OIG will publish results from last week's data collection on COVID-19 screening

All,
To recap – last week OIG sent "secret shoppers" out to approx. 54 sites, 150 CBOCs, and some CLCs to gather data on COVID-19 screening and adherence to procedures. OIG made the data available in real time to select leaders in VHA based on prior agreement.

Tomorrow, OIG will publish its report on the data collected. There are no recommendations. OIG would like VHA's comments, if any, on the report.

We do not have the draft report yet, I will route it out on this email group as soon as I receive it – which may be late tonight.

Respectfully,

(b)(6) ***M.D.***
Director, GAO OIG Accountability Liaison (GOAL)
Phone: (202) 461-(b)(6)
Cell: (202) 340-(b)(6)
e-mail: (b)(6)*@va.gov*
GOAL intranet: http://vaww.pdush.med.va.gov/programs/goal/goalDefault.aspx
Veterans Health Care. Ethical. Accountable. Trusted.

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 11:39:04 +0000
To: (b)(6)
Subject: Re: FYI: V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak

Thanks (b)(6) Overall, we're not concerned with the article. It was fairly week. Congress and the rest of the VSOs seem fine and understanding of our approach.
Get Outlook for iOS
From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Wednesday, March 25, 2020 10:48:53 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] Re: FYI: V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak

Oh, that stinks. Hope you feel better!

> On Mar 25, 2020, at 7:34 PM, Powers, Pamela <(b)(6) @va.gov> wrote:
>
> Not that I am aware of but then I last spoke with the Secretary around 3. I am working from home today...still on the mend from a nasty stomach flu.
> Get Outlook for iOS
> **From:** (b)(6) EOP/WHO (b)(6) @who.eop.gov>
> **Sent:** Wednesday, March 25, 2020 7:31:07 PM
> **To:** Powers, Pamela (b)(6) @va.gov>
> **Subject:** [EXTERNAL] RE: FYI: V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak
>
> Did (b)(6) call over there today?
>
> ---
>
> **From:** Powers, Pamela (b)(6) @va.gov>
> **Sent:** Wednesday, March 25, 2020 7:28 PM
> **To:** (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>
> **Subject:** Fwd: FYI: V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak
>
> FYSA. CVA not helpful.
>
> Get Outlook for iOS
>
> ---
>
> **From:** Cashour, Curtis <(b)(6) @va.gov>
> **Sent:** Wednesday, March 25, 2020 7:01 PM

To: Powers, Pamela; Syrek, Christopher D. (Chris); Connell, Lawrence B.; Tucker, Brooks; (b)(6) Wagner, John (Wolf); (b)(6)
Subject: FYI: V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak

V.A. Criticized for Effort to Keep Some Veterans Away From Private Care During Outbreak
By Jennifer Steinhauer
The New York Times
March 25, 2020
>>https://www.nytimes.com/2020/03/25/us/politics/coronavirus-veterans-mission-act-trump.html<<;

WASHINGTON — An effort by the Department of Veterans Affairs to prevent some veterans from seeking health care outside its centers drew heavy criticism from lawmakers and a vocal Fox News ally of the president, who suggested the department's bureaucracy could undermine a signature program of President Trump's term.

That program, known as the Mission Act, permits veterans to seek primary care and mental health services outside the department's system if they can prove they must drive at least 30 minutes to a Department of Veterans Affairs facility. The network of private providers and urgent care centers had been slowly expanding this year as those standards went into effect.

But concerns arose that at-risk veterans seeking outside care could expose themselves to the coronavirus or tax strained private health care resources.

So this week, a department official emailed the House and Senate committees on veterans' affairs to say the department "proposes a temporary strategic pause in the Mission Act access standards for 90 days, or until the soonest possible time that routine care may safely resume." The email said that "enforcement of the access standards will resume when routine care resumes."

Reacting to news of the pause, Pete Hegseth, a Fox News host close to Mr. Trump, said on Twitter late Tuesday, "If true, this is a terrible decision by @DeptVetAffairs leadership that will only hurt vets."

"At a moment like this, vets deserve MORE health care options — not less. @realdonaldtrump needs to stop this," he added.

Mr. Hegseth speaks regularly with Mr. Trump about issues concerning the Department of Veterans Affairs, which he was once under consideration to lead.

By Wednesday morning, the White House sought to correct the impression that Robert L. Wilkie, the veterans secretary, was putting a pause on the Mission Act.

"Secretary Wilkie and the V.A. team are working to protect those who have worn the uniform against unnecessary exposure to the coronavirus while ensuring V.A. upholds the

president's priorities included in the Mission Act," Devin O'Malley, a spokesman for the White House's coronavirus task force, wrote in an email. "By issuing this guidance, the V.A. is not stopping or pausing the law, but rather ensuring the best medical interests of America's veterans are met."

At least four veterans have died from the coronavirus so far, and as of Wednesday, 365 have been sickened.

Christina Mandreucci, a spokeswoman for the department, said that while there would be no "pause," it would review requested referrals for nonemergency care "on a case-by-case basis for immediate clinical need and with regard to the safety of the veteran when being seen in-person, regardless of wait time or drive time eligibility."

Proponents of the law expressed unhappiness.

"I have serious concerns with the V.A. putting a temporary pause on community care," said Senator Jerry Moran, Republican of Kansas and the chairman of the Senate Veterans' Affairs Committee. "When the V.A. cannot provide care to veterans, the V.A. is required under the Mission Act to send them to the community."

The Mission Act has been strongly supported by the Concerned Veterans for America, a group that generally espouses conservative views and has influenced veterans' policies under Mr. Trump.

"We urge the V.A. not to proceed with any policy proposal that would limit the ability of veterans to access care in the community if they believe it is the best option for them and capacity is available," said Nate Anderson, the group's executive director.

The two companies that the department has chosen to manage a network of health care providers and urgent care centers for veterans, Optum and TriWest, are introducing services across the country through a phased process, with completion scheduled this summer.

Representative Phil Roe, Republican of Tennessee, said he was seeking more guidance from Mr. Wilkie "about how and why V.A. made this decision and how veterans will continue to be cared for throughout this crisis, in V.A. and in the community."

In addition to serving veterans, the department is legally designated as the backup health care system in national emergencies. But that function, known as the fourth mission, has yet to be activated, which is also drawing attention from Capitol Hill.

"While the Department of Veterans Affairs' first priority will always be our nation's veterans, we need all hands on deck when it comes to saving lives during this emergency," said Senator Jon Tester of Montana, the highest-ranking Democrat on the Senate Veterans' Affairs Committee. "Any further delay in allowing V.A. to fulfill its fourth mission will undoubtedly result in the deaths of Americans who are dependent on their government to act swiftly on their behalf."
###

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461-(b)(6)
(b)(6)@va.gov
@curtcashour

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 12:59:59 +0000
To: Joe Grogan
Cc: (b)(6) OP/WHO
Subject: Fwd: Talkers for Joe Grogan

Good morning, Director Grogan.

I believe the Secretary spoke with you about the MISSION Act and offered some talking points for you, if needed. Below is what we worked with OMB and the Task Force. This is also what we will be using for media inquiries. Bottom line though, I think this story's life is pretty much over.

If you have any questions, please let me know.

Pam

VA's first priority is to protect the health of Veterans. And Secretary Wilkie is working to protect those who have worn the uniform against unnecessary exposure to the Coronavirus while ensuring VA upholds the President's priorities when it comes to the MISSION Act.

VA is not stopping or pausing the law, but ensuring the best medical interests of Veterans are met. VA is adhering to the law in a manner that protects the safety of Veterans by taking into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.

VA is taking the following steps in order to ensure the safety of Veterans as they access care:

- VA community care referrals for emergent or urgent clinical needs will continue as necessary.
- Veterans with care currently scheduled in the community should continue with this care as clinically appropriate and if available.
- Referral requests for non-emergent care with community providers will be reviewed on a case-by-case basis for immediate clinical need and with regard to the safety of the Veteran when being seen in-person, regardless of wait time or drive time eligibility.
- VA is expanding the use of telehealth and telephone sessions to address many of Veterans' routine medical needs.

These measures will be reassessed continuously and communicated every 30 days to determine whether they need to be extended or adjusted.

VA's actions are in line with current CDC recommendations and are necessary to help protect Veterans from unnecessary COVID-19 exposure. Similarly, many community health care systems are taking the same approach, and we anticipate less capacity in the community for

routine care in an effort to limit foot traffic in their facilities and help stop the spread of COVID-19.

Q: Why did VA staff send a note to the Hill yesterday specifically recommending a 90 day pause?
A: Circumstances in connection with COVID-19 are rapidly changing and VA is continuously re-evaluating and updating its guidance accordingly. The language used to describe the impact of COVID-19 on VA's community care program required refinement to accurately reflect VA's intended approach. VA is working to provide updated guidance to both employees and Congressional staff.

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 13:18:57 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: Fwd: OIG Report on COVID-19 screening
Attachments: OIG Inspection of Veterans Health Administration's Screening Processes and Pandemic Readiness (004).docx

I apologize for not attaching this in the original email. Also, please see VHA's response to this investigation (below)

Pam

Get Outlook for iOS
From: (b)(6) @va.gov>
Sent: Thursday, March 26, 2020 9:10 AM
To: Powers, Pamela; Connell, Lawrence B.; Stone, Richard A., MD
Subject: OIG Report on COVID-19 screening

Pam, I am hearing that OIG may release the report this afternoon.

He also had a couple of points to share... He never asked them to conduct an investigation. He asked for secret shoppers to inform leaders of how things were going, which is a far cry from investigating. They also insisted there would not be a report of their "secret shopping"

Here is our initial response…

In these unprecedented times requiring tightly-coordinated development and deployment of new and unique processes across the nation, we acknowledge receipt of this report.

We are, however, concerned that publication will exacerbate already anxious Veterans and Americans at a time when all VA entities and the federal government writ large have an obligation to enhance public stability. Chief among our concerns during this national emergency is that Veterans may avoid coming to VA for care due to a misperception that VA's Health Administration is not sufficiently resourced to care for them or protect them from COVID-19. This falsehood would likely have tragic consequences and would undermine VHA's mission to support the country's emergency response to the historic pandemic. Since the report does not pertain to the direct health, safety or welfare of Veterans in our care, we object to publication of this report at this time. Further, we are deeply concerned that these investigators (many of them clinicians) did not abide by CDC guidelines regarding social distancing, and their movement from one VA hospital and Community Clinic to the next could very possibly make them COVID-19 vectors and put our patients and staff at risk. In these unparalleled times, there exists no organization with the skills that OIG insists they are experts on.

Finally, we object to OIG's assertions that a 14 day supply of chloroquine or hydroxychloroquine would have any merit. This is both inaccurate and irresponsible. There are active investigations into these drugs and many others, as discussed by Dr. Anthony Fauci as recently as this afternoon from the White House, and as of yet no conclusions have been made on their effectiveness. To insist that a 14 days'

supply of these drugs is appropriate or not appropriate displays this dangerous lack of expertise on COVID-19 and Pandemic response We encourage OIG to follow national safety guidelines set by the CDC and the President and withhold unfounded information that could damage national posture of confidence and collaboration and increase anxiety and fear among our most vulnerable.

Thank you

(b)(6)

DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

March 19–24, 2020

NATIONAL REVIEW | REPORT #00-00000-000 | MONTH DAY, YEAR

The mission of the Office of Inspector General is to serve veterans and the public by conducting effective oversight of the programs and operations of the Department of Veterans Affairs through independent audits, inspections, reviews, and investigations.

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1-800-488-8244

OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

On March 11, 2020, due to the "alarming levels of spread and severity" of the novel coronavirus disease (COVID-19), the World Health Organization declared a pandemic.[1] Within two days, screening processes were implemented to assess veterans' and visitors' infection status at all Veterans Health Administration (VHA) facilities.[2]

VA also continued planning for its fourth mission, "the provision of hospital care and medical services during certain disasters and emergencies" to persons "who would otherwise not have eligibility to receive such care and services."[3] In effect, VHA facilities provide a safety net for the nation's hospitals should they become overwhelmed—for veterans (whether previously eligible or not) and non-veterans. Within the context of the COVID-19 emergency, VA recognized the need to provide care for otherwise non-eligible veterans as part of a "rapid and effective response to and recovery from the domestic consequences" of the pandemic and a "need for federal government services that address the national health, safety, and welfare needs of the United States."[4]

Approximately one week after screening was initiated at all VHA facilities, the Office of Inspector General (OIG) conducted an inspection to evaluate expeditiously the process (including access to community living centers) and to meet with VHA medical facility leaders to collect data on preparations for an expected dramatic increase in patients with illnesses related to COVID-19.[5] The unannounced visits to facilities were planned to minimize exposure and

---

[1] World Health Organization. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. (The website was accessed on March 23, 2020.) Merriam Webster, *Definition of pandemic*. A pandemic is an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. https://www.merriam-webster.com/dictionary/pandemic. (The website was accessed on March 24, 2020.)

[2] The screening process was instituted for people seeking entry to a VHA medical facility after the World Health Organization pandemic declaration included a set of six questions. Persons are granted entrance to the VA facility based on their responses to the questions.

[3] VA's missions include serving veterans through care, research, and training. A fourth mission for the provision of hospital care and medical services during certain disasters and emergencies was outlined by 38 CFR § 17.86 – [d]uring and immediately following a disaster or emergency…VA under 38 U.S.C 1785 may furnish hospital care and medical services (including those who otherwise do not have VA eligibility for such care and services) responding to, involved in, or otherwise affected by that disaster or emergency.

[4] VA Office of Operation, Security, and Preparedness, March 23, 2020.

[5] On March 10, 2020, VA instituted a no visitors policy at community living centers (formerly referred to as nursing home care units) and spinal cord injury units. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5400. (The

potential transmission of the novel coronavirus for both VA and OIG personnel as well as patients and visitors.[6] Every effort was made to ensure that the visits were not disruptive to facility activities or distracting from COVID-19 responses. The goal was to complete unobtrusive but effective oversight of screening and pandemic preparedness to glean critical information of immediate use to VA leaders at every level as they respond to the needs of veterans, their families, and other stakeholders.

At the outset, it should be noted that throughout this inspection process, the OIG encountered dedicated VHA leaders, frontline care providers, and support staff united in their mission to provide high-quality care to the veterans they serve. Even in times of relative calm, ensuring timely and quality provisions of care is challenging. The OIG recognizes and appreciates the efforts of all VHA personnel who are working in stressful conditions, and risking potential exposure, as they manage the needs of patients and personnel. The recent global pandemic highlights the need for all healthcare systems to anticipate demand and leverage resources on a scale that potentially overwhelms even the largest integrated healthcare systems.

website was accessed on March 24, 2020.) VHA Handbook 1142.01, *Criteria and Standards for VA Community Living Centers (CLC), August* 13, 2008. The handbook announced VA's decision to replace the term Nursing Home Care Unit with community living center. Community living centers are "typically located on, or near a VA medical facility and are VA-owned and operated but may be free-standing in the community." For this report, the OIG uses the term community living center to include nursing home, nursing home care units, or nursing home care.

[6] OIG inspectors screened themselves before driving to medical facilities in an attempt to not introduce the coronavirus into the facility or spread the virus between communities.

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Methodology

OIG leaders and medical staff developed and refined a series of pandemic-related questions. Fifty OIG staff, most with clinical experience, volunteered to visit selected VA facilities including medical centers, community living centers, and community based outpatient clinics. Site selection depended on OIG inspectors' geographical proximity to the facility as the approved method of travel was by car to avoid potential exposure and transmission of COVID-19. A total of 237 facilities (58 medical centers, 54 community living centers, and 125 community based outpatient clinics) were visited.

Visits to selected facilities were completed from March 19–March 24, 2020. OIG inspectors drove to VA medical facilities (medical centers, community living centers, and community based outpatient clinics) that were close to their homes and observed or underwent the screening process or both. Interviews with facility leaders were brief and focused, in recognition of the demands for them to be fully engaged in preparing their facilities and staff for the expected increase in workload. Inspectors had a list of prepared questions, and most facility leader interviews took less than 45 minutes. If leaders could not readily respond to questions about current numbers or status of patients and equipment, OIG inspectors left a questionnaire for the facility to complete and submit to the OIG over the next 24 to 48 hours.

Upon arrival to a facility, OIG staff did not immediately make their identity known to VHA staff. After observing VHA personnel screen individuals who were seeking entrance or being screened themselves or both, OIG staff sought entrance to community living centers if one was located within the medical center or on medical center grounds to determine if they would be denied entrance as a visitor.[7] After completing those task(s), OIG inspectors proceeded to the medical center leadership suite, identified themselves, and conferred with leaders regarding the results of the screening observations and community living center access attempts. OIG staff also discussed the COVID-19 testing process, the availability of medications, supplies, equipment, and staffing, and current collaboration and coordination with healthcare organizations in the community. If leaders needed to provide written responses when requested data was not readily available during the interview, the information was generally provided within 48 hours.

[7] VHA's screening process included six questions: (1) what is the purpose of your visit today; (2) have you traveled to an area with widespread or sustained community transmission of coronavirus (within the last 14 days); (3) have you been in contact with a person that has confirmed Coronavirus; (4) have you had or currently have a fever (greater or equal to 100.4 degrees Fahrenheit within the last 48-72; (5) do you have a new or worsening cough or shortness of breath or both; and (6) do you have any flu-like symptoms (such as nasal congestion, sore throat or headache).

Figure 1: Map of selected VA medical facilities visited March 19–24, 2020

The numbers of facilities presented in the screening, access, and readiness data sets in this report vary based on the facilities' organizational structure. For instance, OIG staff interviewed 54 VHA facility directors, and/or their designees, who were responsible for the 58 medical centers visited, regarding readiness for COVID-19 care. For the directors who were responsible for more than one medical center (or campus), OIG considered their response collectively for all the medical centers (or campuses) under their jurisdiction. Data from each site were collected and made available in real time to senior leaders at VHA headquarters. Significantly, the OIG did not assess the data submitted by VHA leaders for accuracy or completeness.

Inspection Results

The inspection results first focus on screening and access issues. The facilities' response and readiness results follows. For the table(s) below, information related to VA's screening efforts, visitors' access to community living centers, and readiness capabilities reported by VHA leaders are arranged by Veterans Integrated Service Network (VISN). Aggregating results by VISN facility is meant to help readers locate information by area and to assist with identifying any possible trends within or across VISNs. As medical facilities were selected according to volunteer OIG staff's ability to drive to the destination, not all VISNs (and therefore the facilities within them) are represented.

1. Screening for COVID-19 at Selected Medical Centers

OIG staff who self-screened prior to arriving at facilities to conduct the inspection observed and/or underwent VA screening processes at the selected medical centers (see table 1).

Table 1. Medical Center COVID-19 Screening

● = *generally adequate screening* ◉ = *opportunities exist to improve screening*
○ = *inadequate screening*

VISN	Facility	City, State	OIG Assessment of Screening Adequacy
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	●
1	Manchester VAMC	Manchester, NH	●
1	Providence VAMC	Providence, RI	●
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	●
1	VA Boston HCS: West Roxbury Campus	West Roxbury, MA	◉
1	VA Boston HCS: Brockton Campus	Brockton, MA	●
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	●
1	VA Maine HCS	Augusta, ME	●
1	White River Junction VAMC	White River Junction, VT	●
2	VA Finger Lakes HCS	Canandaigua, NY	●
2	VA Western New York HCS	Buffalo, NY	●
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●
4	Wilmington VAMC	Wilmington, DE	●
5	Martinsburg VAMC	Martinsburg, WV	●

VISN	Facility	City, State	OIG Assessment of Screening Adequacy
5	VA Maryland HCS	Baltimore, MD	○
5	Washington VAMC	Washington, DC	●
6	Durham VA Medical Center	Durham, NC	●
6	Fayetteville VAMC	Fayetteville, NC	○
6	Hampton VAMC	Hampton, VA	●
6	Hunter Homes McGuire Hospital	Richmond, VA	●
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●
7	Atlanta VAMC	Decatur, GA	●
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	●
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●
7	Charlie Norwood Department of Veterans Affairs Medical Center: Uptown Campus	Augusta, GA	●
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	○
8	Bay Pines VA HCS	Bay Pines, FL	○
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	○
8	James A. Haley Veterans' Hospital	Tampa, FL	●
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●
8	Orlando VAMC	Orlando, FL	●
10	Battle Creek VAMC	Battle Creek, MI	●
10	John D. Dingell VAMC	Detroit, MI	●
10	Richard L. Roudebush VAMC	Indianapolis, IN	○
12	Clement J. Zablocki VAMC	Milwaukee, WI	●
12	Edward Hines Jr. VA Hospital	Hines, IL	●
12	Jesse Brown VAMC	Chicago, IL	○
12	VA Illiana HCS	Danville, IL	●
16	Gulf Coast Veterans HCS	Biloxi, MS	○
16	Michael E. DeBakey VAMC	Houston, TX	●
16	Southeast Louisiana Veterans HCS	New Orleans, LA	○
17	Central Texas Veterans HCS: Doris Miller VAMC	Waco, TX	●
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center	Temple, TX	●

VISN	Facility	City, State	OIG Assessment of Screening Adequacy
17	VA North Texas Health Care System	Dallas, TX	●
19	Oklahoma City VA HCS	Oklahoma City, OK	●
19	VA Eastern Colorado HCS	Aurora, CO	◐
19	VA Salt Lake City HCS	Salt Lake City, UT	●
20	VA Portland HCS	Portland, OR	◐
20	VA Puget Sound HCS: American Lake Division	Tacoma, WA	●
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	◐
21	VA Southern Nevada HCS	N. Las Vegas, NV	◐
22	Phoenix VA HCS	Phoenix, AZ	●
22	Southern Arizona VA HCS	Tucson, AZ	○
22	VA Greater Los Angeles HCS	Los Angeles, CA	●
22	VA Loma Linda HCS	Loma Linda, CA	●
22	VA Long Beach HCS	Long Beach, CA	◐
22	VA San Diego HCS	San Diego, CA	●
23	VA Nebraska-Western Iowa HCS	Omaha, NE	◐

Source: VA OIG analysis of March 19–24, 2020, VHA data
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

The OIG determined that 41 of the 58 (71 percent) visited medical centers' screening processes were generally adequate; 16 (28 percent) of the medical centers had some opportunities for improvement.[1] One facility, the Southern Arizona VA Health Care System, had inadequate screening processes.

Screening questions assessed patients' and visitors' risk for COVID-19 infection by reviewing a series of respiratory and other symptoms, travel history, and known or potential exposure to other positive patients. Inspectors noted that in many instances, screeners may have combined questions, used language not identical but consistent with the intent of the scripted questions, or may have not asked all the questions based on additional information presented by those being screened. Recognizing the intent of the scripted screening questions, the OIG understands that

[1] Facilities with generally adequate screening processes were those whose screeners missed 0–1 of the required screening questions. Facilities with some opportunities for improvement were those whose screeners missed 2–3 of the required screening questions.

staff conducting the screens may have used clinical judgment as well as geographical disease burden information to adjust the scripted questions without compromising the integrity of risk assessment and therefore considered these types of screenings adequate. Locations determined to have "opportunities to improve their screening processes" were those where screening was taking place, but screeners were eliminating one to three questions that specifically identified distinct risk factors.

At the medical center that was considered to have inadequate screening processes, the Southern Arizona VA Health Care System, OIG staff observed two individuals being screened and noted that only some of the screening questions were being asked. VHA staff told the two individuals to place a sticker with the date of screening on their shirts and wear face masks during their visit (both the sticker and masks were provided by the screeners). When the OIG staff approached the screening checkpoint, VHA staff gave the same instructions related to the sticker and face mask but did not ask the screening questions.

2. Screening for COVID-19 at Selected Community Based Outpatient Clinics

OIG staff who self-screened prior to arriving at the facilities to conduct the inspection observed and/or underwent VA screening processes at the selected community based outpatient clinics (see table 2).

Table 2. Community Based Outpatient Clinic COVID-19 Screening

● *= screening process in place* ○ *= no screening process in place*

VISN	Outpatient Clinic	City, State	Screening Process in Place?
1	Edith Nourse Rogers Memorial Veterans' Hospital – Gloucester VA Clinic	Gloucester, MA	●
1	Edith Nourse Rogers Memorial Veterans' Hospital – Lynn VA Clinic	Lynn, MA	●
1	Manchester VAMC – Conway VA Clinic	Conway, NH	●
1	Manchester VAMC – Somersworth VA Clinic	Somersworth, NH	●
1	Manchester VAMC – Tilton VA Clinic	Tilton, NH	●
1	Providence VAMC – Hyannis VA Clinic	Hyannis, MA	●
1	Providence VAMC – Middletown VA Clinic	Middletown, RI	●
1	VA Connecticut HCS – Waterbury VA Clinic	Waterbury, CT	●
1	VA Connecticut HCS – Willimantic VA Clinic	Willimantic, CT	●
1	VA Connecticut HCS – Winsted VA Clinic	Winsted, CT	●
1	VA Maine HCS – Lewiston VA Clinic	Lewiston, ME	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
1	White River Junction VAMC – Burlington Lakeside VA Clinic	Burlington, VT	●
1	White River Junction VAMC – Littleton VA Clinic	Littleton, NH	●
1	White River Junction VAMC – Newport VA Clinic	Newport, VT	●
1	White River Junction VAMC – Rutland VA Clinic	Rutland, VT	●
2	VA Finger Lakes HCS – Rochester Calkins VA Clinic	Rochester, NY	●
2	VA Finger Lakes HCS – Rochester Westfall VA Clinic	Rochester, NY	●
2	VA Western New York HCS – Lackawanna VA Clinic	Lackawanna, NY	●
2	VA Western New York HCS – Lockport VA Clinic	Lockport, NY	●
2	VA Western New York HCS – Olean VA Clinic	Olean, NY	●
5	Martinsburg VAMC – Stephens City VA Clinic	Winchester, VA	●
5	Washington VAMC – Fort Belvoir VA Clinic	Fort Belvoir, VA	●
6	Fayetteville VAMC – Cumberland County VA Clinic	Fayetteville, NC	●
6	Fayetteville VAMC – Fayetteville VA Clinic	Fayetteville, NC	●
6	Fayetteville VAMC – Hamlet VA Clinic	Hamlet, NC	●
6	Fayetteville VAMC – Lee County VA Clinic	Sanford, NC	●
6	Hampton VAMC – Chesapeake VA Clinic	Hampton, VA	●
6	Hampton VAMC – Virginia Beach VA Clinic	Virginia Beach, VA	●
6	Hunter Homes McGuire Hospital – Charlottesville VA Clinic	Charlottesville, VA	●
6	Hunter Homes McGuire Hospital – Emporia VA Clinic	Emporia, VA	●
6	Hunter Homes McGuire Hospital – Fredericksburg 2 VA Clinic	Fredericksburg, VA	●
6	Hunter Homes McGuire Hospital – Fredericksburg VA Clinic	Fredericksburg, VA	●
6	W.G. (Bill) Hefner Salisbury VAMC – Kernersville VA Clinic	Kernersville, NC	●
7	Charlie Norwood VAMC – Aiken VA Clinic	Aiken, SC	●
7	William Jennings Bryan Dorn VAMC – Sumter VA Clinic	Sumter, SC	●
8	Bay Pines VA HCS – Bradenton VA Clinic	Bradenton, FL	●
8	Bay Pines VA HCS – Lee County VA Clinic	Cape Coral, FL	●
8	Bay Pines VA HCS – Naples VA Clinic	Naples, FL	●
8	Bay Pines VA HCS – Palm Harbor VA Clinic	Palm Harbor, FL	●
8	Bay Pines VA HCS – Port Charlotte VA Clinic	Port Charlotte, FL	●
8	Bay Pines VA HCS – Sarasota VA Clinic	Sarasota, FL	●
8	Bay Pines VA HCS – Sebring VA Clinic	Sebring, FL	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
8	Bay Pines VA HCS – St. Petersburg VA Clinic	St. Petersburg, FL	●
8	Bruce W. Carter VAMC – Homestead VA Clinic	Homestead, FL	●
8	James A. Haley Veterans' Hospital – Brooksville VA Clinic – Brooksville	Brooksville, FL	●
8	James A. Haley Veterans' Hospital – Lakeland VA Clinic – Lakeland	Lakeland, FL	●
8	James A. Haley Veterans' Hospital – Lecanto VA Clinic – Lecanto	Lecanto, FL	●
8	James A. Haley Veterans' Hospital – New Port Richey VA Clinic – New Port Richey	New Port Richey, FL	●
8	James A. Haley Veterans' Hospital – Zephyrhills VA Clinic – Zephyrhills	Zephyrhills, FL	●
8	North Florida/Southern Georgia HCS – Gainesville Sixteenth Street VA Clinic	Gainesville, FL	●
8	North Florida/Southern Georgia HCS – Jacksonville 1 VA Clinic	Jacksonville, FL	●
8	North Florida/Southern Georgia HCS – Ocala VA Clinic	Ocala, FL	●
8	North Florida/Southern Georgia HCS – Palatka VA Clinic	Palatka, FL	●
8	North Florida/Southern Georgia HCS – Saint Augustine VA Clinic	Saint Augustine, FL	●
8	North Florida/Southern Georgia HCS – The Villages VA Clinic	The Villages, FL	●
10	Battle Creek VAMC – Wyoming VA Clinic – Wyoming	Wyoming, MI	●
12	Clement J. Zablocki VAMC – Union Grove VA Clinic	Union Grove, WI	●
12	Edward Hines Jr. VA Hospital – Aurora VA Clinic	North Aurora, IL	●
12	Edward Hines Jr. VA Hospital – Hoffman Estates VA Clinic	Hoffman Estates, IL	●
12	Edward Hines Jr. VA Hospital – Joliet VA Clinic	Joliet, IL	●
12	Edward Hines Jr. VA Hospital – Kankakee County VA Clinic	Bourbonnais, IL	●
12	Edward Hines Jr. VA Hospital – LaSalle VA Clinic	Peru, IL	●
12	Jesse Brown VAMC – Adam Benjamin Jr., Veterans' Administration Outpatient Clinic	Crown Point, IN	●
12	Jesse Brown VAMC – Auburn Gresham VA Clinic	Chicago, IL	○
12	Jesse Brown VAMC – Chicago Heights VA Clinic	Chicago Heights, IL	●
12	Jesse Brown VAMC – Lakeside VA Clinic	Chicago, IL	○
12	VA Illiana HCS – Bloomington VA Clinic	Bloomington, IL	●
12	VA Illiana HCS – Bob Michel Department of Veterans Affairs Outpatient Clinic	Peoria, IL	●
12	VA Illiana HCS – Decatur VA Clinic	Decatur, IL	●
12	VA Illiana HCS – Mattoon VA Clinic	Mattoon, IL	●
12	VA Illiana HCS – Springfield VA Clinic	Springfield, IL	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
16	Gulf Coast Veterans HCS – Eglin Air Force Base VA Clinic	Eglin Air Force Base, FL	●
16	Gulf Coast Veterans HCS – Mobile VA Clinic	Mobile, AL	●
16	Gulf Coast Veterans HCS – Pensacola VA Clinic	Pensacola, FL	●
16	Michael E. DeBakey VAMC – Conroe VA Clinic	Conroe, TX	●
16	Michael E. DeBakey VAMC – Galveston County VA Clinic	Galveston, TX	●
16	Michael E. DeBakey VAMC – Katy VA Clinic	Katy, TX	●
16	Michael E. DeBakey VAMC – Lake Jackson VA Clinic	Lake Jackson, TX	●
16	Michael E. DeBakey VAMC – Richmond VA Clinic	Richmond, TX	●
16	Michael E. DeBakey VAMC – Tomball VA Clinic	Tomball, TX	●
17	Central Texas Veterans HCS – Palestine VA Clinic	Palestine, TX	●
17	VA North Texas HCS – Grand Prairie VA Clinic	Grand Prairie, TX	●
17	VA North Texas HCS – Plano VA Clinic	Plano, TX	●
19	Oklahoma City VA HCS – Ardmore VA Clinic	Ardmore, OK	●
19	Oklahoma City VA HCS – Lawton North VA Clinic	Fort Sill, OK	●
19	Oklahoma City VA HCS – Wichita Falls VA Clinic	Sheppard AFB, TX	●
19	VA Eastern Colorado HCS – Aurora VA Clinic	Aurora, CO	●
19	VA Eastern Colorado HCS – Denver VA Clinic	Denver, CO	●
19	VA Eastern Colorado HCS – Golden VA Clinic	Golden, CO	●
19	VA Salt Lake City HCS – Orem VA Clinic	Orem, UT	●
19	VA Salt Lake City HCS – Western Salt Lake VA Clinic	West Valley City, UT	●
20	VA Portland HCS – Hillsboro VA Clinic	Hillsboro, OR	●
20	VA Portland HCS – Portland VA Clinic	Portland, OR	●
20	VA Portland HCS – West Linn VA Clinic	West Linn, OR	●
20	VA Puget Sound HCS – Bellevue VA Clinic	Bellevue, WA	●
20	VA Puget Sound HCS – Federal Way VA Clinic	Federal Way, WA	●
20	VA Puget Sound HCS – Mount Vernon VA Clinic	Mount Vernon, WA	●
20	VA Puget Sound HCS – North Olympic Peninsula VA Clinic	Port Angeles, WA	●
20	VA Puget Sound HCS – North Seattle VA Clinic	Seattle, WA	●
20	VA Puget Sound HCS – Silverdale VA Clinic	Silverdale, WA	●
20	VA Puget Sound HCS – South Sound VA Clinic	Chehalis, WA	●
21	VA Southern Nevada HCS – Northeast Las Vegas VA Clinic	Las Vegas, NV	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
21	VA Southern Nevada HCS – Northwest Las Vegas VA Clinic	Las Vegas, NV	●
21	VA Southern Nevada HCS – Southeast Las Vegas VA Clinic	Henderson, NV	●
22	Phoenix VA HCS – Northeast Phoenix VA Clinic	Scottsdale, AZ	●
22	Phoenix VA HCS – Northwest VA Clinic	Surprise, AZ	●
22	Phoenix VA HCS – Thunderbird VA Clinic	Phoenix, AZ	●
22	VA Greater Los Angeles HCS – East Los Angeles VA Clinic	Commerce, CA	●
22	VA Greater Los Angeles HCS – Los Angeles VA Clinic	Los Angeles, CA	●
22	VA Greater Los Angeles HCS – San Gabriel Valley VA Clinic	Arcadia, CA	●
22	VA Greater Los Angeles HCS – Sepulveda Outstation	Sepulveda, CA	●
22	VA Loma Linda HCS – Corona VA Clinic	Corona, CA	●
22	VA Loma Linda HCS – Loma Linda VA Clinic	Redlands, CA	●
22	VA Loma Linda HCS – Rancho Cucamonga VA Clinic	Rancho Cucamonga, CA	●
22	VA Long Beach HCS – Anaheim VA Clinic	Anaheim, CA	●
22	VA Long Beach HCS – Santa Ana VA Clinic	Santa Ana, CA	●
22	VA Long Beach HCS – Santa Fe Springs VA Clinic	Santa Fe Springs, CA	●
22	VA San Diego HCS – Chula Vista VA Clinic (mental health clinic)	Chula Vista, CA	○
22	VA San Diego HCS – Escondido VA Clinic	Escondido, CA	●
22	VA San Diego HCS – Imperial Valley VA Clinic	El Centro, CA	○
22	VA San Diego HCS – Mission Valley VA Clinic	San Diego, CA	●
22	VA San Diego HCS – Oceanside VA Clinic	Oceanside, CA	●
22	VA San Diego HCS – Rio VA Clinic	San Diego, CA	●
23	VA Nebraska– Western Iowa HCS – Lincoln VA Clinic	Lincoln, NE	●
23	VA Nebraska– Western Iowa HCS – Shenandoah VA Clinic	Shenandoah, IA	●

Source: VA OIG analysis of March 19–24, 2020, VHA data
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

The OIG determined that 121 of the 125 (97 percent) visited community based outpatient clinics had screening processes in place. Overwhelmingly, OIG staff observed screening questions asked to assess patient and visitor health, and possible exposure to COVID-19. These screenings took place in a variety of

settings, including from cars, outdoor tents, clinic vestibules and anterooms, and lobbies. OIG staff noted signs and banners at many locations notifying visitors of COVID-19 screening procedures, concerns, and symptoms.

Four facilities were observed as having no screening procedures in place.[2] At three locations, OIG staff presented themselves as visitors and were warmly greeted but not asked any COVID-19 screening questions. At the fourth facility, the VA San Diego HCS - Imperial Valley VA Clinic, patients and visitors were permitted to enter freely into the waiting room. The OIG team entered and stood in the waiting room for 10 minutes and were never greeted or screened.

3. Community Living Center Access

OIG staff who self-screened prior to arriving at facilities to conduct the inspection attempted to gain access to community living centers to test VA's no visitors policy (see table 3).

Table 3: Community Living Centers Found Accessible

● = *no* ○ = *yes*

VISN	Facility	City, State	VHA Staff were Prepared to Allow OIG Staff Entry
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 4	Bedford, MA	○
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 2	Bedford, MA	○
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 6 (A/B)	Bedford, MA	○
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 6 (C/D)	Bedford, MA	○
1	Manchester VAMC	Manchester, NH	●
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	○
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	●
1	VA Maine HCS	Augusta, ME	●
2	Buffalo VAMC	Buffalo, NY	●
2	VA Finger Lakes HCS	Canandaigua, NY	●
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●

[2] Jesse Brown VAMC – Lakeside VA Clinic, Jesse Brown VAMC – Auburn Gresham VA Clinic, VA San Diego HCS - Imperial Valley VA Clinic, and VA San Diego HCS – Chula Vista VA Clinic.

VISN	Facility	City, State	VHA Staff were Prepared to Allow OIG Staff Entry
4	Wilmington VAMC	Wilmington, DE	●
5	Martinsburg VAMC	Martinsburg, WV	●
5	VA Maryland HCS	Baltimore, MD	●
5	Washington VAMC	Washington, DC	●
6	Durham VA Medical Center	Durham, NC	●
6	Fayetteville VAMC	Fayetteville, NC	●
6	Hampton VAMC	Hampton, VA	●
6	Hunter Homes McGuire Hospital	Richmond, VA	●
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●
7	Atlanta VAMC	Decatur, GA	○
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	●
8	Bay Pines VA HCS	Bay Pines, FL	●
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	●
8	James A. Haley Veterans' Hospital	Tampa, FL	●
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●
8	Orlando VAMC	Orlando, FL	●
10	Battle Creek VAMC – Building 82	Battle Creek, MI	●
10	Battle Creek VAMC – Building 84	Battle Creek, MI	●
10	John D. Dingell VAMC – 6N/S	Detroit, MI	●
10	John D. Dingell VAMC – A5101	Detroit, MI	○
12	Clement J. Zablocki VAMC	Milwaukee, WI	●
12	Edward Hines Jr. VA Hospital	Hines, IL	●
12	Jesse Brown VAMC	Chicago, IL	●
12	VA Illiana HCS	Danville, IL	●
16	Gulf Coast Veterans HCS	Biloxi, MS	●
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center - Temple	Temple, TX	●

VISN	Facility	City, State	VHA Staff were Prepared to Allow OIG Staff Entry
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center - Waco	Waco, TX	●
17	VA North Texas Health Care System	Dallas, TX	●
17	VA North Texas Health Care System - Bonham	Bonham, TX	●
19	Oklahoma City VA HCS	Oklahoma City, OK	●
20	VA Portland HCS	Portland, OR	●
20	VA Puget Sound HCS: American Lake	Tacoma, WA	●
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	●
22	Phoenix VA HCS	Phoenix, AZ	●
22	Southern Arizona VA HCS	Tucson, AZ	○
22	VA Greater Los Angeles HCS – Los Angeles	Los Angeles, CA	●
22	VA Greater Los Angeles HCS - Sepulveda	Sepulveda, CA	●
22	VA Loma Linda HCS	Loma Linda, CA	●
22	VA Long Beach HCS	Long Beach, CA	○
22	VA San Diego HCS	San Diego, CA	●

Source: VA OIG analysis of March 19–24, 2020, data
HCS = health care system or healthcare system
VAMC = VA medical center

4. Readiness: Availability of COVID-19 Testing[3]

Facility leaders were asked to tabulate the number of veterans, employees, or others who were tested, tested positive, and/or were admitted. Additional questions were related to COVID-19 testing at the facilities and, if available, which laboratory conducted the testing (see table 4).

[3] OIG considers the availability of COVID testing as an important part of the provision of healthcare services. Diagnostic results guide VA providers and patients in their care planning and treatment decision-making processes.

Table 4. COVID-19 Testing

Testing Center	Number of VA Medical Facilities Using the Testing Center
County or State Health Department	29
Commercial Lab	26
VA Palo Alto	20
University Lab	6

Source: VA OIG collection of March 19–24, 2020 data as reported by VA facilities

Analysis and Summary

On March 10, 2020, VA announced a no visitors policy in community living centers and spinal cord injury units to decrease COVID-19 exposure to those patients who are considered high-risk.[4] OIG staff tested the policy by attempting to visit 54 VA community living centers.[5]

Nine community living centers located on six different campuses were accessible. All observations were immediately reported to facility leaders.

- Two of the locations, Edith Nourse Rogers Memorial Hospital – Building 4 (Bedford, Massachusetts) and the John D. Dingell VA Medical Center (Detroit, Michigan) lacked signage barring visitors and did not have barriers preventing entry.
- At five locations, including the other three community living centers on the grounds of the Edith Nourse Rogers Memorial Hospital (Building 2, Building 6-A/B, and Building 6-C/D) and the community living centers contained within the Atlanta VA Medical Center and the Southern Arizona Health Care System, access to the units was not well monitored.[6] VHA personnel at those locations were either not present at the entrance, willing to screen visitors for entry, or were ready to allow entry because visitors had already been screened at the medical center entrance.

[4] An exception to the no visitors policy was allowed for veterans are in their last stages of life on hospice units. In those cases, visitors were limited to a specific veteran's room. For this inspection, access to spinal cord injury units was not tested.

[5] If no one was checking visitors at the entrance to the community living center or if access was granted, OIG staff were instructed to not enter to avoid exposure and prevent potential transmission.

[6] After being screened at the main entrance to the Atlanta Medical Center and granted access, OIG staff proceeded to the community living center that was located within the same building. A sign was posted on the door to the community living center indicating it was a restricted area. VHA staff opened the door, saw that OIG staff had a sticker provided at the main screening area with the date of screening and were ready to allow entry. After being screened at the main entrance to the Southern Arizona Health Care System, OIG staff proceeded to the community living center that was located within the same building. No barriers were present in the entrance hallways leading to the community living centers and VHA staff were not immediately available to hinder access. OIG staff did not enter these community living centers to avoid exposure.

- While inspectors were not instructed to test access at all entry points to a facility, OIG staff who visited the Jamaica Plain VA Medical Center and the Tibor Rubin VA Medical Center community living centers found several unlocked and unobserved doors that were accessible.

Analysis and Summary

Of the 54 VA medical facility leaders OIG interviewed, 52 reported collecting COVID-19 specimens.[7] One facility, Manchester VA Medical Center, reported that specimens were not collected or processed, but people who needed testing were referred to the state health department. As of March 19, 2020, none of the facilities visited had the capabilities to process COVID-19 specimens on-site. Other medical facility leaders reported the use of county and state health departments and commercial laboratories as the main testing centers used for processing COVID-19 specimens. VA Palo Alto was the only cited VA location that was processing specimens as of March 19, 2020. Five facilities that anticipated having processing capabilities on their campuses were waiting for a needed supply item (reagents).[8] One facility estimated that specimen processing time could be reduced from several days down to 4 hours by processing at an on-site laboratory.

5. Readiness: Medication Shortages, Supplies, and Equipment

Facility leaders were asked about current and anticipated shortages of medications within the next 14 or 28 days (see table 5a), personal protective equipment, specifically, gloves, gowns, masks including N95s, and face/eye protectors, and the availability of ICU beds, ventilator capable beds, and quarantine beds for both ventilator and non-ventilator patients (see table 5b). Medications listed by facility leaders in anticipated short supply included antibiotics, sedatives, pain, and antiviral medications. Of critical importance in managing infected patients with respiratory symptoms are medications used to treat the potentially severe breathing problems that can occur. Leaders anticipated increased demand of inhaled respiratory therapies.

[7] Jesse Brown VA Medical Center (Chicago, Illinois) declined to provide OIG the requested data.

[8] Bay Pines HCS (Bay Pines, Florida), Greater Los Angeles HCS (Los Angeles, California), James A. Haley Veterans' Hospital (Tampa, Florida), William Jennings Bryan Dorn Department of Veterans Affairs Medical Center (Columbia, South Carolina), and W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center (Salisbury, North Carolina).

Table 5a. Anticipated Medication Shortages by Medical Center

● = *no anticipated medication shortages* ○ = *anticipated medication shortage (within the next 14 or 28 days)*

VISN	Facility	City, State	Anticipated Medication Shortage	Anticipated Medication Needs
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	●	
1	Manchester VAMC	Manchester, NH	●	
1	Providence VAMC	Providence, RI	●	
1	VA Boston HCS	Jamaica Plain, MA	●	
1	VA Connecticut HCS	West Haven, CT	○	14-day: Kaletra, chloroquine, and hydroxychloroquine 28-day: Kaletra, chloroquine, and hydroxychloroquine
1	VA Maine HCS	Augusta, ME	●	
1	White River Junction VAMC	White River Junction, VT	●	
2	Buffalo VAMC	Buffalo, NY	●	
2	VA Finger Lakes HCS	Canandaigua, NY	●	
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●	
4	Wilmington VAMC	Wilmington, DE	●	
5	Martinsburg VAMC	Martinsburg, WV	○	14-day: Hydroxychloroquine 28-day: Hydroxychloroquine
5	VA Maryland HCS	Baltimore, MD	○	14-day: Sterile 70% isopropyl alcohol 28-day: Acetaminophen (325mg and 500mg tablets), IV Piggyback solutions in 50ml, 100ml and 250ml normal saline (NS) and dextrose (placed on allocation by Baxter Health Care Products), and arious nebulizer products (due to increased demands for respiratory treatments)
5	Washington VAMC	Washington, DC	●	
6	Durham VA Medical Center	Durham, NC	○	14-day: Calcium chloride abbojects, amiodarone injections, epinephrine abboject, atrovent inhalers, regular

VISN	Facility	City, State	Anticipated Medication Shortage	Anticipated Medication Needs
				insulin 100u, NPH (Neutral Protamine Hagedorn) insulin, propofol (50ml and 100ml), ipratropium mdi, ephedrine, and rocuronium 28-day: Fentanyl 50mcg/ml injections (all sizes), Tylenol tabs, hydroxychloroquine, heparin, epinephrine, clonazepam, hydromorphone 2mg/ml injections, Midazolam inj, and spacers
6	Fayetteville VAMC	Fayetteville, NC	●	
6	Hampton VAMC	Hampton, VA	●	
6	Hunter Homes McGuire Hospital	Richmond, VA	●	
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●	
7	Atlanta VAMC	Decatur, GA	●	
7	Central Alabama Veterans HCS	Montgomery, AL	●	
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●	
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	○	14-day: Hydroxychloroquine 28-day: Hydroxychloroquine
8	Bay Pines VA HCS	Bay Pines, FL	●	
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	●	
8	James A. Haley Veterans' Hospital	Tampa, FL	○	28-day: Fentanyl
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●	
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●	
8	Orlando VAMC	Orlando, FL	●	
10	Battle Creek VAMC	Battle Creek, MI	●	
10	John D. Dingell VAMC	Detroit, MI	○	14-day: Not specified 28-day: Not specified
10	Richard L. Roudebush VAMC	Indianapolis, IN	●	
12	Clement J. Zablocki VAMC	Milwaukee, WI	●	
12	Edward Hines Jr. VA Hospital	Hines, IL	●	

VISN	Facility	City, State	Anticipated Medication Shortage	Anticipated Medication Needs
12	Jesse Brown VAMC	Chicago, IL	●	
12	VA Illiana HCS	Danville, IL	●	
16	Gulf Coast Veterans HCS	Biloxi, MS	●	
16	Michael E. DeBakey VAMC	Houston, TX	●	
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	
17	Central Texas Veterans HCS	Temple, TX	○	14-day: Hydroxychloroquine, alcohol-based preps, sterile alcohol, acyclovir, acetaminophen, and lopinavir/ritonavir 28-day: Intravenous immunoglobulin (IVIG)
17	VA North Texas HCS	Dallas, TX	●	
19	Oklahoma City VA HCS	Oklahoma City, OK	○	14-day: Hydroxychloroquine, lopinavir/ritonavir, and tocilizumab 28-day: Azithromycin
19	VA Eastern Colorado HCS	Aurora, CO	○	14-day: Medications manufactured in China
19	VA Salt Lake City HCS	Salt Lake City, UT	●	
20	VA Portland HCS	Portland, OR	●	
20	VA Puget Sound HCS	Seattle, WA	○	14-day: Albuterol and combivent 28-day: Hydroxychloroquine, remdesivir (possibly), and acetaminophen
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	
22	Phoenix VA HCS	Phoenix, AZ	○	28-day: Atrovent inhalers, albuterol inhalers, proair inhalers, kaletra (lopinavir/ritonavir), actemra (tocilizumab), prezcobix (darunavir/cobicistat)hydroxychloroquine 200 mg, and chloroquine (250 mg and 500 mg)
22	Southern Arizona VA HCS	Tucson, AZ	●	
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	
22	VA Loma Linda HCS	Loma Linda, CA	●	
22	VA Long Beach HCS	Long Beach, CA	●	
22	VA San Diego HCS	San Diego, CA	●	
23	VA Nebraska-Western Iowa HCS	Omaha, NE	●	

Source: VA OIG collection of March 19–24, 2020, data as reported by VA facilities
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

Challenges exist in determining adequate supplies of medication to care for COVID-19 infected patients. In that no medications are currently proven to treat COVID-19, several medications are under active investigation, and if proven effective, may significantly increase the demand of medications typically stocked in low volumes. Additionally, the inventory of medications used to manage symptoms and for the critically ill to support cardiovascular functions and sedation for intubated patients may be insufficient.

Table 5b. Reported Adequacy of Supplies and Equipment by Medical Center

● = *adequate supplies and/or equipment* ○ = *inadequate supplies and/or equipment*

VISN	Facility Name	City, State	Adequate Supplies	Supply and Equipment Needs
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	●	
1	Manchester VAMC	Manchester, NH	●	
1	Providence VAMC	Providence, RI	○	Sanitizer
1	VA Boston HCS	Jamaica Plain, MA	●	
1	VA Connecticut HCS	West Haven, CT	●	
1	VA Maine HCS	Augusta, ME	●	
1	White River Junction VAMC	White River Junction, VT	○	Powered air purifying respirators
2	Buffalo VAMC	Buffalo, NY	○	Masks and gloves
2	VA Finger Lakes HCS	Canandaigua, NY	○	N95 masks
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●	
4	Wilmington VAMC	Wilmington, DE	●	
5	Martinsburg VAMC	Martinsburg, WV	●	
5	VA Maryland HCS	Baltimore, MD	○	N95 masks and face/eye protection
5	Washington VAMC	Washington, DC	○	Testing kits, powered air purifying respirators, gowns, and face/eye protection
6	Durham VA Medical Center	Durham, NC	○	Ventilators, N95 masks (small and extra small sizes), gowns, and face/eye protection
6	Fayetteville VAMC	Fayetteville, NC	●	

VISN	Facility Name	City, State	Adequate Supplies	Supply and Equipment Needs
6	Hampton VAMC	Hampton, VA	○	Hand sanitizer, powered air purifying respirators, masks, and other personal protective equipment
6	Hunter Homes McGuire Hospital	Richmond, VA	○	Test kits and personal protective equipment
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	○	N95 masks
7	Atlanta VAMC	Decatur, GA	○	Test kits, N95 masks, surgical masks, and eye protection
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	○	Hand sanitizer (small bottles)
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●	
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	●	
8	Bay Pines VA HCS	Bay Pines, FL	○	N95 masks and blood bank supplies
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	○	N95 masks, powered air purifying respirators, gloves, gowns, and face/eye protection
8	James A. Haley Veterans' Hospital	Tampa, FL	○	Testing reagents, swabs, N95 masks, surgical masks, face shields, and surgical gowns
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●	
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●	
8	Orlando VAMC	Orlando, FL	●	
10	Battle Creek VAMC	Battle Creek, MI	○	Hand sanitizer (wall unit and individual use) and level 4 gowns
10	John D. Dingell VAMC	Detroit, MI	○	Ventilators, testing swabs, viral media, hand sanitizer (wall unit and individual use), N95 masks, masks, face shields, goggles, disposable stethoscopes, and disposable blood pressure cuffs
10	Richard L. Roudebush VAMC	Indianapolis, IN	○	Gowns (all sizes) and personal protective equipment
12	Clement J. Zablocki VAMC	Milwaukee, WI	○	3/4 surgical drapes
12	Edward Hines Jr. VA Hospital	Hines, IL	○	Face shields and surgical masks
12	Jesse Brown VAMC	Chicago, IL	●	
12	VA Illiana HCS	Danville, IL	●	
16	Gulf Coast Veterans HCS	Biloxi, MS	○	N95 masks, surgical masks, accessories for powered air purifying respirators, gowns, and goggles

VISN	Facility Name	City, State	Adequate Supplies	Supply and Equipment Needs
16	Michael E. DeBakey VAMC	Houston, TX	○	Hand sanitizer, N95 masks, surgical masks, isolation gowns
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	
17	Central Texas Veterans HCS	Temple, TX	○	N95 masks, powered air purifying respirators, generic masks, goggles and face protection, isolation gowns, and disinfecting/sanitizing wipes
17	VA North Texas HCS	Dallas, TX	○	Hand sanitizer, N95 masks, and disinfecting/sanitizing wipes
19	Oklahoma City VA HCS	Oklahoma City, OK	○	Viral media (testing), N95 masks, masks with face shields, and isolation gowns
19	VA Eastern Colorado HCS	Aurora, CO	○	Surgical masks and disposal gowns
19	VA Salt Lake City HCS	Salt Lake City, UT	○	Hand sanitizer, N95 masks (small size), and surgical masks
20	VA Portland HCS	Portland, OR	○	Flu swabs (testing), N95 masks (small size), and generic masks
20	VA Puget Sound HCS	Seattle, WA	○	Hand sanitizer (wall unit and individual use)
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	
22	Phoenix VA HCS	Phoenix, AZ	○	Face shields for droplet precautions
22	Southern Arizona VA HCS	Tucson, AZ	●	
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	
22	VA Loma Linda HCS	Loma Linda, CA	○	N95 masks and powered air purifying respirators
22	VA Long Beach HCS	Long Beach, CA	●	
22	VA San Diego HCS	San Diego, CA	○	Hand sanitizer, N95 respirators, disposable level 4 gowns, surgical masks, and disinfecting/sanitizing wipes
23	VA Nebraska-Western Iowa HCS	Omaha, NE	○	Hand sanitizer, bleach (cleaning), masks, eye shields, powered air purifying respirators, gowns

Source: VA OIG collection of March 19–24, 2020, data as reported by VA facilities
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

Anticipating equipment and supply needs is challenging as it is unclear when COVID-19 will reach its peak in the United States and ultimately test the capacity of the healthcare systems to care for patients who require prolonged, high-level inpatient, and often, intensive care. At the time of this OIG inspection, facility leaders expressed concerns related to supplies needed to test

patients for COVID-19. They also acknowledged low inventory of personal protective equipment for staff. Of note, leaders at two facilities, Durham VA Medical Center, and John D. Dingle VA Medical Center, Detroit, Michigan reported shortages of mechanical ventilators.

6. Readiness: Staffing

Facility leaders were asked to report on the adequacy of staffing of licensed independent practitioners (LIPs), intensive care unit (ICU) nurses, police, and environmental management. Other questions related to the impact of any employee absenteeism (see table 6).[9]

Table 6. Staffing Adequacy of LIPs, ICU Nurses, Police, and Environmental Management at Selected VA Medical Centers

● = *adequate* ○ = *inadequate* ▬ = *facility declined to provide data*

VISN	Facility	City, State	LIP staffing to optimize care in wards and ICUs	Nurse staffing to optimize care in wards and ICUs	Police staffing[10]	Environmental Management Staffing
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	N/A	N/A	●	○
1	Manchester VAMC	Manchester, NH	N/A	N/A	●	●
1	Providence VAMC	Providence, RI	●	●	●	●
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	●	●	○	○
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	●	○	●	●
1	VA Maine HCS	Augusta, ME	●	●	○	○
1	White River Junction VAMC	White River Junction, VT	●	●	●	○
2	Buffalo VAMC	Buffalo, NY	●	●	●	●
2	VA Fingers Lakes HCS	Canandaigua, NY	●	●	●	●

[9] VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012. An LIP is an "individual permitted by law…and the facility to provide patient care services independently, [that is], without supervision or direction, within the scope of the individual's license, and in accordance with individually-granted clinical privileges. VHA Directive 1850, *Environment Program Services*, March 31, 2017. Environmental Services is responsible for "ensuring a state of physical and biological cleanliness."

[10] VA Police staffing is deemed critical during this OIG inspection because of the 100% screening of all visitors and emergent response needed to mitigate risks of further transmission of COVID-19 infections.

VISN	Facility	City, State	LIP staffing to optimize care in wards and ICUs	Nurse staffing to optimize care in wards and ICUs	Police staffing[10]	Environmental Management Staffing
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●	●	●	●
4	Wilmington VAMC	Wilmington, DE	●	●	●	●
5	Martinsburg VAMC	Martinsburg, WV	●	○	○	●
5	VA Maryland HCS	Baltimore, MD	●	●	●	●
5	Washington VAMC	Washington, DC	●	●	○	○
6	Durham VA Medical Center	Durham, NC	●	●	○	○
6	Fayetteville VAMC	Fayetteville, NC	●	●	●	●
6	Hampton VAMC	Hampton, VA	●	●	●	●
6	Hunter Homes McGuire Hospital	Richmond, VA	●	●	●	○
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●	●	●	○
7	Atlanta VAMC	Decatur, GA	●	○	○	○
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	●	●	●	●
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●	●	●	●
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	●	●	●	●
8	Bay Pines VA HCS	Bay Pines, FL	●	○	○	○
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	●	●	○	○
8	James A. Haley Veterans' Hospital	Tampa, FL	●	●	●	●
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●	●	●	●
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●	●	●	●
8	Orlando VAMC	Orlando, FL	●	○	●	○
10	Battle Creek VAMC	Battle Creek, MI	N/A	N/A	●	●
10	John D. Dingell VAMC	Detroit, MI	●	●	○	○
10	Richard L. Roudebush VAMC	Indianapolis, IN	●	●	○	●
12	Clement J. Zablocki VAMC	Milwaukee, WI	●	●	–	–
12	Edward Hines Jr. VA Hospital	Hines, IL	●	●	●	●

VISN	Facility	City, State	LIP staffing to optimize care in wards and ICUs	Nurse staffing to optimize care in wards and ICUs	Police staffing[10]	Environmental Management Staffing
12	Jesse Brown VAMC	Chicago, IL	●	●	–	–
12	VA Illiana HCS	Danville, IL	●	●	●	●
16	Gulf Coast Veterans HCS	Biloxi, MS	●	○	●	●
16	Michael E. DeBakey VAMC	Houston, TX	●	●	○	○
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	○	●	●
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center	Temple, TX	●	●	●	●
17	VA North Texas HCS	Dallas, TX	○	●	●	●
19	Oklahoma City VA HCS	Oklahoma City, OK	●	●	○	○
19	VA Eastern Colorado HCS	Aurora, CO	●	●	●	●
19	VA Salt Lake City HCS	Salt Lake City, UT	●	●	●	●
20	VA Portland HCS	Portland, OR	●	●	●	○
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	●	●	○	○
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	●	●	●
22	Phoenix VA HCS	Phoenix, AZ	●	●	●	●
22	Southern Arizona VA HCS	Tucson, AZ	●	●	●	●
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	●	●	●
22	VA Loma Linda HCS	Loma Linda, CA	●	○	●	●
22	VA Long Beach HCS	Long Beach, CA	●	●	○	○
22	VA San Diego HCS	San Diego, CA	●	○	●	●
23	VA Nebraska-Western Iowa HCS	Omaha, NE	●	●	○	○

Source: VA OIG collection of March 19–24, 2020, data as reported by VA facilities
N/A= these facilities do not have an ICU
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

Facility leaders, at selected VA medical facilities, were asked about the adequacy of staffing for IPs, ICU nurses, police, and environmental management (including housekeeping). One facility, the VA North Texas HCS in Dallas, Texas, reported inadequate staffing for LIPs if there were to

be a surge and need to shift staff from one area to another. The leader specifically mentioned that if residents and fellows were to be moved, LIP staffing would be short as not all physicians are training in ICU/critical care. Nine facility leaders reported deficient ICU nurse staffing. Of those, four reported that they were currently staffed but would not be in the event of a surge of patients. The other five reported needing additional nurses for various reasons, including school closures, spring break, staff absences, and the fact that nursing staff are being asked to operate screening stations. One facility said it is currently managing by using overtime pay.

Shortages in police staffing are often cited by facilities. In the FY 2019 OIG *Determination of Veterans Health Administration's Occupational Staffing Shortages*, 65 facilities identified this as a severe occupational shortage.[11] During this OIG inspection on readiness, police staffing was cited as inadequate by 15 of 54 medical facility leaders. Thirteen of the facilities reported low staffing numbers due to training, recruitment, and retention challenges, as well as the additional strain caused by the need for additional police presence for COVID-19 related screenings. The remaining two facilities were concerned with the potential need for additional police presence in a surge and budget-related issues. In order to address staffing sufficiency, some facility leaders reported moving to 12-hour shifts and attempting to get contract security services.

Environmental management and housekeeping are also known to have staffing challenges. In the FY 2019 OIG Staffing Report, 56 of 140 (40 percent) of VHA facilities identified either Custodial Worker or Hospital Housekeeping Management as a severe occupational shortage. Facilities leaders from 19 VA medical centers that were visited cited staffing below their full-time staffing levels. The staffing gap ranged from 20 to 51 open positions. Facility leaders cited difficulty with recruitment and retention due to complex hiring practices, wages, and an increased workload related to COVID-19. For example, one facility was deploying staff to clean high-touch areas, such as elevators, doorknobs, and railings, with greater frequency. Some facilities were looking into establishing contracts to try and address staffing gaps.

While almost half (25 of 54) of the facilities reported a rise in absenteeism of staff, facility leaders reported being able to provide coverage so that the impact was minimal. Half of the facilities reported a rise in absentee staff due to childcare issues, school closures, and planned spring break absences. One facility reported absenteeism of older employees due to concerns with their own safety in light of COVID-19 risks. Facility leaders reported allocating staff from to needed areas, moving towards telehealth, and offering overtime pay to address staff absences.

[11] VA OIG, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages FY 2019*. September 30, 2019.

7. Readiness: Coordination between Facility and Community

Facility leaders were asked about plans to share ICU beds or personal protective equipment with community hospitals, whether there was a written agreement for transfer of COVID-19 patients to non-VA community hospitals when a higher level of care was needed, sharing of VA staff with non-VA facilities (see table 7a), and referral patterns (see table 7b).

Table 7a. Coordination with Community Facilities

● = *reported plans to share with community providers*
○ = *no reported plans to share with community providers*
▬ = *facility declined to provide data*

VISN	Facility	City, State	Plans to Share ICU Beds	Plans to Share Personal Protective Equipment Supplies
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	N/A	○
1	Manchester VAMC	Manchester, NH	N/A	●
1	Providence VAMC	Providence, RI	●	○
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	○	○
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	○	○
1	VA Maine HCS	Augusta, ME	○	○
1	White River Junction VAMC	White River Junction, VT	●	○
2	Buffalo VAMC	Buffalo, NY	○	○
2	VA Finger Lakes HCS	Canandaigua, NY	○	○
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	○	○
4	Wilmington VAMC	Wilmington, DE	●	●
5	Martinsburg VAMC	Martinsburg, WV	○	○
5	VA Maryland HCS	Baltimore, MD	●	○
5	Washington VAMC	Washington, DC	○	○
6	Durham VA Medical Center	Durham, NC	○	○
6	Fayetteville VAMC	Fayetteville, NC	●	○
6	Hampton VAMC	Hampton, VA	●	○

VISN	Facility	City, State	Plans to Share ICU Beds	Plans to Share Personal Protective Equipment Supplies
6	Hunter Homes McGuire Hospital	Richmond, VA	○	○
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	○	○
7	Atlanta VAMC	Decatur, GA	○	○
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	●	○
7	Charlie Norwood Department of Veterans Affairs Medical Center: Uptown Campus	Augusta, GA	○	○
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	○	○
8	Bay Pines VA HCS	Bay Pines, FL	○	○
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	○	○
8	James A. Haley Veterans' Hospital	Tampa, FL	●	○
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	○	○
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	○	○
8	Orlando VAMC	Orlando, FL	○	●
10	Battle Creek VAMC	Battle Creek, MI	N/A	●
10	John D. Dingell VAMC	Detroit, MI	●	●
10	Richard L. Roudebush VAMC	Indianapolis, IN	●	●
12	Clement J. Zablocki VAMC	Milwaukee, WI	○	●
12	Edward Hines Jr. VA Hospital	Hines, IL	○	○
12	Jesse Brown VAMC	Chicago, IL	▬	▬
12	VA Illiana HCS	Danville, IL	●	○
16	Gulf Coast Veterans HCS	Biloxi, MS	○	○
16	Michael E. DeBakey VAMC	Houston, TX	●	●
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	○
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center	Temple, TX	○	○
17	VA North Texas HCS	Dallas, TX	○	○

VISN	Facility	City, State	Plans to Share ICU Beds	Plans to Share Personal Protective Equipment Supplies
19	Oklahoma City VA HCS	Oklahoma City, OK	●	●
19	VA Eastern Colorado HCS	Aurora, CO	●	●
19	VA Salt Lake City HCS	Salt Lake City, UT	○	○
20	VA Portland HCS	Portland, OR	○	○
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	○	○
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	●
22	Phoenix VA HCS	Phoenix, AZ	●	○
22	Southern Arizona VA HCS	Tucson, AZ	●	○
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	○
22	VA Loma Linda HCS	Loma Linda, CA	○	○
22	VA Long Beach HCS	Long Beach, CA	○	○
22	VA San Diego HCS	San Diego, CA	○	○
23	VA Nebraska-Western Iowa HCS	Omaha, NE	○	○

Source: VA OIG collection of March 19—24, 2020 data as reported by VA facilities
N/A= these facilities do not have an ICU
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

OIG staff asked facility leaders about plans to share ICU beds and personal protective equipment supplies with community providers. As of March 19, 2020, 23 of the 54 (43 percent) facility leaders reported plans to share ICU beds, personal protective equipment supplies, or both, with community providers.

COVID-19 is not a challenge unique to VA medical centers. Communities across the country are faced with preparing for the surge of patients who will need critical care due to the illness and complications. There may be a need for VA medical centers to refer patients to other VA facilities or community providers or be asked to provide care to community patients. The OIG inspectors examined planned referral patterns (see table 7b).

Table 7b. Potential Referrals for COVID-19 Patients

Hospitals	Number of Times Cited by VA Medical Centers
Other VA Medical Center	13
Private, Community, or University Hospital	46
Department of Defense Hospital	5

Source: VA OIG collection of March 19–24, 2020 data as reported by VA facilities

Analysis and Summary

Facility leaders were also asked where they would send VA patients if they were unable to meet care needs due to COVID-19. Forty-nine of the 54 VHA leaders stated they would send patients to either another VA medical center, or a private, community, university or Department of Defense hospital.[12] The vast majority (46 of 54) cited consideration of the option of sending a sick COVID-19 patient that they could not care for to a private, community, or university hospital. Forty-nine of the 54 facility leaders provided alternative care options, if needed, and 26 of these facilities had written agreements in place. Thirty of the 54 facility leaders cited that there were no barriers that existed that limited the coordination with community resources.

Summary of OIG Findings

The OIG recognizes that conditions at VHA facilities and veterans' needs related to the COVID-19 pandemic may change rapidly. The OIG will continue monitoring VHA in its efforts to provide safe quality healthcare to veterans while also protecting the health of its employees and preparing for national crisis response during this pandemic. It is hoped that the findings in this report will assist VHA leaders to gain a better assessment of screening, access, and emergency preparedness at its facilities. This may also be a useful reference for facilities that were not visited to gauge their status.

[12] Four facilities provided alternative reasons for not transferring patients. Two facilities stated transfer was not an option. In one case, the facility reported that hospitals, in the surrounding counties, were not taking new admissions. Another facility indicated a tiered approach to move patients into new wards, reactivate old wards, and putting up a tent ward, if needed. The last facility leader discussed being a designated site for referrals from other facilities within the VISN, and therefore, would not refer patients to other facilities.

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

OIG Contact and Staff Acknowledgments

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The OIG has federal oversight authority to review the programs and operations of VA medical facilities. OIG inspectors review available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leadership on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

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From: Powers, Pamela
Sent: Thu, 26 Mar 2020 15:27:12 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: RE: OIG Report on COVID-19 screening

Will do so. Our folks are working it.

From: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Sent: Thursday, March 26, 2020 11:23 AM
To: Powers, Pamela (b)(6) va.gov>
Subject: [EXTERNAL] RE: OIG Report on COVID-19 screening

Keep me posted on timing of response. Chief is interested.

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Thursday, March 26, 2020 9:19 AM
To: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Subject: Fwd: OIG Report on COVID-19 screening

I apologize for not attaching this in the original email. Also, please see VHA's response to this investigation (below)

Pam

Get Outlook for iOS

From (b)(6) @va.gov>
Sent: Thursday, March 26, 2020 9:10 AM
To: Powers, Pamela; Connell, Lawrence B.; Stone, Richard A., MD
Subject: OIG Report on COVID-19 screening

Pam, I am hearing that OIG may release the report this afternoon.

He also had a couple of points to share... He never asked them to conduct an investigation. He asked for secret shoppers to inform leaders of how things were going, which is a far cry from investigating. They also insisted there would not be a report of their "secret shopping"

Here is our initial response…

In these unprecedented times requiring tightly-coordinated development and deployment of new and unique processes across the nation, we acknowledge receipt of this report.

We are, however, concerned that publication will exacerbate already anxious Veterans and Americans at a time when all VA entities and the federal government writ large have an obligation to enhance public stability. Chief among our concerns during this national emergency is that Veterans may avoid coming to VA for care due to a misperception that VA's Health Administration is not sufficiently resourced to

care for them or protect them from COVID-19. This falsehood would likely have tragic consequences and would undermine VHA's mission to support the country's emergency response to the historic pandemic. Since the report does not pertain to the direct health, safety or welfare of Veterans in our care, we object to publication of this report at this time. Further, we are deeply concerned that these investigators (many of them clinicians) did not abide by CDC guidelines regarding social distancing, and their movement from one VA hospital and Community Clinic to the next could very possibly make them COVID-19 vectors and put our patients and staff at risk. In these unparalleled times, there exists no organization with the skills that OIG insists they are experts on.

Finally, we object to OIG's assertions that a 14 day supply of chloroquine or hydroxychloroquine would have any merit. This is both inaccurate and irresponsible. There are active investigations into these drugs and many others, as discussed by Dr. Anthony Fauci as recently as this afternoon from the White House, and as of yet no conclusions have been made on their effectiveness. To insist that a 14 days' supply of these drugs is appropriate or not appropriate displays this dangerous lack of expertise on COVID-19 and Pandemic response We encourage OIG to follow national safety guidelines set by the CDC and the President and withhold unfounded information that could damage national posture of confidence and collaboration and increase anxiety and fear among our most vulnerable.

Thank you

(b)(6)

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 16:37:33 +0000
To: (b)(6) EOP/OMB;(b)(6)
Subject: RE: COVID lead for VA?

Hi (b)(6) how can we help?

Pamela Powers
Veterans Affairs Chief of Staff
Cell: 202-430-(b)(6)
(b)(6)@VA.gov

-----Original Message-----
From: (b)(6) EOP/OMB <(b)(6)@omb.eop.gov>
Sent: Thursday, March 26, 2020 12:17 PM
To: (b)(6)@hq.doe.gov>
Cc: Powers, Pamela (b)(6)@va.gov>
Subject: [EXTERNAL] RE: COVID lead for VA?

I am not sure that VA has one "lead" for this - but, I am cc:ing Pam Powers, VA's Chief of Staff. She should be able to connect you to the right person, depending on your issue.

-----Original Message-----
From: (b)(6)@hq.doe.gov>
Sent: Thursday, March 26, 2020 12:12 PM
To: (b)(6). EOP/OMB <(b)(6)@omb.eop.gov>
Subject: COVID lead for VA?

(b)(6)

Could you please send me contact info for Veterans Administration COVID lead?

(b)(6)

(b)(6)
Director, Office of Science
US Department of Energy

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 18:44:16 +0000
To: Nevins, Kristan K. EOP/WHO
Cc: Cashour, Curtis
Subject: Response to OIG
Attachments: OIG - COVID screening 3 26 20 com summary.docx

Here is VA's response to the IG report that we will be sending back to the IG. I apologize for the delay.

Pam

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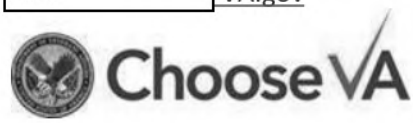

Veterans Health Administration
OIG Inspection of VHA's COVID-19 Screening Processes and Pandemic Readiness
Communications Summary
March 26, 2020

Summary
From March 19-24, VA Office of Inspector General (OIG) conducted site visits to VA medical centers, community based outpatient clinics (CBOC) and community living centers (CLC) to determine if VHA facilities were using proper screening in accordance with VHA policy, their ability to test, and readiness in the areas of staffing, supplies/equipment and coordination with the community.

A total of 237 facilities (58 medical centers, 54 CLC, and 125 CBOC) were visited. Sites were selected based on physical location of OIG reviewers.

Response to findings:
In these unprecedented times requiring tightly-coordinated development and deployment of new and unique processes across the nation, we acknowledge receipt of this report.

We are, however, deeply concerned that these investigators (many of them clinicians) did not abide by CDC guidelines regarding social distancing, and their movement from one VA hospital and Community Clinic to the next could very possibly make them COVID-19 vectors and put our patients and staff at risk.

Finally, we object to OIG's assertions that a 14 day supply of chloroquine or hydroxychloroquine would have any merit. This is both inaccurate and irresponsible. There are active investigations into these drugs and many others, although they have shown promise, as discussed by Dr. Anthony Fauci. Yet no conclusions have been made on their effectiveness. To insist that a 14 days' supply of these drugs is appropriate or not appropriate displays this dangerous lack of expertise on COVID-19 and Pandemic response

Findings:

1. Screening for COVID-19 at 58 medical centers
    - 41 were found to be adequate; 16 had opportunity for improvement;
    - 1 had inadequate screening process

    RESPONSE: VHA has been preparing for the COVID-19 pandemic since January. On January 22, 2020 the Emergency Management Coordination Cell conducted the first nCoV2019 planning session and convened the High Consequence Infection (HCI) workgroup. On March 11, the World Health Organization (WHO) declared COVID-19 a pandemic. Within two days, VA implemented measures to combat COVID-19. Screening guidance went out

March 16. OIG conducted this report between March 19 and 24, 2020, thus, VHA had just begun screening measures four days prior to the beginning of the investigation.

2. Screening for COVID-19 at 125 CBOCs
    - 121 had process in place;
    - 4 did not

    RESPONSE: VHA has been preparing for the COVID-19 pandemic since January. On January 22, 2020 the Emergency Management Coordination Cell conducted the first nCoV2019 planning session and convened the High Consequence Infection (HCI) workgroup. On March 11, the WHO declared COVID-19 a pandemic. Within two days, VA implemented measures to combat COVID-19. Screening guidance went out March 16. OIG conducted this report between March 19 and 24, 2020; thus, VHA had just begun screening measures four days prior to the beginning of the investigation.

3. Community Living Center access (54 CLCs)
    - 9 were prepared to allow OIG staff to enter;
    - 45 were not

    RESPONSE: VHA has been preparing for the COVID-19 pandemic since January. On January 22, 2020 the Emergency Management Coordination Cell conducted the first nCoV2019 planning session and convened the High Consequence Infection (HCI) workgroup. On March 11, the WHO declared COVID-19 a pandemic. Within two days, VA implemented measures to combat COVID-19. On March 10, one day before the pandemic was declared, VHA published guidance to limit admissions and staffing at CLCs, institute screening and reduce visitors to palliative care patients only. OIG conducted this report between March 19 and 24, 2020; thus, VHA had just begun COVID-19 CLC measures 10 days prior to the beginning of the investigation.

4. Availability of COVID-19 testing at VAMC (54 facility leaders interviewed)
    - 52 reported collecting specimens;
    - 1 reported not collecting;
    - 1 was collecting and processing

    RESPONSE: As of Friday, March 13, 2020, two days after the WHO declared COVID-19 a pandemic, VA had 3,000 test kits available, 1,000 of which were provided by CDC and an additional 2,000 VA-developed tests that would only be used if necessary. As of March 25, 2020, VA has administered over 3,378 COVID-19 tests nationwide as of March 24, while taking aggressive steps to prevent COVID-19 transmission.

5. Readiness – medication shortages, supplies and equipment at VAMC
    - 33 reported inadequate supplies/equipment;

- 21 reported adequate supplies/equipment

RESPONSE: VA is equipped with essential items and supplies to handle an influx of coronavirus cases and is monitoring the status of those items daily. VA is coordinating with HHS regarding VHA prioritization of Personal Protective.

6. Readiness – staffing
   - Shortages were reported in the areas of nursing, police and environmental management

RESPONSE: VA is actively recruiting permanent and temporary employees across the nation in both clinical non-clinical positions. VHA is particularly interested in rapid re-employment of retired VA clinicians and Federal health care providers. OPM recently granted VA emergency authorities to use dual compensation waivers to ensure that recently retired employees can rejoin our team with no loss to their retirement annuities. VA has active announcements on USA Jobs for all varieties of nurses, engineers, students, laborers, and other occupations. VA is especially looking for health care professionals with interest and expertise in Tele/Virtual Care, National Call Center, Travel Nurse Corps and Direct Patient Care/Support (at VA Medical Centers).

VA is constantly reviewing staffing levels to ensure facilities have what they need to ensure safe, effective, compassionate health care. We are a large health care system and are working with our sister hospitals in VA to pool resources when necessary as well as preparing for expedited hiring if needed.

7. Readiness – coordination between facility and community
   - 49 of 54 stated they would send patients to another VA facility or a private, community, university or Department of Defense hospital.
   - The vast majority (46 of 54) cited consideration of the option of sending a sick COVID-19 patient that they could not care for to a private, community, or university hospital.
   - Forty-nine of the 54 facility leaders provided alternative care options, if needed, and 26 of these facilities had written agreements in place.
   - Thirty of the 54 facility leaders cited that there were no barriers that existed that limited the coordination with community resources.

RESPONSE: VA stands ready to support the department's "Fourth Mission" to bridge the gap into civilian health care systems in the event those systems encounter capacity issues. Those requests would come from the Department of Health and Human Services (HHS), so we refer you to HHS for further comment. In addition, VA is working with community providers in our COVID-19 response plan and published a fact sheet on March 13, 2020 with guidance for community providers.

FOR INTERNAL USE

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 18:53:00 +0000
To: Nevins, Kristan K. EOP/WHO
Cc: (b)(6) EOP/WHO
Subject: FW: OIG Report on COVID-19 screening
Attachments: OIG Inspection of Veterans Health Administration's Screening Processes and Pandemic Readiness (004).docx

Resending…..

From: Powers, Pamela <(b)(6)@va.gov>
Sent: Thursday, March 26, 2020 9:19 AM
To: Nevins, Kristan K. EOP/WHO <(b)(6)@who.eop.gov>
Subject: Fwd: OIG Report on COVID-19 screening

I apologize for not attaching this in the original email. Also, please see VHA's response to this investigation (below)

Pam

Get Outlook for iOS

DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

March 19–24, 2020

NATIONAL REVIEW | REPORT #00-00000-000 | MONTH DAY, YEAR

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1-800-488-8244

OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

On March 11, 2020, due to the "alarming levels of spread and severity" of the novel coronavirus disease (COVID-19), the World Health Organization declared a pandemic.[1] Within two days, screening processes were implemented to assess veterans' and visitors' infection status at all Veterans Health Administration (VHA) facilities.[2]

VA also continued planning for its fourth mission, "the provision of hospital care and medical services during certain disasters and emergencies" to persons "who would otherwise not have eligibility to receive such care and services."[3] In effect, VHA facilities provide a safety net for the nation's hospitals should they become overwhelmed—for veterans (whether previously eligible or not) and non-veterans. Within the context of the COVID-19 emergency, VA recognized the need to provide care for otherwise non-eligible veterans as part of a "rapid and effective response to and recovery from the domestic consequences" of the pandemic and a "need for federal government services that address the national health, safety, and welfare needs of the United States."[4]

Approximately one week after screening was initiated at all VHA facilities, the Office of Inspector General (OIG) conducted an inspection to evaluate expeditiously the process (including access to community living centers) and to meet with VHA medical facility leaders to collect data on preparations for an expected dramatic increase in patients with illnesses related to COVID-19.[5] The unannounced visits to facilities were planned to minimize exposure and

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[1] World Health Organization. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. (The website was accessed on March 23, 2020.) Merriam Webster, *Definition of pandemic*. A pandemic is an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. https://www.merriam-webster.com/dictionary/pandemic. (The website was accessed on March 24, 2020.)

[2] The screening process was instituted for people seeking entry to a VHA medical facility after the World Health Organization pandemic declaration included a set of six questions. Persons are granted entrance to the VA facility based on their responses to the questions.

[3] VA's missions include serving veterans through care, research, and training. A fourth mission for the provision of hospital care and medical services during certain disasters and emergencies was outlined by 38 CFR § 17.86 – [d]uring and immediately following a disaster or emergency…VA under 38 U.S.C 1785 may furnish hospital care and medical services (including those who otherwise do not have VA eligibility for such care and services) responding to, involved in, or otherwise affected by that disaster or emergency.

[4] VA Office of Operation, Security, and Preparedness, March 23, 2020.

[5] On March 10, 2020, VA instituted a no visitors policy at community living centers (formerly referred to as nursing home care units) and spinal cord injury units. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5400. (The

potential transmission of the novel coronavirus for both VA and OIG personnel as well as patients and visitors.[6] Every effort was made to ensure that the visits were not disruptive to facility activities or distracting from COVID-19 responses. The goal was to complete unobtrusive but effective oversight of screening and pandemic preparedness to glean critical information of immediate use to VA leaders at every level as they respond to the needs of veterans, their families, and other stakeholders.

At the outset, it should be noted that throughout this inspection process, the OIG encountered dedicated VHA leaders, frontline care providers, and support staff united in their mission to provide high-quality care to the veterans they serve. Even in times of relative calm, ensuring timely and quality provisions of care is challenging. The OIG recognizes and appreciates the efforts of all VHA personnel who are working in stressful conditions, and risking potential exposure, as they manage the needs of patients and personnel. The recent global pandemic highlights the need for all healthcare systems to anticipate demand and leverage resources on a scale that potentially overwhelms even the largest integrated healthcare systems.

website was accessed on March 24, 2020.) VHA Handbook 1142.01, *Criteria and Standards for VA Community Living Centers (CLC), August* 13, 2008. The handbook announced VA's decision to replace the term Nursing Home Care Unit with community living center. Community living centers are "typically located on, or near a VA medical facility and are VA-owned and operated but may be free-standing in the community." For this report, the OIG uses the term community living center to include nursing home, nursing home care units, or nursing home care.

[6] OIG inspectors screened themselves before driving to medical facilities in an attempt to not introduce the coronavirus into the facility or spread the virus between communities.

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Methodology

OIG leaders and medical staff developed and refined a series of pandemic-related questions. Fifty OIG staff, most with clinical experience, volunteered to visit selected VA facilities including medical centers, community living centers, and community based outpatient clinics. Site selection depended on OIG inspectors' geographical proximity to the facility as the approved method of travel was by car to avoid potential exposure and transmission of COVID-19. A total of 237 facilities (58 medical centers, 54 community living centers, and 125 community based outpatient clinics) were visited.

Visits to selected facilities were completed from March 19–March 24, 2020. OIG inspectors drove to VA medical facilities (medical centers, community living centers, and community based outpatient clinics) that were close to their homes and observed or underwent the screening process or both. Interviews with facility leaders were brief and focused, in recognition of the demands for them to be fully engaged in preparing their facilities and staff for the expected increase in workload. Inspectors had a list of prepared questions, and most facility leader interviews took less than 45 minutes. If leaders could not readily respond to questions about current numbers or status of patients and equipment, OIG inspectors left a questionnaire for the facility to complete and submit to the OIG over the next 24 to 48 hours.

Upon arrival to a facility, OIG staff did not immediately make their identity known to VHA staff. After observing VHA personnel screen individuals who were seeking entrance or being screened themselves or both, OIG staff sought entrance to community living centers if one was located within the medical center or on medical center grounds to determine if they would be denied entrance as a visitor.[7] After completing those task(s), OIG inspectors proceeded to the medical center leadership suite, identified themselves, and conferred with leaders regarding the results of the screening observations and community living center access attempts. OIG staff also discussed the COVID-19 testing process, the availability of medications, supplies, equipment, and staffing, and current collaboration and coordination with healthcare organizations in the community. If leaders needed to provide written responses when requested data was not readily available during the interview, the information was generally provided within 48 hours.

[7] VHA's screening process included six questions: (1) what is the purpose of your visit today; (2) have you traveled to an area with widespread or sustained community transmission of coronavirus (within the last 14 days); (3) have you been in contact with a person that has confirmed Coronavirus; (4) have you had or currently have a fever (greater or equal to 100.4 degrees Fahrenheit within the last 48-72; (5) do you have a new or worsening cough or shortness of breath or both; and (6) do you have any flu-like symptoms (such as nasal congestion, sore throat or headache).

Figure 1: Map of selected VA medical facilities visited March 19–24, 2020

The numbers of facilities presented in the screening, access, and readiness data sets in this report vary based on the facilities' organizational structure. For instance, OIG staff interviewed 54 VHA facility directors, and/or their designees, who were responsible for the 58 medical centers visited, regarding readiness for COVID-19 care. For the directors who were responsible for more than one medical center (or campus), OIG considered their response collectively for all the medical centers (or campuses) under their jurisdiction. Data from each site were collected and made available in real time to senior leaders at VHA headquarters. Significantly, the OIG did not assess the data submitted by VHA leaders for accuracy or completeness.

Inspection Results

The inspection results first focus on screening and access issues. The facilities' response and readiness results follows. For the table(s) below, information related to VA's screening efforts, visitors' access to community living centers, and readiness capabilities reported by VHA leaders are arranged by Veterans Integrated Service Network (VISN). Aggregating results by VISN facility is meant to help readers locate information by area and to assist with identifying any possible trends within or across VISNs. As medical facilities were selected according to volunteer OIG staff's ability to drive to the destination, not all VISNs (and therefore the facilities within them) are represented.

1. Screening for COVID-19 at Selected Medical Centers

OIG staff who self-screened prior to arriving at facilities to conduct the inspection observed and/or underwent VA screening processes at the selected medical centers (see table 1).

Table 1. Medical Center COVID-19 Screening

● = *generally adequate screening* ◉ = *opportunities exist to improve screening*
○ = *inadequate screening*

VISN	Facility	City, State	OIG Assessment of Screening Adequacy
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	●
1	Manchester VAMC	Manchester, NH	●
1	Providence VAMC	Providence, RI	●
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	●
1	VA Boston HCS: West Roxbury Campus	West Roxbury, MA	◉
1	VA Boston HCS: Brockton Campus	Brockton, MA	●
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	●
1	VA Maine HCS	Augusta, ME	●
1	White River Junction VAMC	White River Junction, VT	●
2	VA Finger Lakes HCS	Canandaigua, NY	●
2	VA Western New York HCS	Buffalo, NY	●
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●
4	Wilmington VAMC	Wilmington, DE	●
5	Martinsburg VAMC	Martinsburg, WV	●

VISN	Facility	City, State	OIG Assessment of Screening Adequacy
5	VA Maryland HCS	Baltimore, MD	○
5	Washington VAMC	Washington, DC	●
6	Durham VA Medical Center	Durham, NC	●
6	Fayetteville VAMC	Fayetteville, NC	○
6	Hampton VAMC	Hampton, VA	●
6	Hunter Homes McGuire Hospital	Richmond, VA	●
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●
7	Atlanta VAMC	Decatur, GA	●
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	●
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●
7	Charlie Norwood Department of Veterans Affairs Medical Center: Uptown Campus	Augusta, GA	●
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	○
8	Bay Pines VA HCS	Bay Pines, FL	○
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	○
8	James A. Haley Veterans' Hospital	Tampa, FL	●
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●
8	Orlando VAMC	Orlando, FL	●
10	Battle Creek VAMC	Battle Creek, MI	●
10	John D. Dingell VAMC	Detroit, MI	●
10	Richard L. Roudebush VAMC	Indianapolis, IN	○
12	Clement J. Zablocki VAMC	Milwaukee, WI	●
12	Edward Hines Jr. VA Hospital	Hines, IL	●
12	Jesse Brown VAMC	Chicago, IL	○
12	VA Illiana HCS	Danville, IL	●
16	Gulf Coast Veterans HCS	Biloxi, MS	○
16	Michael E. DeBakey VAMC	Houston, TX	●
16	Southeast Louisiana Veterans HCS	New Orleans, LA	○
17	Central Texas Veterans HCS: Doris Miller VAMC	Waco, TX	●
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center	Temple, TX	●

VISN	Facility	City, State	OIG Assessment of Screening Adequacy
17	VA North Texas Health Care System	Dallas, TX	●
19	Oklahoma City VA HCS	Oklahoma City, OK	●
19	VA Eastern Colorado HCS	Aurora, CO	◐
19	VA Salt Lake City HCS	Salt Lake City, UT	●
20	VA Portland HCS	Portland, OR	◐
20	VA Puget Sound HCS: American Lake Division	Tacoma, WA	●
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	◐
21	VA Southern Nevada HCS	N. Las Vegas, NV	◐
22	Phoenix VA HCS	Phoenix, AZ	●
22	Southern Arizona VA HCS	Tucson, AZ	○
22	VA Greater Los Angeles HCS	Los Angeles, CA	●
22	VA Loma Linda HCS	Loma Linda, CA	●
22	VA Long Beach HCS	Long Beach, CA	◐
22	VA San Diego HCS	San Diego, CA	●
23	VA Nebraska-Western Iowa HCS	Omaha, NE	◐

Source: VA OIG analysis of March 19–24, 2020, VHA data
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

The OIG determined that 41 of the 58 (71 percent) visited medical centers' screening processes were generally adequate; 16 (28 percent) of the medical centers had some opportunities for improvement.[1] One facility, the Southern Arizona VA Health Care System, had inadequate screening processes.

Screening questions assessed patients' and visitors' risk for COVID-19 infection by reviewing a series of respiratory and other symptoms, travel history, and known or potential exposure to other positive patients. Inspectors noted that in many instances, screeners may have combined questions, used language not identical but consistent with the intent of the scripted questions, or may have not asked all the questions based on additional information presented by those being screened. Recognizing the intent of the scripted screening questions, the OIG understands that

[1] Facilities with generally adequate screening processes were those whose screeners missed 0–1 of the required screening questions. Facilities with some opportunities for improvement were those whose screeners missed 2–3 of the required screening questions.

staff conducting the screens may have used clinical judgment as well as geographical disease burden information to adjust the scripted questions without compromising the integrity of risk assessment and therefore considered these types of screenings adequate. Locations determined to have "opportunities to improve their screening processes" were those where screening was taking place, but screeners were eliminating one to three questions that specifically identified distinct risk factors.

At the medical center that was considered to have inadequate screening processes, the Southern Arizona VA Health Care System, OIG staff observed two individuals being screened and noted that only some of the screening questions were being asked. VHA staff told the two individuals to place a sticker with the date of screening on their shirts and wear face masks during their visit (both the sticker and masks were provided by the screeners). When the OIG staff approached the screening checkpoint, VHA staff gave the same instructions related to the sticker and face mask but did not ask the screening questions.

2. Screening for COVID-19 at Selected Community Based Outpatient Clinics

OIG staff who self-screened prior to arriving at the facilities to conduct the inspection observed and/or underwent VA screening processes at the selected community based outpatient clinics (see table 2).

Table 2. Community Based Outpatient Clinic COVID-19 Screening

● *= screening process in place* ○ *= no screening process in place*

VISN	Outpatient Clinic	City, State	Screening Process in Place?
1	Edith Nourse Rogers Memorial Veterans' Hospital – Gloucester VA Clinic	Gloucester, MA	●
1	Edith Nourse Rogers Memorial Veterans' Hospital – Lynn VA Clinic	Lynn, MA	●
1	Manchester VAMC – Conway VA Clinic	Conway, NH	●
1	Manchester VAMC – Somersworth VA Clinic	Somersworth, NH	●
1	Manchester VAMC – Tilton VA Clinic	Tilton, NH	●
1	Providence VAMC – Hyannis VA Clinic	Hyannis, MA	●
1	Providence VAMC – Middletown VA Clinic	Middletown, RI	●
1	VA Connecticut HCS – Waterbury VA Clinic	Waterbury, CT	●
1	VA Connecticut HCS – Willimantic VA Clinic	Willimantic, CT	●
1	VA Connecticut HCS – Winsted VA Clinic	Winsted, CT	●
1	VA Maine HCS – Lewiston VA Clinic	Lewiston, ME	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
1	White River Junction VAMC – Burlington Lakeside VA Clinic	Burlington, VT	●
1	White River Junction VAMC – Littleton VA Clinic	Littleton, NH	●
1	White River Junction VAMC – Newport VA Clinic	Newport, VT	●
1	White River Junction VAMC – Rutland VA Clinic	Rutland, VT	●
2	VA Finger Lakes HCS – Rochester Calkins VA Clinic	Rochester, NY	●
2	VA Finger Lakes HCS – Rochester Westfall VA Clinic	Rochester, NY	●
2	VA Western New York HCS – Lackawanna VA Clinic	Lackawanna, NY	●
2	VA Western New York HCS – Lockport VA Clinic	Lockport, NY	●
2	VA Western New York HCS – Olean VA Clinic	Olean, NY	●
5	Martinsburg VAMC – Stephens City VA Clinic	Winchester, VA	●
5	Washington VAMC – Fort Belvoir VA Clinic	Fort Belvoir, VA	●
6	Fayetteville VAMC – Cumberland County VA Clinic	Fayetteville, NC	●
6	Fayetteville VAMC – Fayetteville VA Clinic	Fayetteville, NC	●
6	Fayetteville VAMC – Hamlet VA Clinic	Hamlet, NC	●
6	Fayetteville VAMC – Lee County VA Clinic	Sanford, NC	●
6	Hampton VAMC – Chesapeake VA Clinic	Hampton, VA	●
6	Hampton VAMC – Virginia Beach VA Clinic	Virginia Beach, VA	●
6	Hunter Homes McGuire Hospital – Charlottesville VA Clinic	Charlottesville, VA	●
6	Hunter Homes McGuire Hospital – Emporia VA Clinic	Emporia, VA	●
6	Hunter Homes McGuire Hospital – Fredericksburg 2 VA Clinic	Fredericksburg, VA	●
6	Hunter Homes McGuire Hospital – Fredericksburg VA Clinic	Fredericksburg, VA	●
6	W.G. (Bill) Hefner Salisbury VAMC – Kernersville VA Clinic	Kernersville, NC	●
7	Charlie Norwood VAMC – Aiken VA Clinic	Aiken, SC	●
7	William Jennings Bryan Dorn VAMC – Sumter VA Clinic	Sumter, SC	●
8	Bay Pines VA HCS – Bradenton VA Clinic	Bradenton, FL	●
8	Bay Pines VA HCS – Lee County VA Clinic	Cape Coral, FL	●
8	Bay Pines VA HCS – Naples VA Clinic	Naples, FL	●
8	Bay Pines VA HCS – Palm Harbor VA Clinic	Palm Harbor, FL	●
8	Bay Pines VA HCS – Port Charlotte VA Clinic	Port Charlotte, FL	●
8	Bay Pines VA HCS – Sarasota VA Clinic	Sarasota, FL	●
8	Bay Pines VA HCS – Sebring VA Clinic	Sebring, FL	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
8	Bay Pines VA HCS – St. Petersburg VA Clinic	St. Petersburg, FL	●
8	Bruce W. Carter VAMC – Homestead VA Clinic	Homestead, FL	●
8	James A. Haley Veterans' Hospital – Brooksville VA Clinic – Brooksville	Brooksville, FL	●
8	James A. Haley Veterans' Hospital – Lakeland VA Clinic – Lakeland	Lakeland, FL	●
8	James A. Haley Veterans' Hospital – Lecanto VA Clinic – Lecanto	Lecanto, FL	●
8	James A. Haley Veterans' Hospital – New Port Richey VA Clinic – New Port Richey	New Port Richey, FL	●
8	James A. Haley Veterans' Hospital – Zephyrhills VA Clinic – Zephyrhills	Zephyrhills, FL	●
8	North Florida/Southern Georgia HCS – Gainesville Sixteenth Street VA Clinic	Gainesville, FL	●
8	North Florida/Southern Georgia HCS – Jacksonville 1 VA Clinic	Jacksonville, FL	●
8	North Florida/Southern Georgia HCS – Ocala VA Clinic	Ocala, FL	●
8	North Florida/Southern Georgia HCS – Palatka VA Clinic	Palatka, FL	●
8	North Florida/Southern Georgia HCS – Saint Augustine VA Clinic	Saint Augustine, FL	●
8	North Florida/Southern Georgia HCS – The Villages VA Clinic	The Villages, FL	●
10	Battle Creek VAMC – Wyoming VA Clinic – Wyoming	Wyoming, MI	●
12	Clement J. Zablocki VAMC – Union Grove VA Clinic	Union Grove, WI	●
12	Edward Hines Jr. VA Hospital – Aurora VA Clinic	North Aurora, IL	●
12	Edward Hines Jr. VA Hospital – Hoffman Estates VA Clinic	Hoffman Estates, IL	●
12	Edward Hines Jr. VA Hospital – Joliet VA Clinic	Joliet, IL	●
12	Edward Hines Jr. VA Hospital – Kankakee County VA Clinic	Bourbonnais, IL	●
12	Edward Hines Jr. VA Hospital – LaSalle VA Clinic	Peru, IL	●
12	Jesse Brown VAMC – Adam Benjamin Jr., Veterans' Administration Outpatient Clinic	Crown Point, IN	●
12	Jesse Brown VAMC – Auburn Gresham VA Clinic	Chicago, IL	○
12	Jesse Brown VAMC – Chicago Heights VA Clinic	Chicago Heights, IL	●
12	Jesse Brown VAMC – Lakeside VA Clinic	Chicago, IL	○
12	VA Illiana HCS – Bloomington VA Clinic	Bloomington, IL	●
12	VA Illiana HCS – Bob Michel Department of Veterans Affairs Outpatient Clinic	Peoria, IL	●
12	VA Illiana HCS – Decatur VA Clinic	Decatur, IL	●
12	VA Illiana HCS – Mattoon VA Clinic	Mattoon, IL	●
12	VA Illiana HCS – Springfield VA Clinic	Springfield, IL	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
16	Gulf Coast Veterans HCS – Eglin Air Force Base VA Clinic	Eglin Air Force Base, FL	●
16	Gulf Coast Veterans HCS – Mobile VA Clinic	Mobile, AL	●
16	Gulf Coast Veterans HCS – Pensacola VA Clinic	Pensacola, FL	●
16	Michael E. DeBakey VAMC – Conroe VA Clinic	Conroe, TX	●
16	Michael E. DeBakey VAMC – Galveston County VA Clinic	Galveston, TX	●
16	Michael E. DeBakey VAMC – Katy VA Clinic	Katy, TX	●
16	Michael E. DeBakey VAMC – Lake Jackson VA Clinic	Lake Jackson, TX	●
16	Michael E. DeBakey VAMC – Richmond VA Clinic	Richmond, TX	●
16	Michael E. DeBakey VAMC – Tomball VA Clinic	Tomball, TX	●
17	Central Texas Veterans HCS – Palestine VA Clinic	Palestine, TX	●
17	VA North Texas HCS – Grand Prairie VA Clinic	Grand Prairie, TX	●
17	VA North Texas HCS – Plano VA Clinic	Plano, TX	●
19	Oklahoma City VA HCS – Ardmore VA Clinic	Ardmore, OK	●
19	Oklahoma City VA HCS – Lawton North VA Clinic	Fort Sill, OK	●
19	Oklahoma City VA HCS – Wichita Falls VA Clinic	Sheppard AFB, TX	●
19	VA Eastern Colorado HCS – Aurora VA Clinic	Aurora, CO	●
19	VA Eastern Colorado HCS – Denver VA Clinic	Denver, CO	●
19	VA Eastern Colorado HCS – Golden VA Clinic	Golden, CO	●
19	VA Salt Lake City HCS – Orem VA Clinic	Orem, UT	●
19	VA Salt Lake City HCS – Western Salt Lake VA Clinic	West Valley City, UT	●
20	VA Portland HCS – Hillsboro VA Clinic	Hillsboro, OR	●
20	VA Portland HCS – Portland VA Clinic	Portland, OR	●
20	VA Portland HCS – West Linn VA Clinic	West Linn, OR	●
20	VA Puget Sound HCS – Bellevue VA Clinic	Bellevue, WA	●
20	VA Puget Sound HCS – Federal Way VA Clinic	Federal Way, WA	●
20	VA Puget Sound HCS – Mount Vernon VA Clinic	Mount Vernon, WA	●
20	VA Puget Sound HCS – North Olympic Peninsula VA Clinic	Port Angeles, WA	●
20	VA Puget Sound HCS – North Seattle VA Clinic	Seattle, WA	●
20	VA Puget Sound HCS – Silverdale VA Clinic	Silverdale, WA	●
20	VA Puget Sound HCS – South Sound VA Clinic	Chehalis, WA	●
21	VA Southern Nevada HCS – Northeast Las Vegas VA Clinic	Las Vegas, NV	●

VISN	Outpatient Clinic	City, State	Screening Process in Place?
21	VA Southern Nevada HCS – Northwest Las Vegas VA Clinic	Las Vegas, NV	●
21	VA Southern Nevada HCS – Southeast Las Vegas VA Clinic	Henderson, NV	●
22	Phoenix VA HCS – Northeast Phoenix VA Clinic	Scottsdale, AZ	●
22	Phoenix VA HCS – Northwest VA Clinic	Surprise, AZ	●
22	Phoenix VA HCS – Thunderbird VA Clinic	Phoenix, AZ	●
22	VA Greater Los Angeles HCS – East Los Angeles VA Clinic	Commerce, CA	●
22	VA Greater Los Angeles HCS – Los Angeles VA Clinic	Los Angeles, CA	●
22	VA Greater Los Angeles HCS – San Gabriel Valley VA Clinic	Arcadia, CA	●
22	VA Greater Los Angeles HCS – Sepulveda Outstation	Sepulveda, CA	●
22	VA Loma Linda HCS – Corona VA Clinic	Corona, CA	●
22	VA Loma Linda HCS – Loma Linda VA Clinic	Redlands, CA	●
22	VA Loma Linda HCS – Rancho Cucamonga VA Clinic	Rancho Cucamonga, CA	●
22	VA Long Beach HCS – Anaheim VA Clinic	Anaheim, CA	●
22	VA Long Beach HCS – Santa Ana VA Clinic	Santa Ana, CA	●
22	VA Long Beach HCS – Santa Fe Springs VA Clinic	Santa Fe Springs, CA	●
22	VA San Diego HCS – Chula Vista VA Clinic (mental health clinic)	Chula Vista, CA	○
22	VA San Diego HCS – Escondido VA Clinic	Escondido, CA	●
22	VA San Diego HCS – Imperial Valley VA Clinic	El Centro, CA	○
22	VA San Diego HCS – Mission Valley VA Clinic	San Diego, CA	●
22	VA San Diego HCS – Oceanside VA Clinic	Oceanside, CA	●
22	VA San Diego HCS – Rio VA Clinic	San Diego, CA	●
23	VA Nebraska– Western Iowa HCS – Lincoln VA Clinic	Lincoln, NE	●
23	VA Nebraska– Western Iowa HCS – Shenandoah VA Clinic	Shenandoah, IA	●

Source: VA OIG analysis of March 19–24, 2020, VHA data
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

The OIG determined that 121 of the 125 (97 percent) visited community based outpatient clinics had screening processes in place. Overwhelmingly, OIG staff observed screening questions asked to assess patient and visitor health, and possible exposure to COVID-19. These screenings took place in a variety of

settings, including from cars, outdoor tents, clinic vestibules and anterooms, and lobbies. OIG staff noted signs and banners at many locations notifying visitors of COVID-19 screening procedures, concerns, and symptoms.

Four facilities were observed as having no screening procedures in place.[2] At three locations, OIG staff presented themselves as visitors and were warmly greeted but not asked any COVID-19 screening questions. At the fourth facility, the VA San Diego HCS - Imperial Valley VA Clinic, patients and visitors were permitted to enter freely into the waiting room. The OIG team entered and stood in the waiting room for 10 minutes and were never greeted or screened.

3. Community Living Center Access

OIG staff who self-screened prior to arriving at facilities to conduct the inspection attempted to gain access to community living centers to test VA's no visitors policy (see table 3).

Table 3: Community Living Centers Found Accessible

● = *no* ○ = *yes*

VISN	Facility	City, State	VHA Staff were Prepared to Allow OIG Staff Entry
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 4	Bedford, MA	○
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 2	Bedford, MA	○
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 6 (A/B)	Bedford, MA	○
1	Edith Nourse Rogers Memorial Veterans' Hospital – Building 6 (C/D)	Bedford, MA	○
1	Manchester VAMC	Manchester, NH	●
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	○
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	●
1	VA Maine HCS	Augusta, ME	●
2	Buffalo VAMC	Buffalo, NY	●
2	VA Finger Lakes HCS	Canandaigua, NY	●
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●

[2] Jesse Brown VAMC – Lakeside VA Clinic, Jesse Brown VAMC – Auburn Gresham VA Clinic, VA San Diego HCS - Imperial Valley VA Clinic, and VA San Diego HCS – Chula Vista VA Clinic.

VISN	Facility	City, State	VHA Staff were Prepared to Allow OIG Staff Entry
4	Wilmington VAMC	Wilmington, DE	●
5	Martinsburg VAMC	Martinsburg, WV	●
5	VA Maryland HCS	Baltimore, MD	●
5	Washington VAMC	Washington, DC	●
6	Durham VA Medical Center	Durham, NC	●
6	Fayetteville VAMC	Fayetteville, NC	●
6	Hampton VAMC	Hampton, VA	●
6	Hunter Homes McGuire Hospital	Richmond, VA	●
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●
7	Atlanta VAMC	Decatur, GA	○
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	●
8	Bay Pines VA HCS	Bay Pines, FL	●
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	●
8	James A. Haley Veterans' Hospital	Tampa, FL	●
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●
8	Orlando VAMC	Orlando, FL	●
10	Battle Creek VAMC – Building 82	Battle Creek, MI	●
10	Battle Creek VAMC – Building 84	Battle Creek, MI	●
10	John D. Dingell VAMC – 6N/S	Detroit, MI	●
10	John D. Dingell VAMC – A5101	Detroit, MI	○
12	Clement J. Zablocki VAMC	Milwaukee, WI	●
12	Edward Hines Jr. VA Hospital	Hines, IL	●
12	Jesse Brown VAMC	Chicago, IL	●
12	VA Illiana HCS	Danville, IL	●
16	Gulf Coast Veterans HCS	Biloxi, MS	●
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center - Temple	Temple, TX	●

VISN	Facility	City, State	VHA Staff were Prepared to Allow OIG Staff Entry
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center - Waco	Waco, TX	●
17	VA North Texas Health Care System	Dallas, TX	●
17	VA North Texas Health Care System - Bonham	Bonham, TX	●
19	Oklahoma City VA HCS	Oklahoma City, OK	●
20	VA Portland HCS	Portland, OR	●
20	VA Puget Sound HCS: American Lake	Tacoma, WA	●
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	●
22	Phoenix VA HCS	Phoenix, AZ	●
22	Southern Arizona VA HCS	Tucson, AZ	○
22	VA Greater Los Angeles HCS – Los Angeles	Los Angeles, CA	●
22	VA Greater Los Angeles HCS - Sepulveda	Sepulveda, CA	●
22	VA Loma Linda HCS	Loma Linda, CA	●
22	VA Long Beach HCS	Long Beach, CA	○
22	VA San Diego HCS	San Diego, CA	●

Source: VA OIG analysis of March 19–24, 2020, data
HCS = health care system or healthcare system
VAMC = VA medical center

4. Readiness: Availability of COVID-19 Testing[3]

Facility leaders were asked to tabulate the number of veterans, employees, or others who were tested, tested positive, and/or were admitted. Additional questions were related to COVID-19 testing at the facilities and, if available, which laboratory conducted the testing (see table 4).

[3] OIG considers the availability of COVID testing as an important part of the provision of healthcare services. Diagnostic results guide VA providers and patients in their care planning and treatment decision-making processes.

Table 4. COVID-19 Testing

Testing Center	Number of VA Medical Facilities Using the Testing Center
County or State Health Department	29
Commercial Lab	26
VA Palo Alto	20
University Lab	6

Source: VA OIG collection of March 19–24, 2020 data as reported by VA facilities

Analysis and Summary

On March 10, 2020, VA announced a no visitors policy in community living centers and spinal cord injury units to decrease COVID-19 exposure to those patients who are considered high-risk.[4] OIG staff tested the policy by attempting to visit 54 VA community living centers.[5]

Nine community living centers located on six different campuses were accessible. All observations were immediately reported to facility leaders.

- Two of the locations, Edith Nourse Rogers Memorial Hospital – Building 4 (Bedford, Massachusetts) and the John D. Dingell VA Medical Center (Detroit, Michigan) lacked signage barring visitors and did not have barriers preventing entry.
- At five locations, including the other three community living centers on the grounds of the Edith Nourse Rogers Memorial Hospital (Building 2, Building 6-A/B, and Building 6-C/D) and the community living centers contained within the Atlanta VA Medical Center and the Southern Arizona Health Care System, access to the units was not well monitored.[6] VHA personnel at those locations were either not present at the entrance, willing to screen visitors for entry, or were ready to allow entry because visitors had already been screened at the medical center entrance.

[4] An exception to the no visitors policy was allowed for veterans are in their last stages of life on hospice units. In those cases, visitors were limited to a specific veteran's room. For this inspection, access to spinal cord injury units was not tested.

[5] If no one was checking visitors at the entrance to the community living center or if access was granted, OIG staff were instructed to not enter to avoid exposure and prevent potential transmission.

[6] After being screened at the main entrance to the Atlanta Medical Center and granted access, OIG staff proceeded to the community living center that was located within the same building. A sign was posted on the door to the community living center indicating it was a restricted area. VHA staff opened the door, saw that OIG staff had a sticker provided at the main screening area with the date of screening and were ready to allow entry. After being screened at the main entrance to the Southern Arizona Health Care System, OIG staff proceeded to the community living center that was located within the same building. No barriers were present in the entrance hallways leading to the community living centers and VHA staff were not immediately available to hinder access. OIG staff did not enter these community living centers to avoid exposure.

- While inspectors were not instructed to test access at all entry points to a facility, OIG staff who visited the Jamaica Plain VA Medical Center and the Tibor Rubin VA Medical Center community living centers found several unlocked and unobserved doors that were accessible.

Analysis and Summary

Of the 54 VA medical facility leaders OIG interviewed, 52 reported collecting COVID-19 specimens.[7] One facility, Manchester VA Medical Center, reported that specimens were not collected or processed, but people who needed testing were referred to the state health department. As of March 19, 2020, none of the facilities visited had the capabilities to process COVID-19 specimens on-site. Other medical facility leaders reported the use of county and state health departments and commercial laboratories as the main testing centers used for processing COVID-19 specimens. VA Palo Alto was the only cited VA location that was processing specimens as of March 19, 2020. Five facilities that anticipated having processing capabilities on their campuses were waiting for a needed supply item (reagents).[8] One facility estimated that specimen processing time could be reduced from several days down to 4 hours by processing at an on-site laboratory.

5. Readiness: Medication Shortages, Supplies, and Equipment

Facility leaders were asked about current and anticipated shortages of medications within the next 14 or 28 days (see table 5a), personal protective equipment, specifically, gloves, gowns, masks including N95s, and face/eye protectors, and the availability of ICU beds, ventilator capable beds, and quarantine beds for both ventilator and non-ventilator patients (see table 5b). Medications listed by facility leaders in anticipated short supply included antibiotics, sedatives, pain, and antiviral medications. Of critical importance in managing infected patients with respiratory symptoms are medications used to treat the potentially severe breathing problems that can occur. Leaders anticipated increased demand of inhaled respiratory therapies.

[7] Jesse Brown VA Medical Center (Chicago, Illinois) declined to provide OIG the requested data.

[8] Bay Pines HCS (Bay Pines, Florida), Greater Los Angeles HCS (Los Angeles, California), James A. Haley Veterans' Hospital (Tampa, Florida), William Jennings Bryan Dorn Department of Veterans Affairs Medical Center (Columbia, South Carolina), and W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center (Salisbury, North Carolina).

Table 5a. Anticipated Medication Shortages by Medical Center

● = *no anticipated medication shortages* ○ = *anticipated medication shortage (within the next 14 or 28 days)*

VISN	Facility	City, State	Anticipated Medication Shortage	Anticipated Medication Needs
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	●	
1	Manchester VAMC	Manchester, NH	●	
1	Providence VAMC	Providence, RI	●	
1	VA Boston HCS	Jamaica Plain, MA	●	
1	VA Connecticut HCS	West Haven, CT	○	14-day: Kaletra, chloroquine, and hydroxychloroquine 28-day: Kaletra, chloroquine, and hydroxychloroquine
1	VA Maine HCS	Augusta, ME	●	
1	White River Junction VAMC	White River Junction, VT	●	
2	Buffalo VAMC	Buffalo, NY	●	
2	VA Finger Lakes HCS	Canandaigua, NY	●	
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●	
4	Wilmington VAMC	Wilmington, DE	●	
5	Martinsburg VAMC	Martinsburg, WV	○	14-day: Hydroxychloroquine 28-day: Hydroxychloroquine
5	VA Maryland HCS	Baltimore, MD	○	14-day: Sterile 70% isopropyl alcohol 28-day: Acetaminophen (325mg and 500mg tablets), IV Piggyback solutions in 50ml, 100ml and 250ml normal saline (NS) and dextrose (placed on allocation by Baxter Health Care Products), and arious nebulizer products (due to increased demands for respiratory treatments)
5	Washington VAMC	Washington, DC	●	
6	Durham VA Medical Center	Durham, NC	○	14-day: Calcium chloride abbojects, amiodarone injections, epinephrine abboject, atrovent inhalers, regular

VISN	Facility	City, State	Anticipated Medication Shortage	Anticipated Medication Needs
				insulin 100u, NPH (Neutral Protamine Hagedorn) insulin, propofol (50ml and 100ml), ipratropium mdi, ephedrine, and rocuronium 28-day: Fentanyl 50mcg/ml injections (all sizes), Tylenol tabs, hydroxychloroquine, heparin, epinephrine, clonazepam, hydromorphone 2mg/ml injections, Midazolam inj, and spacers
6	Fayetteville VAMC	Fayetteville, NC	●	
6	Hampton VAMC	Hampton, VA	●	
6	Hunter Homes McGuire Hospital	Richmond, VA	●	
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●	
7	Atlanta VAMC	Decatur, GA	●	
7	Central Alabama Veterans HCS	Montgomery, AL	●	
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●	
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	○	14-day: Hydroxychloroquine 28-day: Hydroxychloroquine
8	Bay Pines VA HCS	Bay Pines, FL	●	
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	●	
8	James A. Haley Veterans' Hospital	Tampa, FL	○	28-day: Fentanyl
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●	
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●	
8	Orlando VAMC	Orlando, FL	●	
10	Battle Creek VAMC	Battle Creek, MI	●	
10	John D. Dingell VAMC	Detroit, MI	○	14-day: Not specified 28-day: Not specified
10	Richard L. Roudebush VAMC	Indianapolis, IN	●	
12	Clement J. Zablocki VAMC	Milwaukee, WI	●	
12	Edward Hines Jr. VA Hospital	Hines, IL	●	

VISN	Facility	City, State	Anticipated Medication Shortage	Anticipated Medication Needs
12	Jesse Brown VAMC	Chicago, IL	●	
12	VA Illiana HCS	Danville, IL	●	
16	Gulf Coast Veterans HCS	Biloxi, MS	●	
16	Michael E. DeBakey VAMC	Houston, TX	●	
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	
17	Central Texas Veterans HCS	Temple, TX	○	14-day: Hydroxychloroquine, alcohol-based preps, sterile alcohol, acyclovir, acetaminophen, and lopinavir/ritonavir 28-day: Intravenous immunoglobulin (IVIG)
17	VA North Texas HCS	Dallas, TX	●	
19	Oklahoma City VA HCS	Oklahoma City, OK	○	14-day: Hydroxychloroquine, lopinavir/ritonavir, and tocilizumab 28-day: Azithromycin
19	VA Eastern Colorado HCS	Aurora, CO	○	14-day: Medications manufactured in China
19	VA Salt Lake City HCS	Salt Lake City, UT	●	
20	VA Portland HCS	Portland, OR	●	
20	VA Puget Sound HCS	Seattle, WA	○	14-day: Albuterol and combivent 28-day: Hydroxychloroquine, remdesivir (possibly), and acetaminophen
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	
22	Phoenix VA HCS	Phoenix, AZ	○	28-day: Atrovent inhalers, albuterol inhalers, proair inhalers, kaletra (lopinavir/ritonavir), actemra (tocilizumab), prezcobix (darunavir/cobicistat)hydroxychloroquine 200 mg, and chloroquine (250 mg and 500 mg)
22	Southern Arizona VA HCS	Tucson, AZ	●	
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	
22	VA Loma Linda HCS	Loma Linda, CA	●	
22	VA Long Beach HCS	Long Beach, CA	●	
22	VA San Diego HCS	San Diego, CA	●	
23	VA Nebraska-Western Iowa HCS	Omaha, NE	●	

Source: VA OIG collection of March 19–24, 2020, data as reported by VA facilities
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

Challenges exist in determining adequate supplies of medication to care for COVID-19 infected patients. In that no medications are currently proven to treat COVID-19, several medications are under active investigation, and if proven effective, may significantly increase the demand of medications typically stocked in low volumes. Additionally, the inventory of medications used to manage symptoms and for the critically ill to support cardiovascular functions and sedation for intubated patients may be insufficient.

Table 5b. Reported Adequacy of Supplies and Equipment by Medical Center

● = *adequate supplies and/or equipment* ○ = *inadequate supplies and/or equipment*

VISN	Facility Name	City, State	Adequate Supplies	Supply and Equipment Needs
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	●	
1	Manchester VAMC	Manchester, NH	●	
1	Providence VAMC	Providence, RI	○	Sanitizer
1	VA Boston HCS	Jamaica Plain, MA	●	
1	VA Connecticut HCS	West Haven, CT	●	
1	VA Maine HCS	Augusta, ME	●	
1	White River Junction VAMC	White River Junction, VT	○	Powered air purifying respirators
2	Buffalo VAMC	Buffalo, NY	○	Masks and gloves
2	VA Finger Lakes HCS	Canandaigua, NY	○	N95 masks
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●	
4	Wilmington VAMC	Wilmington, DE	●	
5	Martinsburg VAMC	Martinsburg, WV	●	
5	VA Maryland HCS	Baltimore, MD	○	N95 masks and face/eye protection
5	Washington VAMC	Washington, DC	○	Testing kits, powered air purifying respirators, gowns, and face/eye protection
6	Durham VA Medical Center	Durham, NC	○	Ventilators, N95 masks (small and extra small sizes), gowns, and face/eye protection
6	Fayetteville VAMC	Fayetteville, NC	●	

VISN	Facility Name	City, State	Adequate Supplies	Supply and Equipment Needs
6	Hampton VAMC	Hampton, VA	○	Hand sanitizer, powered air purifying respirators, masks, and other personal protective equipment
6	Hunter Homes McGuire Hospital	Richmond, VA	○	Test kits and personal protective equipment
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	○	N95 masks
7	Atlanta VAMC	Decatur, GA	○	Test kits, N95 masks, surgical masks, and eye protection
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	○	Hand sanitizer (small bottles)
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●	
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	●	
8	Bay Pines VA HCS	Bay Pines, FL	○	N95 masks and blood bank supplies
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	○	N95 masks, powered air purifying respirators, gloves, gowns, and face/eye protection
8	James A. Haley Veterans' Hospital	Tampa, FL	○	Testing reagents, swabs, N95 masks, surgical masks, face shields, and surgical gowns
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●	
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●	
8	Orlando VAMC	Orlando, FL	●	
10	Battle Creek VAMC	Battle Creek, MI	○	Hand sanitizer (wall unit and individual use) and level 4 gowns
10	John D. Dingell VAMC	Detroit, MI	○	Ventilators, testing swabs, viral media, hand sanitizer (wall unit and individual use), N95 masks, masks, face shields, goggles, disposable stethoscopes, and disposable blood pressure cuffs
10	Richard L. Roudebush VAMC	Indianapolis, IN	○	Gowns (all sizes) and personal protective equipment
12	Clement J. Zablocki VAMC	Milwaukee, WI	○	3/4 surgical drapes
12	Edward Hines Jr. VA Hospital	Hines, IL	○	Face shields and surgical masks
12	Jesse Brown VAMC	Chicago, IL	●	
12	VA Illiana HCS	Danville, IL	●	
16	Gulf Coast Veterans HCS	Biloxi, MS	○	N95 masks, surgical masks, accessories for powered air purifying respirators, gowns, and goggles

VISN	Facility Name	City, State	Adequate Supplies	Supply and Equipment Needs
16	Michael E. DeBakey VAMC	Houston, TX	○	Hand sanitizer, N95 masks, surgical masks, isolation gowns
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	
17	Central Texas Veterans HCS	Temple, TX	○	N95 masks, powered air purifying respirators, generic masks, goggles and face protection, isolation gowns, and disinfecting/sanitizing wipes
17	VA North Texas HCS	Dallas, TX	○	Hand sanitizer, N95 masks, and disinfecting/sanitizing wipes
19	Oklahoma City VA HCS	Oklahoma City, OK	○	Viral media (testing), N95 masks, masks with face shields, and isolation gowns
19	VA Eastern Colorado HCS	Aurora, CO	○	Surgical masks and disposal gowns
19	VA Salt Lake City HCS	Salt Lake City, UT	○	Hand sanitizer, N95 masks (small size), and surgical masks
20	VA Portland HCS	Portland, OR	○	Flu swabs (testing), N95 masks (small size), and generic masks
20	VA Puget Sound HCS	Seattle, WA	○	Hand sanitizer (wall unit and individual use)
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	
22	Phoenix VA HCS	Phoenix, AZ	○	Face shields for droplet precautions
22	Southern Arizona VA HCS	Tucson, AZ	●	
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	
22	VA Loma Linda HCS	Loma Linda, CA	○	N95 masks and powered air purifying respirators
22	VA Long Beach HCS	Long Beach, CA	●	
22	VA San Diego HCS	San Diego, CA	○	Hand sanitizer, N95 respirators, disposable level 4 gowns, surgical masks, and disinfecting/sanitizing wipes
23	VA Nebraska-Western Iowa HCS	Omaha, NE	○	Hand sanitizer, bleach (cleaning), masks, eye shields, powered air purifying respirators, gowns

Source: VA OIG collection of March 19–24, 2020, data as reported by VA facilities
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

Anticipating equipment and supply needs is challenging as it is unclear when COVID-19 will reach its peak in the United States and ultimately test the capacity of the healthcare systems to care for patients who require prolonged, high-level inpatient, and often, intensive care. At the time of this OIG inspection, facility leaders expressed concerns related to supplies needed to test

patients for COVID-19. They also acknowledged low inventory of personal protective equipment for staff. Of note, leaders at two facilities, Durham VA Medical Center, and John D. Dingle VA Medical Center, Detroit, Michigan reported shortages of mechanical ventilators.

6. Readiness: Staffing

Facility leaders were asked to report on the adequacy of staffing of licensed independent practitioners (LIPs), intensive care unit (ICU) nurses, police, and environmental management. Other questions related to the impact of any employee absenteeism (see table 6).[9]

Table 6. Staffing Adequacy of LIPs, ICU Nurses, Police, and Environmental Management at Selected VA Medical Centers

● = *adequate* ○ = *inadequate* ▬ = *facility declined to provide data*

VISN	Facility	City, State	LIP staffing to optimize care in wards and ICUs	Nurse staffing to optimize care in wards and ICUs	Police staffing[10]	Environmental Management Staffing
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	N/A	N/A	●	○
1	Manchester VAMC	Manchester, NH	N/A	N/A	●	●
1	Providence VAMC	Providence, RI	●	●	●	●
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	●	●	○	○
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	●	○	●	●
1	VA Maine HCS	Augusta, ME	●	●	○	○
1	White River Junction VAMC	White River Junction, VT	●	●	●	○
2	Buffalo VAMC	Buffalo, NY	●	●	●	●
2	VA Fingers Lakes HCS	Canandaigua, NY	●	●	●	●

[9] VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012. An LIP is an "individual permitted by law…and the facility to provide patient care services independently, [that is], without supervision or direction, within the scope of the individual's license, and in accordance with individually-granted clinical privileges. VHA Directive 1850, *Environment Program Services*, March 31, 2017. Environmental Services is responsible for "ensuring a state of physical and biological cleanliness."

[10] VA Police staffing is deemed critical during this OIG inspection because of the 100% screening of all visitors and emergent response needed to mitigate risks of further transmission of COVID-19 infections.

VISN	Facility	City, State	LIP staffing to optimize care in wards and ICUs	Nurse staffing to optimize care in wards and ICUs	Police staffing[10]	Environmental Management Staffing
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	●	●	●	●
4	Wilmington VAMC	Wilmington, DE	●	●	●	●
5	Martinsburg VAMC	Martinsburg, WV	●	○	○	●
5	VA Maryland HCS	Baltimore, MD	●	●	●	●
5	Washington VAMC	Washington, DC	●	●	○	○
6	Durham VA Medical Center	Durham, NC	●	●	○	○
6	Fayetteville VAMC	Fayetteville, NC	●	●	●	●
6	Hampton VAMC	Hampton, VA	●	●	●	●
6	Hunter Homes McGuire Hospital	Richmond, VA	●	●	●	○
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	●	●	●	○
7	Atlanta VAMC	Decatur, GA	●	○	○	○
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	●	●	●	●
7	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta, GA	●	●	●	●
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	●	●	●	●
8	Bay Pines VA HCS	Bay Pines, FL	●	○	○	○
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	●	●	○	○
8	James A. Haley Veterans' Hospital	Tampa, FL	●	●	●	●
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	●	●	●	●
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	●	●	●	●
8	Orlando VAMC	Orlando, FL	●	○	●	○
10	Battle Creek VAMC	Battle Creek, MI	N/A	N/A	●	●
10	John D. Dingell VAMC	Detroit, MI	●	●	○	○
10	Richard L. Roudebush VAMC	Indianapolis, IN	●	●	○	●
12	Clement J. Zablocki VAMC	Milwaukee, WI	●	●	–	–
12	Edward Hines Jr. VA Hospital	Hines, IL	●	●	●	●

VISN	Facility	City, State	LIP staffing to optimize care in wards and ICUs	Nurse staffing to optimize care in wards and ICUs	Police staffing[10]	Environmental Management Staffing
12	Jesse Brown VAMC	Chicago, IL	●	●	–	–
12	VA Illiana HCS	Danville, IL	●	●	●	●
16	Gulf Coast Veterans HCS	Biloxi, MS	●	○	●	●
16	Michael E. DeBakey VAMC	Houston, TX	●	●	○	○
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	○	●	●
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center	Temple, TX	●	●	●	●
17	VA North Texas HCS	Dallas, TX	○	●	●	●
19	Oklahoma City VA HCS	Oklahoma City, OK	●	●	○	○
19	VA Eastern Colorado HCS	Aurora, CO	●	●	●	●
19	VA Salt Lake City HCS	Salt Lake City, UT	●	●	●	●
20	VA Portland HCS	Portland, OR	●	●	●	○
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	●	●	○	○
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	●	●	●
22	Phoenix VA HCS	Phoenix, AZ	●	●	●	●
22	Southern Arizona VA HCS	Tucson, AZ	●	●	●	●
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	●	●	●
22	VA Loma Linda HCS	Loma Linda, CA	●	○	●	●
22	VA Long Beach HCS	Long Beach, CA	●	●	○	○
22	VA San Diego HCS	San Diego, CA	●	○	●	●
23	VA Nebraska-Western Iowa HCS	Omaha, NE	●	●	○	○

Source: VA OIG collection of March 19–24, 2020, data as reported by VA facilities
N/A= these facilities do not have an ICU
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

Facility leaders, at selected VA medical facilities, were asked about the adequacy of staffing for IPs, ICU nurses, police, and environmental management (including housekeeping). One facility, the VA North Texas HCS in Dallas, Texas, reported inadequate staffing for LIPs if there were to

be a surge and need to shift staff from one area to another. The leader specifically mentioned that if residents and fellows were to be moved, LIP staffing would be short as not all physicians are training in ICU/critical care. Nine facility leaders reported deficient ICU nurse staffing. Of those, four reported that they were currently staffed but would not be in the event of a surge of patients. The other five reported needing additional nurses for various reasons, including school closures, spring break, staff absences, and the fact that nursing staff are being asked to operate screening stations. One facility said it is currently managing by using overtime pay.

Shortages in police staffing are often cited by facilities. In the FY 2019 OIG *Determination of Veterans Health Administration's Occupational Staffing Shortages*, 65 facilities identified this as a severe occupational shortage.[11] During this OIG inspection on readiness, police staffing was cited as inadequate by 15 of 54 medical facility leaders. Thirteen of the facilities reported low staffing numbers due to training, recruitment, and retention challenges, as well as the additional strain caused by the need for additional police presence for COVID-19 related screenings. The remaining two facilities were concerned with the potential need for additional police presence in a surge and budget-related issues. In order to address staffing sufficiency, some facility leaders reported moving to 12-hour shifts and attempting to get contract security services.

Environmental management and housekeeping are also known to have staffing challenges. In the FY 2019 OIG Staffing Report, 56 of 140 (40 percent) of VHA facilities identified either Custodial Worker or Hospital Housekeeping Management as a severe occupational shortage. Facilities leaders from 19 VA medical centers that were visited cited staffing below their full-time staffing levels. The staffing gap ranged from 20 to 51 open positions. Facility leaders cited difficulty with recruitment and retention due to complex hiring practices, wages, and an increased workload related to COVID-19. For example, one facility was deploying staff to clean high-touch areas, such as elevators, doorknobs, and railings, with greater frequency. Some facilities were looking into establishing contracts to try and address staffing gaps.

While almost half (25 of 54) of the facilities reported a rise in absenteeism of staff, facility leaders reported being able to provide coverage so that the impact was minimal. Half of the facilities reported a rise in absentee staff due to childcare issues, school closures, and planned spring break absences. One facility reported absenteeism of older employees due to concerns with their own safety in light of COVID-19 risks. Facility leaders reported allocating staff from to needed areas, moving towards telehealth, and offering overtime pay to address staff absences.

[11] VA OIG, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages FY 2019*. September 30, 2019.

7. Readiness: Coordination between Facility and Community

Facility leaders were asked about plans to share ICU beds or personal protective equipment with community hospitals, whether there was a written agreement for transfer of COVID-19 patients to non-VA community hospitals when a higher level of care was needed, sharing of VA staff with non-VA facilities (see table 7a), and referral patterns (see table 7b).

Table 7a. Coordination with Community Facilities

● = *reported plans to share with community providers*
○ = *no reported plans to share with community providers*
▬ = *facility declined to provide data*

VISN	Facility	City, State	Plans to Share ICU Beds	Plans to Share Personal Protective Equipment Supplies
1	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford, MA	N/A	○
1	Manchester VAMC	Manchester, NH	N/A	●
1	Providence VAMC	Providence, RI	●	○
1	VA Boston HCS: Jamaica Plain Campus	Jamaica Plain, MA	○	○
1	VA Connecticut HCS: West Haven Campus	West Haven, CT	○	○
1	VA Maine HCS	Augusta, ME	○	○
1	White River Junction VAMC	White River Junction, VT	●	○
2	Buffalo VAMC	Buffalo, NY	○	○
2	VA Finger Lakes HCS	Canandaigua, NY	○	○
4	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia, PA	○	○
4	Wilmington VAMC	Wilmington, DE	●	●
5	Martinsburg VAMC	Martinsburg, WV	○	○
5	VA Maryland HCS	Baltimore, MD	●	○
5	Washington VAMC	Washington, DC	○	○
6	Durham VA Medical Center	Durham, NC	○	○
6	Fayetteville VAMC	Fayetteville, NC	●	○
6	Hampton VAMC	Hampton, VA	●	○

VISN	Facility	City, State	Plans to Share ICU Beds	Plans to Share Personal Protective Equipment Supplies
6	Hunter Homes McGuire Hospital	Richmond, VA	○	○
6	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury, NC	○	○
7	Atlanta VAMC	Decatur, GA	○	○
7	Central Alabama Veterans HCS: Montgomery VAMC	Montgomery, AL	●	○
7	Charlie Norwood Department of Veterans Affairs Medical Center: Uptown Campus	Augusta, GA	○	○
7	William Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia, SC	○	○
8	Bay Pines VA HCS	Bay Pines, FL	○	○
8	Bruce W. Carter Department of Veterans Affairs Medical Center	Miami, FL	○	○
8	James A. Haley Veterans' Hospital	Tampa, FL	●	○
8	North Florida/Southern Georgia HCS: Lake City VAMC	Lake City, FL	○	○
8	North Florida/Southern Georgia HCS: Malcom Randall VAMC	Gainesville, FL	○	○
8	Orlando VAMC	Orlando, FL	○	●
10	Battle Creek VAMC	Battle Creek, MI	N/A	●
10	John D. Dingell VAMC	Detroit, MI	●	●
10	Richard L. Roudebush VAMC	Indianapolis, IN	●	●
12	Clement J. Zablocki VAMC	Milwaukee, WI	○	●
12	Edward Hines Jr. VA Hospital	Hines, IL	○	○
12	Jesse Brown VAMC	Chicago, IL	▬	▬
12	VA Illiana HCS	Danville, IL	●	○
16	Gulf Coast Veterans HCS	Biloxi, MS	○	○
16	Michael E. DeBakey VAMC	Houston, TX	●	●
16	Southeast Louisiana Veterans HCS	New Orleans, LA	●	○
17	Central Texas Veterans HCS: Olin E. Teague Veterans' Medical Center	Temple, TX	○	○
17	VA North Texas HCS	Dallas, TX	○	○

VISN	Facility	City, State	Plans to Share ICU Beds	Plans to Share Personal Protective Equipment Supplies
19	Oklahoma City VA HCS	Oklahoma City, OK	●	●
19	VA Eastern Colorado HCS	Aurora, CO	●	●
19	VA Salt Lake City HCS	Salt Lake City, UT	○	○
20	VA Portland HCS	Portland, OR	○	○
20	VA Puget Sound HCS: Seattle Division	Seattle, WA	○	○
21	VA Southern Nevada HCS	N. Las Vegas, NV	●	●
22	Phoenix VA HCS	Phoenix, AZ	●	○
22	Southern Arizona VA HCS	Tucson, AZ	●	○
22	VA Greater Los Angeles HCS	Los Angeles, CA	●	○
22	VA Loma Linda HCS	Loma Linda, CA	○	○
22	VA Long Beach HCS	Long Beach, CA	○	○
22	VA San Diego HCS	San Diego, CA	○	○
23	VA Nebraska-Western Iowa HCS	Omaha, NE	○	○

Source: VA OIG collection of March 19—24, 2020 data as reported by VA facilities
N/A= these facilities do not have an ICU
HCS = health care system or healthcare system
VAMC = VA medical center

Analysis and Summary

OIG staff asked facility leaders about plans to share ICU beds and personal protective equipment supplies with community providers. As of March 19, 2020, 23 of the 54 (43 percent) facility leaders reported plans to share ICU beds, personal protective equipment supplies, or both, with community providers.

COVID-19 is not a challenge unique to VA medical centers. Communities across the country are faced with preparing for the surge of patients who will need critical care due to the illness and complications. There may be a need for VA medical centers to refer patients to other VA facilities or community providers or be asked to provide care to community patients. The OIG inspectors examined planned referral patterns (see table 7b).

Table 7b. Potential Referrals for COVID-19 Patients

Hospitals	Number of Times Cited by VA Medical Centers
Other VA Medical Center	13
Private, Community, or University Hospital	46
Department of Defense Hospital	5

Source: VA OIG collection of March 19–24, 2020 data as reported by VA facilities

Analysis and Summary

Facility leaders were also asked where they would send VA patients if they were unable to meet care needs due to COVID-19. Forty-nine of the 54 VHA leaders stated they would send patients to either another VA medical center, or a private, community, university or Department of Defense hospital.[12] The vast majority (46 of 54) cited consideration of the option of sending a sick COVID-19 patient that they could not care for to a private, community, or university hospital. Forty-nine of the 54 facility leaders provided alternative care options, if needed, and 26 of these facilities had written agreements in place. Thirty of the 54 facility leaders cited that there were no barriers that existed that limited the coordination with community resources.

Summary of OIG Findings

The OIG recognizes that conditions at VHA facilities and veterans' needs related to the COVID-19 pandemic may change rapidly. The OIG will continue monitoring VHA in its efforts to provide safe quality healthcare to veterans while also protecting the health of its employees and preparing for national crisis response during this pandemic. It is hoped that the findings in this report will assist VHA leaders to gain a better assessment of screening, access, and emergency preparedness at its facilities. This may also be a useful reference for facilities that were not visited to gauge their status.

[12] Four facilities provided alternative reasons for not transferring patients. Two facilities stated transfer was not an option. In one case, the facility reported that hospitals, in the surrounding counties, were not taking new admissions. Another facility indicated a tiered approach to move patients into new wards, reactivate old wards, and putting up a tent ward, if needed. The last facility leader discussed being a designated site for referrals from other facilities within the VISN, and therefore, would not refer patients to other facilities.

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

OIG Contact and Staff Acknowledgments

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Contributors	Melinda E. Alegria, AuD, CCC-A Daisy F. Arugay, MT Elaine Aubin, BSN Katherine Auerswald, MD Jennifer L. Broach, PhD Michael Carucci, DC Sheila Cooley, MSN, GNP Kimberley E. De La Cerda, MSN, RN Kaitlyn E. Delgadillo, BSPH Stacy S. DePriest, LCSW/MSW Sheyla Desir, MSN, RN Jonathan P. Duckart, MPS Joseph R. Etherage, PsyD, ABPP Elizabeth Fraley, MSN, RN Lisa S. Fredrickson, MHS Jennifer Frisch, MSN, RN Lindsay Gold, LCSW Kathy Gudgell, JD, RN Chris Iacovetti, BA, RD Erin Johnson, BA Misti Kincaid, BS William Lawson Patrice Marcarelli, MD Nathan McClafferty, MS Kara E. McDowell, BSN, RN Misty Mercer, MBA Nancy Mikulin, MSN, RN Renay L. Montalbano, MSN, RN Judy Montano, MS Noel N. Morris II, MBA Daphney S. Morris, MSN, RN Debra Naranjo, DNP, RN Amanda S. Newton, MSN, RN Lynn Ngo, MSM

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The OIG has federal oversight authority to review the programs and operations of VA medical facilities. OIG inspectors review available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leadership on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

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From: Powers, Pamela
Sent: Thu, 26 Mar 2020 18:54:51 +0000
To: Nevins, Kristan K. EOP/WHO
Cc: (b)(6) EOP/WHO
Subject: RE: OIG Report on COVID-19 screening
Attachments: OIG - COVID screening 3 26 20 com summary.docx

Sorry, attached the wrong doc. Here you go….

From: Powers, Pamela
Sent: Thursday, March 26, 2020 2:53 PM
To: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Cc: (b)(6) EOP/WHO < who.eop.gov>
Subject: FW: OIG Report on COVID-19 screening

Resending…..

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Thursday, March 26, 2020 9:19 AM
To: Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>
Subject: Fwd: OIG Report on COVID-19 screening

I apologize for not attaching this in the original email. Also, please see VHA's response to this investigation (below)

Pam

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Veterans Health Administration
OIG Inspection of VHA's COVID-19 Screening Processes and Pandemic Readiness
Communications Summary
March 26, 2020

Summary
From March 19-24, VA Office of Inspector General (OIG) conducted site visits to VA medical centers, community based outpatient clinics (CBOC) and community living centers (CLC) to determine if VHA facilities were using proper screening in accordance with VHA policy, their ability to test, and readiness in the areas of staffing, supplies/equipment and coordination with the community.

A total of 237 facilities (58 medical centers, 54 CLC, and 125 CBOC) were visited. Sites were selected based on physical location of OIG reviewers.

Response to findings:
In these unprecedented times requiring tightly-coordinated development and deployment of new and unique processes across the nation, we acknowledge receipt of this report.

We are, however, deeply concerned that these investigators (many of them clinicians) did not abide by CDC guidelines regarding social distancing, and their movement from one VA hospital and Community Clinic to the next could very possibly make them COVID-19 vectors and put our patients and staff at risk.

Finally, we object to OIG's assertions that a 14 day supply of chloroquine or hydroxychloroquine would have any merit. This is both inaccurate and irresponsible. There are active investigations into these drugs and many others, although they have shown promise, as discussed by Dr. Anthony Fauci. Yet no conclusions have been made on their effectiveness. To insist that a 14 days' supply of these drugs is appropriate or not appropriate displays this dangerous lack of expertise on COVID-19 and Pandemic response

Findings:

1. Screening for COVID-19 at 58 medical centers
    - 41 were found to be adequate; 16 had opportunity for improvement;
    - 1 had inadequate screening process

    RESPONSE: VHA has been preparing for the COVID-19 pandemic since January. On January 22, 2020 the Emergency Management Coordination Cell conducted the first nCoV2019 planning session and convened the High Consequence Infection (HCI) workgroup. On March 11, the World Health Organization (WHO) declared COVID-19 a pandemic. Within two days, VA implemented measures to combat COVID-19. Screening guidance went out

March 16. OIG conducted this report between March 19 and 24, 2020, thus, VHA had just begun screening measures four days prior to the beginning of the investigation.

2. Screening for COVID-19 at 125 CBOCs
    - 121 had process in place;
    - 4 did not

    RESPONSE: VHA has been preparing for the COVID-19 pandemic since January. On January 22, 2020 the Emergency Management Coordination Cell conducted the first nCoV2019 planning session and convened the High Consequence Infection (HCI) workgroup. On March 11, the WHO declared COVID-19 a pandemic. Within two days, VA implemented measures to combat COVID-19. Screening guidance went out March 16. OIG conducted this report between March 19 and 24, 2020; thus, VHA had just begun screening measures four days prior to the beginning of the investigation.

3. Community Living Center access (54 CLCs)
    - 9 were prepared to allow OIG staff to enter;
    - 45 were not

    RESPONSE: VHA has been preparing for the COVID-19 pandemic since January. On January 22, 2020 the Emergency Management Coordination Cell conducted the first nCoV2019 planning session and convened the High Consequence Infection (HCI) workgroup. On March 11, the WHO declared COVID-19 a pandemic. Within two days, VA implemented measures to combat COVID-19. On March 10, one day before the pandemic was declared, VHA published guidance to limit admissions and staffing at CLCs, institute screening and reduce visitors to palliative care patients only. OIG conducted this report between March 19 and 24, 2020; thus, VHA had just begun COVID-19 CLC measures 10 days prior to the beginning of the investigation.

4. Availability of COVID-19 testing at VAMC (54 facility leaders interviewed)
    - 52 reported collecting specimens;
    - 1 reported not collecting;
    - 1 was collecting and processing

    RESPONSE: As of Friday, March 13, 2020, two days after the WHO declared COVID-19 a pandemic, VA had 3,000 test kits available, 1,000 of which were provided by CDC and an additional 2,000 VA-developed tests that would only be used if necessary. As of March 25, 2020, VA has administered over 3,378 COVID-19 tests nationwide as of March 24, while taking aggressive steps to prevent COVID-19 transmission.

5. Readiness – medication shortages, supplies and equipment at VAMC
    - 33 reported inadequate supplies/equipment;

- 21 reported adequate supplies/equipment

RESPONSE: VA is equipped with essential items and supplies to handle an influx of coronavirus cases and is monitoring the status of those items daily. VA is coordinating with HHS regarding VHA prioritization of Personal Protective.

6. Readiness – staffing
   - Shortages were reported in the areas of nursing, police and environmental management

RESPONSE: VA is actively recruiting permanent and temporary employees across the nation in both clinical non-clinical positions. VHA is particularly interested in rapid re-employment of retired VA clinicians and Federal health care providers. OPM recently granted VA emergency authorities to use dual compensation waivers to ensure that recently retired employees can rejoin our team with no loss to their retirement annuities. VA has active announcements on USA Jobs for all varieties of nurses, engineers, students, laborers, and other occupations. VA is especially looking for health care professionals with interest and expertise in Tele/Virtual Care, National Call Center, Travel Nurse Corps and Direct Patient Care/Support (at VA Medical Centers).

VA is constantly reviewing staffing levels to ensure facilities have what they need to ensure safe, effective, compassionate health care. We are a large health care system and are working with our sister hospitals in VA to pool resources when necessary as well as preparing for expedited hiring if needed.

7. Readiness – coordination between facility and community
   - 49 of 54 stated they would send patients to another VA facility or a private, community, university or Department of Defense hospital.
   - The vast majority (46 of 54) cited consideration of the option of sending a sick COVID-19 patient that they could not care for to a private, community, or university hospital.
   - Forty-nine of the 54 facility leaders provided alternative care options, if needed, and 26 of these facilities had written agreements in place.
   - Thirty of the 54 facility leaders cited that there were no barriers that existed that limited the coordination with community resources.

RESPONSE: VA stands ready to support the department's "Fourth Mission" to bridge the gap into civilian health care systems in the event those systems encounter capacity issues. Those requests would come from the Department of Health and Human Services (HHS), so we refer you to HHS for further comment. In addition, VA is working with community providers in our COVID-19 response plan and published a fact sheet on March 13, 2020 with guidance for community providers.

FOR INTERNAL USE

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 19:14:50 +0000
To: Nevins, Kristan K. EOP/WHO
Cc: (b)(6) EOP/WHO
Subject: RE: OIG Report on COVID-19 screening

Sorry about that.

From: Nevins, Kristan K. EOP/WHO (b)(6)@who.eop.gov>
Sent: Thursday, March 26, 2020 2:58 PM
To: Powers, Pamela (b)(6)@va.gov>
Cc: (b)(6) EOP/WHO (b)(6)@who.eop.gov>
Subject: [EXTERNAL] Re: OIG Report on COVID-19 screening

I sent from your other email. We are all set.

Sent from my iPhone

> On Mar 26, 2020, at 2:55 PM, Powers, Pamela (b)(6)@va.gov> wrote:
>
> Sorry, attached the wrong doc. Here you go….
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>
> **From:** Powers, Pamela
> **Sent:** Thursday, March 26, 2020 2:53 PM
> **To:** Nevins, Kristan K. EOP/WHO (b)(6)@who.eop.gov>
> **Cc:** (b)(6) EOP/WHO (b)(6)@who.eop.gov>
> **Subject:** FW: OIG Report on COVID-19 screening
>
> Resending…..
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>
> **From:** Powers, Pamela (b)(6)@va.gov>
> **Sent:** Thursday, March 26, 2020 9:19 AM
> **To:** Nevins, Kristan K. EOP/WHO (b)(6)@who.eop.gov>
> **Subject:** Fwd: OIG Report on COVID-19 screening
>
> I apologize for not attaching this in the original email. Also, please see VHA's response to this investigation (below)
>
> Pam
>
> Get Outlook for iOS

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 21:23:08 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: FW: responses

Kristan, please see the below agreed to responses for media inquiries.

From: Cashour, Curtis <(b)(6) @va.gov>
Sent: Thursday, March 26, 2020 5:17 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: responses

VA Response
Now is the time for all VA employees to pull together to address the COVID-19 national emergency and keep Veterans and their families safe.

That's why VA has requested that the inspector general put all of its assigned medical personnel to work by assisting VA medical centers in caring for patients as part of the Department's COVID-19 response. To date, the IG has yet to respond to this important and urgent request.

Additionally, the Department is concerned that in conducting its review, IG investigators did not abide by CDC guidelines regarding social distancing, and their movement from one facility to the next could possibly have made them COVID-19 vectors that put our patients and staff at risk.

The IG's report states that it encountered VA health care leaders, providers, and support staff who are united in the mission to provide high-quality care to the Veterans we serve.

While there is always room for improvement, the VA remains committed to supporting Veterans as America deals with the COVID-19 outbreak. VA health care workers have performed amazingly well during these challenging times and will continue to do so.

WH Response
At a time when our entire focus should be on marshalling resources to care for our veterans during the COVID-19 pandemic, an Obama-holdover Inspector General has issued a politically motivated report critical of the VA's hard work to prepare and respond to this virus. American veterans are more satisfied with the VA than at any time in history thanks to President Trump's reforms to increase accountability. President Trump believes the Department of Veterans Affairs will continue to receive high praise from veterans as it fights on the front lines against America's new invisible enemy.

Curt Cashour
Deputy Assistant Secretary for Public Affairs
Department of Veterans Affairs
202-461(b)(6)
(b)(6) va.gov
@curtcashour

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 21:59:06 +0000
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EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB(b)(6)
EOP/OMB;(b)(6) EOP/OMB(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris)(b)(6) EOP/WHO(b)(6) (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO;(b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.26.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

ChooseVA

COVID-19 – Agency Response
3/26/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Training initiated for DEMPS surge staff
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today
    - Dobbins and Miramar will demobilize tomorrow
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- OIT implemented changes to VA Online Scheduling at VHA's request. For the next 90 days Veterans will no longer be able to self-schedule an online appointment or request a Community Care appointment, but they may still request an appointment online
- As of close of business on Wednesday, March 25, 2020, VBA contract vendors had reported a cumulative total of 21,234 unique Veterans whose contract examinations have been impacted by the pandemic.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.

- Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
- VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- VA reworked MISSION Act internal guidance and has sent to OIRA for coordination.

Guidance, Communication and Outreach with Stakeholders

- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
  - Most opened article with 40,039 clicks is: https://www.blogs.va.gov/VAntage/72856/veterans-multiple-resources-covid-19-information/
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
  - Examples of VA Partners in the Audience: HHS ACL, Code of Support, Student Veterans of America, American Red Cross MVCN, Marcus Institute for Brain Health, America's Warrior Partnership
- Media for Thursday March 26, 2020
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio).
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print).
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio).
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio).

- **Other Notable Responses**

  - **484 Positive Veteran COVID-19 Cases**

    - VA is now using Artificial Intelligence to cull data from veteran's medical records of COVID-19 positive patients.
    - This is an increase of 119 cases from yesterday's numbers
    - 97 Veterans are in inpatient care (47 in ICU, 50 in Acute Care)
    - 387 are in outpatient care and are quarantined at home
    - 123 of these veterans are in New Orleans, which is a hot spot for VA
    - **Veteran Deaths**: 9 veterans have died from COVID-19.

  - **88 VA Employees (Up 25 from yesterday's count):**

    2 Denver, CO
    1 Boise City, ID
    3 Las Vegas, NV
    6 Seattle, WA
    2 Houston, TX
    1 Miami, FL
    2 Indianapolis, IN
    1 Detroit, MI

6 Washington, DC
11 New York, NY
1 Albany, NY
2 Omaha, NE
1 Honolulu, HI
1 Nashville, TN
1 Albuquerque, NM
3 Palo Alto, CA
1 Augusta, ME
2 Boston, MA
2 Northampton, MA
2 Memphis , TN
2 Salt Lake City, UT
2 Madison, WI
1 Martinsburg, WV
1 Cincinnati, OH
4 Montrose, NY
2 Syracuse, NY
1 Columbia, SC
1 Kansas City, MO
2 Buffalo, NY
5 San Diego, CA
1 Phoenix, AZ
1 Augusta, ME
1 Cleveland, OH
4 Chicago, IL
2 Atlanta, GA
1 Philadelphia, PA
1 Little Rock, AR
1 Gainesville, FL
1 Tampa Bay, FL
1 West Palm Beach, FL
1 Augusta, GA
1 Decatur, GA
1 Des Moines, IA
1 Topeka, KS
1 Shreveport, LA
1 Asheville, NC
1 Reno, NV

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)

- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-

19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.

- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities

- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)

- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Considering modifying VA Child Care Subsidy Program Policy on total family income limit to increase coverage and aid mission essential employees in accessing child-care during COVID-19.
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.

- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
-

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 22:05:28 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: FW: VAOIG Report - OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

Kristan, FYSA. The report is out. It's at the below link.

Pam

From: VAOIG Reports Staff <(b)(6) @va.gov>
Sent: Thursday, March 26, 2020 5:27 PM
To: VAOIG Reports Staff <(b)(6) @va.gov>
Subject: VAOIG Report - OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

ATTENTION: Electronic Report Distribution

The Department of Veterans Affairs, Office of Inspector General (OIG), issued **OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness** (Report No. **20-02221-120**). You may view and download this report by clicking on the report title above.

Report Summary: The VA OIG conducted an inspection to evaluate novel coronavirus disease (COVID-19) screening processes at 237 VA facilities (medical centers, community-based outpatient clinics, and community living centers) and to collect data on pandemic preparations. Screening processes at 71 percent of visited medical centers were adequate, while 28 percent had opportunities for improvement. The vast majority of community-based outpatient clinics had screening procedures in place. Although VA announced a no visitors policy for community living centers on March 10, 2020, OIG staff had access to nine.

Almost all medical facilities visited were collecting COVID-19 specimens, but none had the capability to process them on site. Facility leaders indicated that the VA Palo Alto Health Care System (a site not visited by OIG) was processing specimens.

Facility leaders reported that the medication inventory used to (1) manage symptoms, (2) treat critically ill patients to support cardiovascular functions, and (3) sedate intubated patients may be insufficient. Some facility leaders expressed concerns with their inventory of COVID-19 testing kits and personal protective equipment supplies.

Almost half of facility leaders reported a rise in absenteeism but were able to provide coverage or offer overtime pay to minimize impact. Some facilities reported low staffing levels for police and environmental management services.

As of March 19, 2020, 43 percent of facility leaders reported plans to share intensive care beds, personal protective equipment supplies, or both, with community providers. Most leaders stated they would send patients to either another VA medical center, a private, community, university, or Department of Defense hospital if unable to meet patient care needs related to COVID-19.

The OIG recognizes VA staff's tremendous efforts and that challenges related to the pandemic may change rapidly. The OIG will continue to monitor VHA's readiness efforts.

Please use either Adobe Acrobat Reader version 11 or equivalent PDF reader software to open and view our reports. Adobe Acrobat Reader may be obtained free of charge from Adobe's website. Those with text-only or adaptive browsers may want to review Adobe's accessibility guide. (Our disclaimer for these software products)

From: Powers, Pamela
Sent: Thu, 26 Mar 2020 22:09:39 +0000
To: (b)(6) EOP/WHO; (b)(6) EOP/WHO
Cc: EOP/WHO
Subject: FW: VAOIG Report - OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

FYSA. This investigation is similar to someone investigating th (b)(5)
(b)(5)
(b)(5) That's my 2cents.

VHA's management comments (VA response) is at page 36.

Pam

From: VAOIG Reports Staff <(b)(6) @va.gov>
Sent: Thursday, March 26, 2020 5:27 PM
To: VAOIG Reports Staff <(b)(6) @va.gov>
Subject: VAOIG Report - OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

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From: Powers, Pamela
Sent: Fri, 27 Mar 2020 11:26:33 +0000
To: (b)(6) EOP/OMB
Subject: Fwd: Daily Agency Report - VA
Attachments: 03252020 -- Request for Disaster Emergency Medical Personnel System (DEMPS) for COVID-19 (Manhattan).pdf, 03252020 -- Request for Disaster Emergency Medical Personnel System (DEMPS) for COVID-19 (New Orleans).pdf

Here you go.

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Thursday, March 26, 2020 9:38 PM
To: Powers, Pamela
Subject: [EXTERNAL] FW: Daily Agency Report - VA

Pam,

(b)(6) asked for a copy of the DEMPS memo (see below). I highlighted that bullet when I forwarded your report. Can you send?

Thanks,
(b)(6)

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Thursday, March 26, 2020 9:35 PM

Can we get a copy of the DEMPS memo please? Thanks.

Sent from my iPad

> On Mar 26, 2020, at 9:29 PM, (b)(6) EOP/OMB (b)(6) @omb.eop.gov> wrote:
>
> Apologies for the delay. VA daily report attached. One highlight:
>
> - Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
>
> <VA_3.26.20_COVID19 Daily Report.docx>

Department of Veterans Affairs

Memorandum

Date: March 25, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Request for Disaster Emergency Medical Personnel System (DEMPS) for COVID-19

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The purpose of this memorandum is to request DEMPS personnel to support staffing of the VA New York Harbor Health Care System – Manhattan Campus, which has been impacted by the Coronavirus (COVID-19). All VISNs are being requested to review their capability for the time period of April 7, 2020 through April 21, 2020. VA facilities in the California, New Orleans, New York, and Seattle areas are to be excluded from this request.

2. VISNs that have fully-qualified DEMPS and Telehealth Emergency Management (TEM) personnel in the DEMPS Management System (DMS) registration application will receive an automated request generated by the DMS. A list of needed occupations is attached.

3. The VA Financial Services Center (FSC) Travel office will coordinate all travel and lodging arrangements and the FSC VA Time and Attendance System office will complete the timekeeping process.

4. Local transportation will be arranged through VHA's Office of Emergency Management (OEM). All other staff needs while deployed will be coordinated through OEM.

5. The DEMPS rotation will be for two weeks in duration: one day for outbound travel, 12 work days and one day for return travel. The receiving facility will incur all non-salary costs for services, this includes travel and any overtime costs. The fiscal point of contact will be identified in the Deployment Area Specific Information (DASI).

6. DEMPS VISN Points of Contact will utilize the DMS processes and procedures to fill the assigned requirements at: https://vhapims.orau.org.

7. Questions regarding this request can be addressed to your VISN DEMPS POC, Facility DEMPS Coordinator or the National Deployment Operations Program Officer, (b)(6) (b)(6) MSN, RN, at 202-40(b)(6) va.gov.

Sonny Gerace

for
Renee Oshinski

Attachment

DEMPS REQUEST

25 Registered Nurses, ICU
25 Registered Nurses, Med/Surg

Department of Veterans Affairs

Memorandum

Date: March 25, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Request for Disaster Emergency Medical Personnel System (DEMPS) for COVID-19

To: Network Directors (10N1-23)

1. The purpose of this memorandum is to request DEMPS personnel to support staffing of VISN 16 Southeast Louisiana Veterans Health Care System (New Orleans) which has been impacted by the Coronavirus (COVID-19). All VISNs are being requested to review their capability for the time period March 27, 2020 through April 9, 2020. DEMPS personnel from the following VA facilities are to be excluded from this request: New York, Seattle, New Orleans and Houston.

2. VISNs that have fully qualified DEMPS and Telehealth Emergency Management (TEM) personnel in the DEMPS Management System (DMS) registration application and will receive an automated request generated by the DMS. A list of needed occupations is attached.

3. The VA Financial Services Center (FSC) Travel office will coordinate all travel and lodging arrangements and the FSC VA Time and Attendance System office will complete the timekeeping process.

4. Local transportation will be arranged through VHA's Office of Emergency Management (OEM). All other staff needs while deployed will be coordinated through OEM.

5. The DEMPS rotation will be for two weeks in duration: one day for outbound travel, 12 workdays and one day for return travel. The receiving facility will incur all non-salary costs for services, this includes travel and any overtime costs. The fiscal point of contact will be identified in the Deployment Area Specific Information (DASI).

6. DEMPS VISN Points of Contact will utilize the DMS processes and procedures to fill the assigned requirements at: https://vhapims.orau.org.

7. Questions regarding this request can be addressed to your VISN DEMPS POC, Facility DEMPS Coordinator or the National Deployment Operations Program Officer, (b)(6) (b)(6) MSN, RN, at 202-400-(b)(6) @va.gov.

Sonny Gerace

for
Renee Oshinski

Attachment

DEMPS REQUEST

Priority #1- Staff to support an additional 24 ICU beds (w/24 patients on mechanical ventilation):			
# Requested	**Profession**	**Specialty**	**Special Requirement/ Competency**
3	Hospitalists		
4	Anesthesiologists	Critical Care Medicine and/or Critical Care	
6	Respiratory Therapists		
2	Biomedical Technicians		(ventilator trained)
4	Nurse Practitioners & /Physician Assistants		
2	Pharmacist	ICU	
60	RNs	ICU	
12	NAs	ICU	

Priority #2 - Staff to support an additional 44 acute care beds			
# Requested	**Profession**	**Specialty**	**Special Requirement/ Competency**
3	Hospitalists		
1	Anesthesiologists		
6	Respiratory Therapists		
4	Nurse Practitioners & Physician Assistants		
36	RNs	Med-surg	
22	NAs		

From: Powers, Pamela
Sent: Fri, 27 Mar 2020 14:47:44 +0000
To: (b)(6) EOP/WHO
Subject: MA
Attachments: Guidance on Access to Care final (3-27-20).docx

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Guidance on Access to Care for Veterans

In light of the COVID-19 Pandemic, the Veterans Health Administration (VHA) must take action to ensure the clinical needs of Veterans are met and that Veteran safety is protected to the greatest degree possible. In many instances, protecting Veteran safety will mean postponing non-urgent, routine care. This is particularly true for Veterans who are in a high-risk category for COVID-19. This action is consistent with current Centers for Disease Control and Prevention (CDC) recommendations.

The CDC guidance for Clinics and Healthcare Facilities is:

> Healthcare facilities and clinicians should prioritize urgent and emergency visits and procedures now and for the coming several weeks. The following actions can preserve staff, personal protective equipment, and patient care supplies; ensure staff and patient safety; and expand available hospital capacity during the COVID-19 pandemic:
>
> - Delay all elective ambulatory provider visits
> - Reschedule elective and non-urgent admissions
> - Delay inpatient and outpatient elective surgical and procedural cases
> - Postpone routine dental and eyecare visits[1]

Many community health care systems are implementing CDC recommendations, which will affect capacity for referrals for non-urgent and non-emergent care.

Veterans are also following CDC guidance for personal protection to prevent the spread of COVID-19 (including frequent hand washing and putting distance between yourself and other people particularly for those at higher risk of illness)[2] and VA anticipates that most Veterans have already made decisions to postpone elective and non-urgent care in light of the pandemic.

The current risk of exposure to COVID-19 will often outweigh the benefits associated with in-person delivery of certain routine, elective, and non-emergency appointments, whether delivered at VA or in the community through the Veterans Community Care Program (VCCP). Thus, this care will be shifted to e-consults, telephone, and telehealth care whenever possible. When the immediacy or severity of the Veteran's condition necessitates in-person care despite the risk of COVID-19, this care will be scheduled in VA facilities or in the community as appropriate and as available.

VHA has taken steps at our facilities to protect Veterans by enhancing screening at entrances and prior to visits via telephone calls, limiting visitors, and launching a robust communications campaign on how to limit exposure to COVID-19. As noted, consistent

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

[2] https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html

with current CDC recommendations, VHA is also postponing all non-urgent procedures and studies. Before adjusting any current schedules, each facility is reviewing scheduled care and studies to determine if the care can safely be postponed or provided through virtual visits. All Veterans with non-urgent needs are encouraged to have virtual outpatient visits instead of their previously scheduled face to face appointments. VA is already seeing a rapid and encouraging rise in telephone and telehealth care. VA will also be communicating with Veterans regularly and through multiple means (email, telephone, text message and mail) in order to ensure that they are fully aware of and understand how to utilize these telehealth and e-consult services and so that any changes in health status are addressed throughout the course of the pandemic.

VHA issues the following guidance to assist VA providers with clinical determinations regarding individual Veteran care:

- Referral to the community for emergent or urgent clinical needs will continue, and VA will work to ensure care coordination and safety given the increased risk environment with COVID-19. VA's network of emergency care and urgent care providers in the community is available for eligible Veterans.
- For routine care:
    - VA providers should use e-consults, VA telehealth, or telephone visits for routine visits, provided the Veteran has the technological means to connect and a virtual visit is clinically appropriate.
    - Scheduling decisions should be reviewed on a case-by-case basis and should take into account the individual Veteran's needs, including COVID-19 related risks, market variation regarding local community provider availability, or community level emergency response efforts including social distancing. Where the severity or immediacy of the Veteran's medical need (e.g. certain chronic disease management, maternity care, pain management therapies) outweighs the COVID-19 related risks, care should be scheduled within VA or in the community as appropriate. Non-urgent procedures and studies previously scheduled in VA and postponed due to COVID-19 will be rescheduled in VA, or in the community if VCCP eligibility is met, once services are resumed.

Veterans receiving care in the community for prior referrals including but not limited to chemotherapy, dialysis, and other chronic conditions should continue with this care, and are encouraged to take advantage of community provider telehealth capacity when appropriate.

The duration of any surge in cases and acute demand due to COVID-19 is unknown. VA will assess the care environments continuously and communicate decisions every 30 days. VA will continue to provide real-time updates on the status of care in VA facilities and in our community network, ensuring Veterans are informed and empowered during this time of national challenge.

From: Powers, Pamela
Sent: Fri, 27 Mar 2020 18:39:21 +0000
To: (b)(6) EOP/OVP
Cc: EOP/OVP
Subject: Re: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Copy, thanks (b)(6)
Get Outlook for iOS
From: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Friday, March 27, 2020 12:53:26 PM
To: Powers, Pamela <(b)(6) @va.gov>
Cc: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Subject: FW: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Pam, FYSA…appears this issue is resolved. Thanks!

(b)(6)

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881-(b)(6)

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Friday, March 27, 2020 12:47 PM
To: (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Subject: RE: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Just an fyi – This has been resolved. They had a conference call last evening and everyone is "linked up to resolve remaining questions and for this contract action to be processed under a legally sufficient schedule." Good news – hopefully they are able to help; product sounds great if they can get it on the frontlines. Thanks!

From (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>
Sent: Thursday, March 26, 2020 5:04 PM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: RE: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Thank you, (b)(6) Very much appreciated!

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881-(b)(6)

From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Thursday, March 26, 2020 4:42 PM
To: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Subject: RE: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

(b)(6)

This has been forwarded to both GSA and the VA. AGL determined GSA is probably the best person to reach out to them regarding the FSS. Hopefully they get a resolution soon.

Let me know what else you need – Happy to help!

Thanks,

(b)(6)
X5(b)(6)

From: (b)(6) EOP/OVP <(b)(6)ovp.eop.gov>
Sent: Thursday, March 26, 2020 2:45 PM
To: (b)(6) EOP/WHO <(b)(6)who.eop.gov>
Cc: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Subject: RE: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Perfect (b)(6) Thanks!!

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881(b)(6)

From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Thursday, March 26, 2020 2:41 PM
To: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Subject: RE: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Got it! Let me shoot to Agency Liaison and have them see if they can route to the appropriate Agency to assist. I am thinking VA might be able to reach out..? Worth a shot at least.

From: (b)(6) EOP/OVP <(b)(6)@ovp.eop.gov>
Sent: Thursday, March 26, 2020 2:35 PM
To: (b)(6) OP/WHO <(b)(6)@who.eop.gov>
Cc: . EOP/OVP (b)(6) ovp.eop.gov>
Subject: FW: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

(b)(6), Forwarding as requested. Thanks so much for taking a look at this!

(b)(6)

(b)(6)
Special Advisor for Domestic Policy
Office of the Vice President
(202)881-(b)(6)

From: (b)(6)@gmail.com>
Sent: Thursday, March 26, 2020 1:43 PM
To: (b)(6) EOP/OVP (b)(6)@ovp.eop.gov>
Cc: (b)(6)@sympatico.ca>; (b)(6)@abundantventures.com>; (b)(6)@pediatricallergysolutions.com
Subject: Fwd: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS

(b)(6)
Office of the Vice President
Washington, DC, USA

Dear Mr.(b)(6)

Our mutual friend (b)(6) so kindly gave me your contact information and advised that you would be expecting me to reach out.

I am writing to ask if you could possibly assist with some advice on the urgent matter of nationwide COVID-19 testing.

My colleagues at Pediatric Allergy Solutions, LLC, (PAS) of Chadds Ford, PA, have developed a **rapid, automated COVID-19 test.** The President had directed the FDA to permit blanket approvals of new COVID-19 tests under the Emergency Use Authorization, using FDA Guidelines. PAS did so, and their test complies under qRT-PCR, FDA-pproved test guidelines. It tests directly for the presence of the virus and is greater than 95% accurate. PAS' test is capable of same-day turnarounds, each test taking 2.5 hours, and the company is capable of processing up to a **current capacity of 300,000 tests/month**, and if ramped up quickly a maximum theoretical capacity of 90,000 per day, or 2.7M/month. They aim to test millions of VA patients, and millions of DoD service people and their families, starting immediately. They are talking with the states of Oklahoma, Texas, Ohio, and New York state to test the uninsured people ASAP.

PAS already has a contract with **Kandu Supplies and Services, LLC,** of Helotes, TX. Kandu is an 8 (A) supplier to the VA and DoD. The attached PDF "VA Packet" shows PAS' two other test products (for allergies) that are already in the VA system. Kandu is looking to **add** PAS' testing modality for COVID-19 into the Federal Suppy Schedule (FSS) system. However, Kandu is under some kind of moratorium on modifications to contracts; they had apparently been told by the FSS office to hold off on doing any modifications to any contracts at this time, **unless otherwise directed.** The doors are shut, and the vendors are excluded from access to entry within any Veterans Administration office in the United States. Can your office assist?

As an aside, I also have a Global Health expert colleague in Europe, an American doctor who knows all the command surgeons, waiting to hear the result of this push, ASAP, so that he can alert some medical colleagues at EUCOM, US Army Command in Europe, about the availability of such testing for their troops, and for testing for MERS in Centcom and Africom (the same test differentiates both.)

Would it be possible for me to schedule a short phone call with you? And then possibly to conference call with the principals of PAS?

Awaiting your advice, with gratitude,

Respectfully yours,
(b)(6)

Consultant, Medical Device and Healthcare Strategy
4 Melbourne Place
Toronto ON M6K 2B9
Canada
+1 (647) 896(b)(6) Mobile, WhatsApp, Signal
Skype:(b)(6)

---------- Forwarded message ---------
From:(b)(6)@va.gov>
Date: Thu, Mar 26, 2020 at 11:38 AM
Subject: FW: [EXTERNAL] Fwd: FW: COVID-19 / FSS
To: Community Engagement <(b)(6)@va.gov>
Cc: (b)(6)@gmail.com>

Hello OCE/CCI Team,

This team reached out to me this morning about providing rapid COVID19 testing. I shared that I would connect them with the Center for review. I've also copied the POC(b)(6)

Thanks
(b)(6)

From:(b)(6)@gmail.com>
Sent: Thursday, March 26, 2020 10:56 AM
To: (b)(6)@va.gov>
Subject: [EXTERNAL] Fwd: FW: COVID-19 / FSS

Dear Ms.(b)(6)

Attached please find the information I messaged you about last evening.

If possible, we could do this as a conference call along with the principals.

Respectfully,

(b)(6)

Consultant, Medical Devices & Healthcare Strategy
4 Melbourne Place
Toronto ON M6K2B9 Canada
+1 (647) 896-(b)(6) mobile, WhatsApp, Signal
Skype:(b)(6)

---------- Forwarded message ---------
From:(b)(6) @abundantventures.com>
Date: Thu, Mar 26, 2020 at 10:35 AM
Subject: FW: COVID-19 / FSS
To:(b)(6) @gmail.com>

(b)(6)

We need assistance for the National Acquisition Center for inclusion in the FSS system for the COVID-19 / MERS test. We can provide the documentation direct

Thank you

(b)(6)
Abundant Ventures LLC
Financing & Business Capital Solutions
>www.abundantventures.com<
(248) 812(b)(6) office
(248) 979 cell
Skype: (b)(6)

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From: (b)(6) [mailto:(b)(6) @usadnatest.com]
Sent: March 25, 2020 4:14 PM
To: (b)(6)
Cc:
Subject: COVID-19 / FSS

(b)(6)

We are already in the FSS system for the VA through our 8-A, Kandu Supply, for both our Allergy and MedRx programs. We would like to add the COVID-19 / MERS testing modality as well.

Unfortunately, Kandu is unable at the moment to submit documentation to the National Acquisition Center for inclusion in the FSS system for the COVID-19 / MERS test. We believe it is critically time sensitive for our veterans and active military, along with their families, to have access to this CLIA certified testing modality.

We are currently working with state officials in several states to provide testing to those who are uninsured at CMS rates in an attempt to control to costs to the states. support material is attached.

Thank you for your assistance,

(b)(6)
President and CEO

(b)(6) @PediatricAllergySolutions.com

Optimum Lab Services
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Optimum Allergy Solutions ...Brush Away Your Allergies

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From: Powers, Pamela
Sent: Fri, 27 Mar 2020 21:05:04 +0000
To: (b)(6)
EOP/OMB (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB (b)(6)
EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6) (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.27.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

• VA received a Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required.
• Veteran deaths from COVID-19 almost doubled in one day to 17 (+8 from yesterday)

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461- (b)(6)
Cell: 202-430- (b)(6)
(b)(6) @VA.gov

ChooseVA

COVID-19 – Agency Response
3/27/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **Received Mission Assignment As directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required.**
- Discussing the ability to assist with decompression of any Veterans with Elmhurst Hospital in New York City to a NY VA hospital.
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
    - To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- As of close of business on Thursday, March 26, 2020, VBA contract vendors had reported a cumulative total of 25,351 unique Veterans whose contract examinations have been impacted by the pandemic.
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- VA will purchase 250,000 laptops no later than March 27 to support telehealth and telework operations [Update]
- As of March 26, 2020, 48 medical centers have turned off Disability Benefits Questionnaires (DBQs). The number of DBQs turned off varies by medical center and ranges from 50 to 82 (all). C&P exam requests in those areas are being routed to the MDE vendors.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency). This guidance is in effect until April 30, 2020, at which time it will be reviewed to see if an extension of this policy is necessary.
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices.

- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). NCA will continue to monitor additional impacts and keep our stakeholders alerted to changes in access (Rock Island (IL) and Barrancas (FL)- National Cemeteries are also located on bases which have not restricted public access as of now.)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations.
- To address the needs of homeless Veterans who test positive for COVID-19 but do not require hospitalization, VHA's Homeless Program Office is creating an Assessment and Recovery Center (ARC) workgroup. VA OGC advised that the workgroup can include non-profit organizations like the U.S. Conference of Mayors and National Association of Counties to assist VA in determining which cities would benefit from ARCs and of the current local response to COVID-19 without triggering the requirements of the Federal Advisory Committee Act, if the workgroup is assembled to exchange facts or information and not to provide group advice or recommendations to the agency.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- SECVA Media Engagements Friday, March 27:
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio).
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio).
  - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio).
  - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio).
  - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK).
- VA Veterans Health Administration sent the following guidance to the field
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline

- Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps

- **Other Notable Responses**

  - **571 Positive Veteran COVID-19 Cases**

    - VA is now using Artificial Intelligence to cull data from veteran's medical records of COVID-19 positive patients.
    - This is an increase of 87 cases from yesterday's numbers
    - 120 Veterans are in inpatient care (54 in ICU, 66 in Acute Care)
    - 442 are in outpatient care and are quarantined at home
    - 127 of these veterans are in New Orleans, which is a hot spot for VA
    - **Veteran Deaths**: 17 veterans have died from COVID-19. (+8 from yesterday)

  - **202 VA Employees (+114 from yesterday's count): note: increase is due to better reporting structure and not necessarily an increase in cases.**
    ***Hotspots include 18 cases in Aurora, CO and 24 in New Orleans, LA**

    18 Aurora, CO
    1 Albany, NY
    2 Albuquerque, NM
    1 Alexandria, LA
    1 Augusta, ME
    1 Augusta, GA
    2 Atlanta, GA
    3 Asheville, NC
    3 Boise City, ID
    4 Boston, MA
    1 Buffalo, NY
    1 Cincinnati, OH
    3 Columbia, SC
    1 Clarksburg, SC
    1 Cleveland, OH
    11 Chicago, IL
    1 Charleston, SC
    3 Dallas, TX
    1 Dayton, OH
    1 Denver, CO
    7 Detroit, MI
    2 Decatur, GA
    1 Des Moines, IA
    2 Dublin, GA
    1 East Orange, NJ
    1 Gainesville, FL
    1 Hampton, VA
    1 Honolulu, HI
    3 Houston, TX

6 Indianapolis, IN
1 Iowa City
1 Jackson, MS
1 Kansas City, MO
3 Las Vegas, NV
1 Little Rock, AR
1 Los Angeles, CA
3 Madison, WI
1 Mather, CA
1 Martinsburg, WV
2 Memphis, TN
3 Miami, FL
2 Milwaukee, WI
1 Minneapolis, MN
2 Montrose, NY
1 Nashville, TN
6 New York, NY
24 New Orleans, LA
2 Northampton, MA
2 Omaha, NE
4 Orlando, FL
1 Philadelphia, PA
1 Phoenix, AZ
5 Palo Alto, CA
3 Reno, NV
1 Saginaw, MI
4 Salt Lake City, UT
6 San Diego, CA
1 San Francisco
2 San Juan, PR
8 Seattle, WA
1 Shreveport, LA
4 St. Louis, MO
2 Syracuse, NY
3 Topeka, KS
1 Tampa Bay, FL
9 Washington, DC
1 West Palm Beach, FL

Historical Inputs:

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19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.

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- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities

- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)

- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Considering modifying VA Child Care Subsidy Program Policy on total family income limit to increase coverage and aid mission essential employees in accessing child-care during COVID-19.
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.

- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the

above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.

- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
  - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
  - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
  - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
  - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
  - Travis and Lackland demobilizing today (3/26/2020)
  - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
  - Rehire of retired nurses
  - Hire of new employees through special hiring authorities and waivers
  - DEMPS moves from other non-stressed areas in VA
  - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions

From: Powers, Pamela
Sent: Sat, 28 Mar 2020 21:02:41 +0000
To: (b)(6)
EOP/OMB(b)(6)@omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris)(b)(6) EOP/WHO(b)(6);(b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO;(b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.28.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

• VA has our first employee death attributed to COVID-19. A female social worker in her 50's from Michigan. We understand she had no recent contact with veterans but the local leadership is investigating to confirm.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
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Cell: 202-430-(b)(6)
(b)(6)@VA.gov

ChooseVA

COVID-19 – Agency Response
3/28/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required.
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Version 5 for COVID-19 FAQs will Include Information on paid sick leave for federal employees based on the Families First Act.
- VEO/VHA/OIT collectively resolved changes needed to clearly identify people who are coming to the medical centers due to the Pandemic (4th mission).
    - This will support the identification of Veterans and Non-Veterans (general public) being registered at VHA facilities in response to this national emergency but this is NOT a clinical indication that they "have" COVID19 or are being tested for it.
    - The changes/updates include the following VA systems: Enrollment System, VISTA Registration, National Patient Treatment File for workload reporting, Census Process, and Administrative Data Repository.
- As of close of business on Friday, March 27, 2020, VBA contract vendors had reported a cumulative total of **29,270** unique Veterans whose contract examinations have been impacted by the pandemic.
- As of March 26, 2020, **50** medical centers have turned off Disability Benefits Questionnaires (DBQs). The number of DBQs turned off varies by medical center (MC) and ranges from 50 to 82 (all). C&P exam requests in those areas will now be routed to the MDE vendors.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- No SECVA media for Saturday
- Scheduling SECVA addresses to VA staff around the country to reinforce appreciation for their hard work and dedication to the virus response.

- **Other Notable Responses**

  - **778 Positive Veteran COVID-19 Cases**

    - This is an increase of 207 cases from yesterday's numbers
    - 181 Veterans are in inpatient care (82 in ICU, 99 in Acute Care)
    - 580 are in outpatient care and are quarantined at home
    - 176 of these veterans are in New Orleans, which is a hot spot for VA
    - **Veteran Deaths**: 20 veterans have died from COVID-19 (+3 from yesterday)

  - **258 VA Employees (+56 from yesterday's count): note: increase is due to better reporting structure and not necessarily an increase in cases.**
    ***Hotspot for VA is New Orleans, LA with 33 cases**
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    13 Aurora, CO
    1 Albany, NY
    3 Albuquerque, NM
    1 Alexandria, LA
    1 Ann Arbor, MI
    1 Augusta, ME
    1 Augusta, GA
    2 Atlanta, GA
    3 Asheville, NC
    1 Bedford, MA
    3 Boise City, ID
    1 Birmingham, AL
    2 Biloxi, MS
    8 Boston, MA
    1 Buffalo, NY
    1 Cheyenne, WY
    2 Cincinnati, OH
    4 Columbia, SC
    1 Coatesville, PA
    1 Clarksburg, SC
    4 Cleveland, OH
    14 Chicago, IL
    2 Charleston, SC
    3 Dallas, TX
    1 Dayton, OH
    1 Denver, CO
    9 Detroit, MI

3 Decatur, GA
2 Des Moines, IA
2 Dublin, GA
6 East Orange, NJ
1 Fort Meade, SD
1 Fresno, CA
1 Gainesville, FL
1 Hampton, VA
1 Honolulu, HI
3 Houston, TX
6 Indianapolis, IN
2 Iowa City
1 Jackson, MS
3 Kansas City, MO
4 Las Vegas, NV
1 Lexington, KY
1 Little Rock, AR
2 Loma Linda, CA
1 Los Angeles, CA
2 Louisville, KY
4 Madison, WI
1 Mather, CA
2 Martinsburg, WV
2 Memphis, TN
3 Miami, FL
2 Milwaukee, WI
1 Minneapolis, MN
3 Montrose, NY
1 Mountain Home, TN
1 Nashville, TN
7 New York, NY
33 New Orleans, LA
2 Northampton, MA
2 Northport, NY
2 Omaha, NE
4 Orlando, FL
2 Philadelphia, PA
1 Phoenix, AZ
5 Palo Alto, CA
3 Reno, NV
1 Saginaw, MI
4 Salt Lake City, UT
6 San Diego, CA
1 San Francisco
2 San Juan, PR
8 Seattle, WA
2 Shreveport, LA
4 St. Louis, MO

2 Syracuse, NY
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- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.

- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- by changing the threshold for total family income (TFI), it would not likely resolve the issue.
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members

(limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.

- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Considering modifying VA Child Care Subsidy Program Policy on total family income limit to increase coverage and aid mission essential employees in accessing child-care during COVID-19.
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.

- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
  - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
  - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
  - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.

- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.

- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- VA will purchase 250,000 laptops no later than March 27 to support telehealth and telework operations [Update]
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices.
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness").
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments 3/27/2020)

- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations.
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field
    - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
    - Recruitment, Hiring and Organizational Changes During COVID-19
    - COVID-19 VHACO Clinician Request
    - Postponement of Long-Term Care Surveys
    - Establishment of New Hire Processing Timeline
    - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps

From: Powers, Pamela
Sent: Sun, 29 Mar 2020 17:51:59 +0000
To: (b)(6) EOP/OMB (b)(6)
Subject: RE: [EXTERNAL] Federal buildings with large space

Thank (b)(6) I assume our VA employee was just asking for scenario planning purposes but will look into it.

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Sunday, March 29, 2020 1:12 PM
To: (b)(6) @gsa.gov>
Cc: Powers, Pamela <(b)(6) @va.gov>
Subject: Re: [EXTERNAL] Federal buildings with large space

Great - thank you.
I will direct them to work with their local contacts for FEMA and GSA.

Sent from my iPhone

> On Mar 29, 2020, at 12:46 PM, (b)(6) @gsa.gov> wrote:
>
> Pam, if you are looking for space in a specific area, please let us know. We have about 1500 owned locations nationwide, and another 8000 leased locations. We also have the FRPP data on other agencies holdings.
>
> On Sun, Mar 29, 2020 at 12:36 PM (b)(6) @gsa.gov> wrote:
>
> > GSA is prepared to help with any space requests, but I'm unaware of any pending right now. We can also work to make space available to state and local governments. We are also getting our injects from FEMA.
> >
> > On Sun, Mar 29, 2020 at 12:31 PM Powers, Pamela <(b)(6) @va.gov> wrote:
> >
> > > While we are not working with GSA at this time, we are working with states when a specific request comes in. NYC...Javitz center is one example. We are supporting with medical personnel and some equipment. If a State has a particular request for VA resources, they work through FEMA. We also have a Mission Tasking in NYC for 50 beds in our V.A. hospital for civilian utilization.
> > >
> > > Get Outlook for iOS

From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Sunday, March 29, 2020 12:19:41 PM
To: Powers, Pamela <(b)(6) @va.gov>; (b)(6) @gsa.gov (b)(6) @gsa.gov>

Subject: Fwd: [EXTERNAL] Federal buildings with large space

See exchange below - is this something GSA and VA are coordinating on, on a broader scale?
Thanks!

Sent from my iPhone

Begin forwarded message:

From: "(b)(6) (b)(6) @ios.doi.gov>
Date: March 29, 2020 at 11:50:02 AM EDT
To: "(b)(6) EOP/OMB" <(b)(6) @omb.eop.gov>, (b)(6) @opm.gov" (b)(6) @opm.gov>, "(b)(6) (b)(6) @opm.gov>
Subject: Fwd: [EXTERNAL] Federal buildings with large space

Requesting approval to support VA Medical Center in asking agencies if they have large space that could be used for alternative care facilities for non COVID patients. They have also asked for agencies who have large tents. I know of some agencies already that have auditoriums and tents due to our work with them.

May I support the VA in their request for federal agency space and tents?

(b)(6)

(b)(6)
Executive Director
Federal Executive Board of Minnesota
1 Federal Drive, Suite 2250
St.Paul, MN 55111
612-713-(b)(6)
>>https://minnesota.feb.gov<<

From: (b)(6) @va.gov>
Sent: Sunday, March 29, 2020 8:42 AM
To: (b)(6)
Subject: [EXTERNAL] Federal buildings with large space

Hello A(b)(6)

As we plan for COVID surge, do you know any agencies with large space that could be turned into an alternate care site for non COVID patients?

Needs to have heat, water, restrooms. I heard NY is using warehouses and auditoriums.

Any thoughts who might be able to help us out with this need?

Thank you,

(b)(6)

Sent with BlackBerry Work
(>>www.blackberry.com<<)

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From: Powers, Pamela
Sent: Sun, 29 Mar 2020 21:02:07 +0000
To: (b)(6)
EOP/OMB; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB; (b)(6)
EOP/OMB; (b)(6) EOP/OMB (b)(6) EOP/OMB (b)(6) EOP/OMB (b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris) (b)(6) EOP/WHO (b)(6) ; (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.29.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

• VA received a new Mission Assignment from FEMA to procure and distribute pharmaceuticals and medical surge supplies to FEMA Regional Sites, State Department Health Storage Sites, or other locations determined by FEMA. VA working with HHS and FEMA on details.
• NY Harbor VA Hospital received four civilian (non-veteran) patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending.
    O Four to five additional patients are expected overnight from Elmhurst Hospital.
    O The five patients that were to be transferred from Lincoln Hospital have not arrived yet.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461- (b)(6)
Cell: 202-430- (b)(6)
(b)(6) @VA.gov

ChooseVA

COVID-19 – Agency Response
3/29/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **VA received new Mission Assignment to procure and distribute pharmaceuticals and medical surge supplies to FEMA Regional Sites, State Department Health Storage Sites, or other location determined by FEMA. VA working with HHS on details.**
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending.
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response.
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel.
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- As of close of business on Saturday, March 28, 2020, VBA contract vendors had reported a cumulative total of **32,164** unique Veterans whose contract examinations have been impacted by the pandemic.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- No SECVA media for Sunday
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.

- **Other Notable Responses**

  - **927 Positive Veteran COVID-19 Cases**

    - This is an increase of 149 cases from yesterday's numbers
    - 218 Veterans are in inpatient care (93 in ICU, 125 in Acute Care)
    - 689 are in outpatient care and are quarantined at home
    - 203 of these veterans are in New Orleans, which remains a hot spot for VA
    - **Veteran Deaths**: 26 veterans have died from COVID-19 (+6 from yesterday)

  - **273 VA Employees (+15 from yesterday's count)**
    ***Hotspot for VA is New Orleans, LA with 33 cases**
    13 Aurora, CO
    1 Albany, NY
    3 Albuquerque, NM
    1 Alexandria, LA
    1 Ann Arbor, MI (death (3/28/20); social worker in her 50s)
    1 Augusta, ME
    1 Augusta, GA
    2 Atlanta, GA
    3 Asheville, NC
    1 Bedford, MA
    3 Boise City, ID
    1 Birmingham, AL
    2 Biloxi, MS
    8 Boston, MA
    1 Buffalo, NY
    1 Cheyenne, WY
    2 Cincinnati, OH
    8 Columbia, SC
    1 Columbia, MO
    1 Coatesville, PA
    1 Clarksburg, WV
    4 Cleveland, OH
    14 Chicago, IL

2 Charleston, SC
3 Dallas, TX
1 Dayton, OH
1 Denver, CO
9 Detroit, MI
3 Decatur, GA
2 Des Moines, IA
2 Dublin, GA
7 East Orange, NJ
1 Fort Meade, SD
1 Fresno, CA
1 Gainesville, FL
1 Hampton, VA
1 Honolulu, HI
3 Houston, TX
5 Indianapolis, IN
2 Iowa City
1 Jackson, MS
6 Kansas City, MO
4 Las Vegas, NV
1 Lexington, KY
1 Little Rock, AR
2 Loma Linda, CA
2 Long Beach, CA
1 Los Angeles, CA
2 Louisville, KY
4 Madison, WI
1 Mather, CA
1 Martinsburg, WV
2 Memphis, TN
3 Miami, FL
2 Milwaukee, WI
1 Minneapolis, MN
12 Montrose, NY
1 Mountain Home, TN
1 Nashville, TN
2 New York, NY
33 New Orleans, LA
2 Northampton, MA
2 Northport, NY
1 Omaha, NE
4 Orlando, FL
2 Philadelphia, PA
1 Phoenix, AZ
5 Palo Alto, CA
1 Poplar Bluff, MO
3 Reno, NV
1 Saginaw, MI

4 Salt Lake City, UT
7 San Diego, CA
1 San Francisco
2 San Juan, PR
8 Seattle, WA
2 Shreveport, LA
4 St. Louis, MO
1 Syracuse, NY
9 Topeka, KS
1 Tampa Bay, FL
2 Temple, TX
12 Washington, DC
1 West Palm Beach, FL

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.

- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.

- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts

- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.

- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)

    - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
    - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
    - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- SECVA had the following studio interviews:
    - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.

- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct

casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)

- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
    - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
    - Recruitment, Hiring and Organizational Changes During COVID-19
    - COVID-19 VHACO Clinician Request
    - Postponement of Long-Term Care Surveys
    - Establishment of New Hire Processing Timeline
    - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Version 5 for COVID-19 FAQs will Include Information on paid sick leave for federal employees based on the Families First Act.
    - This will support the identification of Veterans and Non-Veterans (general public) being registered at VHA facilities in response to this national emergency but this is NOT a clinical indication that they "have" COVID19 or are being tested for it.
    - The changes/updates include the following VA systems: Enrollment System, VISTA Registration, National Patient Treatment File for workload reporting, Census Process, and Administrative Data Repository.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)

From: Powers, Pamela
Sent: Mon, 30 Mar 2020 02:42:43 +0000
To: (b)(6) EOP/WHO
Subject: Re: Agency Report - VA

Sure. Do you mean by each location or just overall?
Get Outlook for iOS
From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Sunday, March 29, 2020 10:27:32 PM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: Agency Report - VA

Thank you so much, Pam! Is there any possibility you could highlight or write in red the changes on staff cases in this list from day to day? I appreciate your help!

Have a great evening,
(b)(6)

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Sunday, March 29, 2020 5:02 PM
To: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; DL OMB Dir Office OMB_COVID19OPS <(b)(6) @omb.eop.gov>
Cc: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Cashour, Curtis <(b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: RE: Agency Report - VA

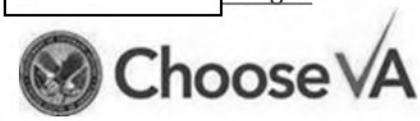
Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

• VA received a new Mission Assignment from FEMA to procure and distribute pharmaceuticals and medical surge supplies to FEMA Regional Sites, State Department Health Storage Sites, or other locations determined by FEMA. VA working with HHS and FEMA on details.
• NY Harbor VA Hospital received four civilian (non-veteran) patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending.
    O Four to five additional patients are expected overnight from Elmhurst Hospital.

O The five patients that were to be transferred from Lincoln Hospital have not arrived yet.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) VA.gov



From: Powers, Pamela
Sent: Mon, 30 Mar 2020 21:07:56 +0000
To: (b)(6) EOP/OMB; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB (b)(6) (b)(6) EOP/OVP;Syrek, Christopher D. (Chris) (b)(6) EOP/WHO; (b)(6) (b)(6) (b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6) (b)(6) OP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_3.30.20_COVID19 Daily Report.docx

With attachment….

From: Powers, Pamela
Sent: Monday, March 30, 2020 5:01 PM
To: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) (b)(6) EOP/OVP <(b)(6) @ovp.eop.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Cashour, Curtis <(b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) @who.eop.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: RE: Agency Report - VA

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- VA received a new FEMA Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- 1,166 Positive Veteran COVID-19 Cases

Pam

Pamela Powers
Veterans Affairs Chief of Staff
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ChooseVA

COVID-19 – Agency Response
3/30/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.**
- VA received new Mission Assignment to procure and distribute pharmaceuticals and medical surge supplies to FEMA Regional Sites, State Department Health Storage Sites, or other location determined by FEMA. VA working with HHS and FEMA on details.
- Continuing to implement Mission Assignment to receive non-Veteran patients at New York Harbor HCS facilities.
- Processing PPE supplies for VA hospitals; shipments will resume today.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns.
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- **SECVA Media**
  - Sec. Wilkie was interviewed by Montana Talks Radio.
  - Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio).
  - Sec. Wilkie was interviewed by Lisa Rein, The Washington Post.
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp

- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA).
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill

- **Other Notable Responses**

  - **1,166 Positive Veteran COVID-19 Cases**

    - This is an increase of 239 cases from yesterday's numbers
    - 278 Veterans are in inpatient care (103 in ICU, 175 in Acute Care)
    - 861 are in outpatient care and are quarantined at home
    - 244 of these veterans are in New Orleans, which remains a hot spot for VA
    - **Veteran Deaths**: 35 veterans have died from COVID-19 (+9 from yesterday)

  - **275 VA Employees (+1 increase)**
    ***Hotspot for VA is New Orleans, LA with 33 cases**
    ***Still awaiting latest data from Veterans Health Administration, this number will be reflected in tomorrow's report and will likely increase**

    13 Aurora, CO
    1 Albany, NY
    3 Albuquerque, NM
    1 Alexandria, LA
    1 Ann Arbor, MI (death (3/28/20); social worker in her 50s)
    1 Augusta, ME
    1 Augusta, GA
    2 Atlanta, GA
    3 Asheville, NC
    1 Bedford, MA
    3 Boise City, ID
    1 Birmingham, AL
    2 Biloxi, MS
    8 Boston, MA
    1 Buffalo, NY
    1 Cheyenne, WY
    2 Cincinnati, OH
    8 Columbia, SC
    1 Columbia, MO
    1 Coatesville, PA
    1 Clarksburg, WV
    4 Cleveland, OH
    14 Chicago, IL
    2 Charleston, SC
    3 Dallas, TX
    1 Dayton, OH

1 Denver, CO
9 Detroit, MI
3 Decatur, GA
2 Des Moines, IA
2 Dublin, GA
7 East Orange, NJ
1 Fort Meade, SD
1 Fresno, CA
1 Gainesville, FL
1 Hampton, VA
1 Honolulu, HI
3 Houston, TX
5 Indianapolis, IN
2 Iowa City
1 Jackson, MS
6 Kansas City, MO
4 Las Vegas, NV
1 Lexington, KY
1 Little Rock, AR
2 Loma Linda, CA
2 Long Beach, CA
1 Long Island, NY (+1 increase at VA National Cemetery)
1 Los Angeles, CA
2 Louisville, KY
4 Madison, WI
1 Mather, CA
1 Martinsburg, WV
2 Memphis, TN
3 Miami, FL
2 Milwaukee, WI
1 Minneapolis, MN
12 Montrose, NY
1 Mountain Home, TN
1 Nashville, TN
2 New York, NY
33 New Orleans, LA
2 Northampton, MA
2 Northport, NY
1 Omaha, NE
4 Orlando, FL
2 Philadelphia, PA
1 Phoenix, AZ
5 Palo Alto, CA
1 Poplar Bluff, MO
3 Reno, NV
1 Saginaw, MI
4 Salt Lake City, UT
7 San Diego, CA

1 San Francisco
2 San Juan, PR
8 Seattle, WA
2 Shreveport, LA
4 St. Louis, MO
1 Syracuse, NY
9 Topeka, KS
1 Tampa Bay, FL
2 Temple, TX
12 Washington, DC
1 West Palm Beach, FL

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)

- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.

- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts

- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.

- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)

    - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
    - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
    - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- SECVA had the following studio interviews:
    - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.

- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct

casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)

- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
    - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
    - Recruitment, Hiring and Organizational Changes During COVID-19
    - COVID-19 VHACO Clinician Request
    - Postponement of Long-Term Care Surveys
    - Establishment of New Hire Processing Timeline
    - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Version 5 for COVID-19 FAQs will Include Information on paid sick leave for federal employees based on the Families First Act.
    - This will support the identification of Veterans and Non-Veterans (general public) being registered at VHA facilities in response to this national emergency but this is NOT a clinical indication that they "have" COVID19 or are being tested for it.
    - The changes/updates include the following VA systems: Enrollment System, VISTA Registration, National Patient Treatment File for workload reporting, Census Process, and Administrative Data Repository.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
    - Four to five additional patients are expected overnight from Elmhurst Hospital.

- The five patients that were to be transferred from Lincoln Hospital have not arrived yet.

- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.

From: Powers, Pamela
Sent: Tue, 31 Mar 2020 20:49:05 +0000
To: (b)(6) EOP/OMB
Subject: RE: PMC - Revised Daily Reporting Template

Thanks. Will include that tomorrow.

From: (b)(6). EOP/OMB <(b)(6)@omb.eop.gov>
Sent: Tuesday, March 31, 2020 4:18 PM
To: Powers, Pamela <(b)(6)@va.gov>
Subject: [EXTERNAL] FW: PMC - Revised Daily Reporting Template

This one has a new section on CARES Act items…Just making sure you receive…

Hope you are well…

(b)(6)

PMC –

Revised Daily Reporting Template. Attached is a revised daily reporting template that includes a **new section to flag key activities and milestones related to the implementation of the CARES ACT** (and other supplementary funding that Congress has provided for COVID-response). Please begin using this as soon as possible for your daily reports.

Thank you.

From: Powers, Pamela
Sent: Tue, 31 Mar 2020 21:11:14 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
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Subject: RE: Agency Report - VA
Attachments: VA_3.31.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- VA continues to analyze supply chain to ensure facilities have adequate amounts of supplies.

VHA Logistics Update:
o N-95 Masks: Shipped –1.56 million
o BD Swabs: Shipped –16,450
o Face Shields: Shipped –35,000
o Test Kits: Shipped –3,150

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Choose VA

COVID-19 – Agency Response
3/31/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **VA continues to analyze supplies and ensure facilities have adequate quantities. VHA Logistics Update:**
  - N-95 Masks: Shipped –1.56 million
  - BD Swabs: Shipped –16,450
  - Face Shields: Shipped –35,000
  - Test Kits: Shipped –3,150
- **Mobile Vet Center Update:**
  - Counselors deployed to support Javits Center Federal Medical Station, New York City, NY
- **VA received new Mission Assignment to procure and distribute pharmaceuticals and medical surge supplies to FEMA Regional Sites, State Department Health Storage Sites, or other location determined by FEMA. VA working with HHS and FEMA on details. (Ongoing)**
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark
- Working with the Department of the Treasury to suspend the collection of all debt owed to VA until May 31, 2020. VA OGC provided a legal memorandum to Treasury's legal counsel explaining VA's legal authority to suspend debt collections. Based on conversations with Treasury's legal counsel, VA OGC understands that Treasury has accepted VA's interpretation of Title 38 as authorizing VA to request the suspension of debt collection. The Debt Management Center will work with Treasury to develop a plan for handling new debts during the period of suspended collections.
- OPM sending VA job opportunities to over 1M retirees.
- Conducting outreach with OPM to see if there is any way external stakeholders such as Google can pull federal job opportunity announcements to other sites.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- **VHA New Guidance to the field:**
  - Leveraging Capacity to Support Surges in Demand for COVID-19

- Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
- Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
- Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
- Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
- Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

- **SECVA Media**
  - Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio).
  - Sec. Wilkie was interviewed by The Bob Rose Show (FL radio).
  - Sec. Wilkie was interviewed by the Charlie James Show (SC radio).
  - Sec. Wilkie was interviewed by Mobile Mornings (AL radio).
- On March 31st, the Board of Veterans Appeals hosted a call with VSO's to provide COVID-19 updates as it relates to appeals, and the Board.

- **Other Notable Responses**

  - **1,347 Positive Veteran COVID-19 Cases**

    - This is an increase of 181 cases from yesterday's numbers
    - 316 Veterans are in inpatient care (113 in ICU, 203 in Acute Care)
    - 990 are in outpatient care and are quarantined at home
    - 267 of these veterans are in New Orleans, which remains a hot spot for VA
    - 195 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - **Veteran Deaths**: 43 veterans have died from COVID-19 (+16 from yesterday)

  - **343 VA Employees (+68 increase)**
    ***Note: the below listing does not reflect the most up to date 343 number detailed by City and State. That data will be available by tomorrow's report and will detail the employee increases by locality.**

    13 Aurora, CO
    1 Albany, NY
    3 Albuquerque, NM
    1 Alexandria, LA
    1 Ann Arbor, MI (death (3/28/20); social worker in her 50s)
    1 Augusta, ME
    1 Augusta, GA
    2 Atlanta, GA
    3 Asheville, NC
    1 Bedford, MA
    3 Boise City, ID
    1 Birmingham, AL
    2 Biloxi, MS
    8 Boston, MA
    1 Buffalo, NY

1 Cheyenne, WY
2 Cincinnati, OH
8 Columbia, SC
1 Columbia, MO
1 Coatesville, PA
1 Clarksburg, WV
4 Cleveland, OH
14 Chicago, IL
2 Charleston, SC
3 Dallas, TX
1 Dayton, OH
1 Denver, CO
9 Detroit, MI
3 Decatur, GA
2 Des Moines, IA
2 Dublin, GA
7 East Orange, NJ
1 Fort Meade, SD
1 Fresno, CA
1 Gainesville, FL
1 Hampton, VA
1 Honolulu, HI
3 Houston, TX
5 Indianapolis, IN
2 Iowa City
1 Jackson, MS
6 Kansas City, MO
4 Las Vegas, NV
1 Lexington, KY
1 Little Rock, AR
2 Loma Linda, CA
2 Long Beach, CA
1 Long Island, NY (+1 increase at VA National Cemetery)
1 Los Angeles, CA
2 Louisville, KY
4 Madison, WI
1 Mather, CA
1 Martinsburg, WV
2 Memphis, TN
3 Miami, FL
2 Milwaukee, WI
1 Minneapolis, MN
12 Montrose, NY
1 Mountain Home, TN
1 Nashville, TN
2 New York, NY
33 New Orleans, LA
2 Northampton, MA

2 Northport, NY
1 Omaha, NE
4 Orlando, FL
2 Philadelphia, PA
1 Phoenix, AZ
5 Palo Alto, CA
1 Poplar Bluff, MO
3 Reno, NV
1 Saginaw, MI
4 Salt Lake City, UT
7 San Diego, CA
1 San Francisco
2 San Juan, PR
8 Seattle, WA
2 Shreveport, LA
4 St. Louis, MO
1 Syracuse, NY
9 Topeka, KS
1 Tampa Bay, FL
2 Temple, TX
12 Washington, DC
1 West Palm Beach, FL

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the

use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.

- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/

- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.

- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.

- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)

- Fox News Rundown (Taped) (3/25/20)
- Wake Up Tucson, AZ (3/25/20)
- Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
- Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
- Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
- Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
- Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
- Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
- Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
- Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
- Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
- Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
- Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
- Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)

- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
  - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.

- Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
- Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
- VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.

- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.

- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Version 5 for COVID-19 FAQs will Include Information on paid sick leave for federal employees based on the Families First Act.

    - This will support the identification of Veterans and Non-Veterans (general public) being registered at VHA facilities in response to this national emergency but this is NOT a clinical indication that they "have" COVID19 or are being tested for it.
    - The changes/updates include the following VA systems: Enrollment System, VISTA Registration, National Patient Treatment File for workload reporting, Census Process, and Administrative Data Repository.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
    - Four to five additional patients are expected overnight from Elmhurst Hospital.
    - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.

- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
    - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
    - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
    - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)

From: Powers, Pamela
Sent: Wed, 1 Apr 2020 17:00:24 +0000
To: (b)(6) ;Nevins, Kristan K. EOP/WHO
Subject: Re: [EXTERNAL] FW: Navajo Nation /Holbrook Arizona

Thanks Kristen.
Get Outlook for iOS
From: (b)(6) @ios.doi.gov>
Sent: Wednesday, April 1, 2020 12:49:27 PM
To: Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] FW: Navajo Nation /Holbrook Arizona

10-4

(b)(6)
COS/DOI

From: Nevins, Kristan K. EOP/WHO (b)(6) @who.eop.gov>
Sent: Wednesday, April 1, 2020 12:27 PM
To: (b)(6) @ios.doi.gov>; Powers, Pamela <(b)(6) @va.gov>
Subject: [EXTERNAL] FW: Navajo Nation /Holbrook Arizona

Just an fyi for you two since it tangentially touches upon areas of your interest. We have passed this along to FEMA for use if necessary.

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Wednesday, April 1, 2020 11:24 AM
To: (b)(6) @max.gov' (b)(6) @max.gov>; (b)(6) @hq.dhs.gov' (b)(6) @hq.dhs.gov>; (b)(6) @fema.dhs.gov' fema.dhs.gov>
Cc: Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>
Subject: FW: Navajo Nation /Holbrook Arizona

Good morning,

Please see the below email chain which includes an offer from Veteran Services USA to have a hotel in its private portfolio used by the government for the COVID-19 response.

Thank you,

(b)(6)
Office of Cabinet Affairs
The White House
C: (202) 881-(b)(6)

D: (202) 395-(b)(6)
(b)(6) @who.eop.gov

From: [(b)(6) @webbmedia.com>
Sent: Tuesday, March 31, 2020 1:30 PM
To: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Subject: [EXTERNAL] Fwd: Navajo Nation /Holbrook Arizona

Thanks for forwarding Steve. This is an urgent need we can help with today. I'm one of the principals of Veteran Services USA which is the umbrella organization. We own the hotel.

(b)(6) is the founder and here is his contact information - (702) 475-(b)(6)
(b)(6) @lockwooddevelopmentpartners.com

News story for background >https://abcnews.go.com/Politics/mexicos-governor-warns-tribal-nations-wiped-coronavirus/story?id=69884997<

(b)(6), **Webb Media, LLC**
(Mobile - please excuse typos)
SiriusXM Patriot 125 | Fox Nation Host | Fox News Contributor | The Hill Columnist

Begin forwarded message:

> **From:** (b)(6) @gmail.com>
> **Date:** March 31, 2020 at 13:15:55 EDT
> **To:** (b)(6) @vsusa.org>
> **Subject: Navajo Nation /Holbrook Arizona**
>
> We have a facility (a hotel) that is located in Holbrook Arizona, adjacent to the Navajo Nation.
> We can house about 40 people in single rooms, but it could go as high as 50 rooms.
> We can provide isolation/quaratnine services that includes 3 meals per day (delivered to each room). If this is going to happen, we should start it now.
> Transportation and on-site labor needs to be provided by the state or government

From: Powers, Pamela
Sent: Wed, 1 Apr 2020 17:41:26 +0000
To: (b)(6) EOP/OMB (b)(6) EOP/WHO
Subject: Re: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

Thank you
Get Outlook for iOS
From: (b)(6) EOP/OMB <(b)(6) n@omb.eop.gov>
Sent: Wednesday, April 1, 2020 1:35:22 PM
To: Powers, Pamela (b)(6) @va.gov>; (b)(6) OP/WHO
(b)(6) @who.eop.gov>
Subject: RE: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

Checking with our health folks first. Will elevate if needed…

From: Powers, Pamela (b)(6) @va.gov>
Sent: Wednesday, April 1, 2020 1:22 PM
To: (b)(6) EOP/OMB <(b)(6) Domb.eop.gov>; (b)(6) EOP/WHO
(b)(6) who.eop.gov>
Subject: Fwd: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

(b)(6)

Please check with the Task Force and confirm that the VPOTUS letter does not apply to V.A. Hospitals. We roll up our info to FEMA. Thanks for your help.

Thanks
Pam

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Wednesday, April 1, 2020 1:16 PM
To: (b)(6)
Subject: Re: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

I assume that this does not include us but I will confirm.

Get Outlook for iOS

From: (b)(6) @va.gov>
Sent: Wednesday, April 1, 2020 12:29:09 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: FW: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

Pam, some of our folks received this letter from the VP TF. I assume it was a blanket request. We roll up all of this info to HHS/FEMA so will not respond unless you tell us to.

Thank you
(b)(6)

From: (b)(6) @va.gov>
Sent: Wednesday, April 1, 2020 11:06 AM
To: Kim, Paul D., MD <(b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>
Subject: FW: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

Our facilities are receiving this letter from Vice President Pence. I'm assuming VA facilities are not required to respond to this since we report data separately?

From: (b)(6) va.gov>
Sent: Wednesday, April 1, 2020 10:35 AM
To: (b)(6) @va.gov>; Chung, Raymond (VISN5) <(b)(6) va.gov>
Cc: (b)(6) Clarksburg (b)(6) @va.gov>
Subject: FW: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

Gentlemen – Clarksburg has received a request to supply certain information, regarding preparedness and COVID issues.
I would imagine the other WV VAMCs get the same request.

Are VAMCs to respond to this request?

From (b)(6) @va.gov>
Sent: Wednesday, April 1, 2020 9:36 AM
To: (b)(6) @va.gov>; (b)(6) Clarksburg (b)(6) va.gov>
Subject: FW: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

FYI
WVHA had called our office asking if they could send information, so gave them my email address. This is the information received.

(b)(6)
Secretary to Medical Center Director

From: (b)(6) @wvha.org (b)(6) wvha.org>
Sent: Tuesday, March 31, 2020 5:49 PM
To: (b)(6) @va.gov>
Subject: [EXTERNAL] RE: CMS and State Data Requests: IMPORTANT INFORMATION

My apologies for a second email.
While the PPE survey is intended to be once a week, we cannot wait until next Wednesday for the first one.

1. **ONCE** a week by 3:00 p.m. ET on **Wednesdays**, you must submit data on your current PPE supply using this link:
   >https://www.surveymonkey.com/r/COVID-PPE-Survey<

For this week please complete this survey tomorrow April 1st by 3:00pm
(b)(6)

From: (b)(6)
Sent: Tuesday, March 31, 2020 4:53 PM
To: (b)(6) @wvha.com
Subject: Blast ID: 10536

TO: ALL Hospital and Health System Chief Executive Officers
ALL Hospital Emergency Preparedness Coordinators

By now you have likely seen the letter from Vice President Pence (attached) to hospitals regarding two data reporting requirements; 1) hospitals doing in-house laboratory testing for COVID-19, and 2) the National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.

Regarding the first requirement for in-house laboratory testing - there are currently only four hospitals in WV doing in-house lab testing and those hospitals are already setup and reporting data.

The second requirement to submit data to NHSN is a major lift for hospitals. Additionally, submitting to NHSN would not get the WV DHHR and the WV National Guard the data that they need. The WVHA is also aware that other data being requested by WV DHHR is not happening via a central coordinated process. This demand on your staff is not sustainable and WVHA has been working to bring consensus among the various entities requesting hospital data.

Over the past two days, the WVHA has worked with DHHR personnel and the National Guard to agree to the data elements put forth in the NHSN module and today, CMS agreed to allow the WV hospitals to send the daily data request to the WVHA instead of submitting to NHSN. Therefore, WVHA will compile and send this information to WV DHHR, the National Guard, and CMS on your behalf so that you will not have to duplicate submission of this data.

We do ask that your hospital continue to use the two WV emergency preparedness software programs – Continuum and Live Process – as they typically would during an emergency. If ANYONE else asks you for data, please send that to me. We are working hard to reduce the data reporting burden as much as possible while ensuring access to critical information for prudent decision making and planning during this emergency.

There are **TWO** surveys that **MUST** be submitted.

1. **EVERY** day by 3:00 p.m. ET (you can submit earlier if you wish) you must submit data regarding COVID-19 hospitalizations, beds and ventilators for the prior day using this survey link:
   >https://www.surveymonkey.com/r/WV-Capacity-Survey<

2. **ONCE** a week by 3:00 p.m. ET on **Wednesdays**, you must submit data on your current PPE supply using this link:
   >https://www.surveymonkey.com/r/COVID-PPE-Survey<

The WVHA is committed to collecting and disseminating data to better position West Virginia hospitals in their response to COVID-19 and will centralize data requests as much as possible while providing information to all critical stakeholders. We hope that by doing so, everyone that has a need for information can have it without each of them requesting it from you separately. Importantly, the DHHR and National Guard plan to use this information when distributing supplies and resources. PLEASE give these data requests to a person(s) that has the time to complete them.

Again, If ANYONE else asks you for data on lab testing, hospitalization of COVID-19 patients, bed counts, ventilators or PPE please send that to me. This includes last week's request by the American Hospital Association. As of yesterday, at the direction of CMS, AHA has eliminated their daily hospital survey.

If you have any questions, please contact me.

(b)(6)

(b)(6) | Vice President, Quality and Data Services
West Virginia Hospital Association
100 Association Drive Charleston, West Virginia 25311
(b)(6)@wvha.org | 304.353.(b)(6) >www.wvha.org<

From: Powers, Pamela
Sent: Wed, 1 Apr 2020 19:20:29 +0000
To: (b)(6) EOP/WHO
Cc: EOP/OMB
Subject: RE: Rotech - Unable to source Oxygen Concentrators for Veterans

Not tracking but let me check….

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Wednesday, April 1, 2020 2:52 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Subject: [EXTERNAL] FW: Rotech - Unable to source Oxygen Concentrators for Veterans

Pam – are you tracking this issue with sourcing challenges for home oxygen providers for Veterans? Happy to help on this end but wanted to see if anyone at VA was tracking or working on this yet.

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395 (b)(6)
C: 202-881-

From (b)(6) @rotech.com>
Sent: Tuesday, March 31, 2020 9:12 PM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: [EXTERNAL] Rotech - Unable to source Oxygen Concentrators for Veterans

Mr. (b)(6)

Thank you for speaking with me this afternoon. Rotech Healthcare is the largest provider of home oxygen to Veterans in the United States. We are the sole contractor responsible to service veterans' respiratory needs in VISN12, VISN16, VISN18, VISN19, VISN22 and others.

We are not able to source Oxygen Concentrators for veterans. Concentrators are machines that plug into an electrical outlet, pull room air (21% oxygen) into the machine, concentrate it and deliver oxygen at a much higher percentage (90 to 95%). Without these life sustaining oxygen concentrators, Veterans in CA, NV, AZ, NM, UT, CO, WY, MT, TX, OK, AR, LA, MS, WI, IL, IN, PA and the panhandle of FL will not receive oxygen.

We source Oxygen Concentrators from Philips Respironics and Invacare for our VA patients. Both of these vendors are telling us that it is "out of their control" and "equipment is being diverted by the government to hospitals". We have ordered 4000 oxygen concentrators in the last 2 weeks and received only 7. We will be out of oxygen concentrators to place in Veterans' homes by the end of this week.

We are asking that Respironics and Invacare be directed to give the highest priority to Rotech's oxygen concentrator orders so that we can deliver to Veterans. We can also use oxygen concentrators from any other vendor if they are available but we have not been able to find any vendor who can supply oxygen concentrators. The goal of VA hospitals during the COVID-19 Outbreak is to discharge those less severe veterans from the ER with an order for an oxygen concentrator so that inpatient beds are reserved for the more critical cases. Without your help we will not have the oxygen concentrators to meet this need.

I know our Veterans are important to President Trump and I appreciate all efforts to assist us getting the oxygen concentrators we need to service them.

Below is the contact information for our oxygen concentrator vendors.

Philip Respironics – (b)(6) (724-384-(b)(6)
(b)(6) @philips.com

Invacare Corporation – (b)(6) (330-715-(b)(6)
(b)(6) invacare.com

Thank you,

(b)(6)

(b)(6)
Chief Operating Officer
Rotech Healthcare Inc.
p 724544(b)(6)

This communication, including any attachments, may contain confidential, proprietary and/or privileged information that is intended to be read only by the individual or entity to which it is addressed. If you are not the intended recipient, you are on notice that any review, disclosure, copying, distribution, or use of the contents of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete or destroy any copy of this message.

From: Powers, Pamela
Sent: Wed, 1 Apr 2020 20:19:55 +0000
To: Nevins, Kristan K. EOP/WHO
Subject: VA Suicide Prevention and TF Highlights
Attachments: COVID Vunerable Veterans Plan.docx

Kristen, as we discussed on the phone, a great topic for a press conference would be to discuss what VA is doing to support NY and NJ civilians, and all that we are doing to reach out to our vulnerable veterans on the suicide prevention side.

With regard to the VA's support to States:

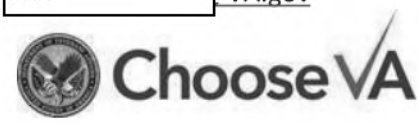
• VA opened a total of 50 beds (35 acute care and 15 intensive care unit) to non-Veteran patients to help assist New York City in its COVID-19 response efforts; The transfer of patients from community hospitals to VA New York Harbor Healthcare System's Manhattan and Brooklyn campuses is underway, and both campuses continue to receive Veteran patients.
• VA opened 20 beds (15 acute care and 5 intensive care) at its East Orange, NJ Medical Center to non-Veteran, critical and non-critical COVID-19 patients to help assist the Northern New Jersey region in its COVID-19 response efforts. Patients from community hospitals are being transferred.
• Veterans Administration (VA)National Acquisition Center will execute operational management and oversight of requests from the FEMA regions and track VA deliveries of pharmaceuticals to State requestors. VA will receive, process, and respond to requests from the ten FEMA Regions for deliveries of pharmaceuticals.

The attached document includes our suicide prevention efforts. Highlighted in yellow are some important points.

Thanks for your consideration.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov



Vulnerable Veterans
Talking Points –COVID Response Plan

PREVENTS – TASK FORCE ONGOING EFFORTS:

Communicating to Veterans: A national public health campaign to help all Americans, including those most vulnerable Veterans, as well as those who may be struggling, as we all deal with the stress and anxiety caused by the pandemic.

On March 27, PREVENTS launched a national public health campaign on Facebook (www.facebook.com/WeArePREVENTS) using the hashtag #MoreThanEverBefore.

- Released informational videos, and concrete steps that Veterans and their families can take to care for their emotional well-being.

- Engaged its wide-ranging network of more than 100 partners to amplify message. Partners include: VSOs/MSOs; corporate partners; state VA directors; federal partners, including the White House and PREVENTS Task Force member agencies.
    - For example, RallyPoint, a networking site for Veterans, Service Members, and Military Families, is promoting the PREVENTS Facebook page and messages through its site and channels to reach 1.7M million members.

- Activated PREVENTS Ambassadors which are public- and private-sector thought leaders who are passionate about preventing suicide among our nation's Veterans and their communities.
    - The PREVENTS partners and Ambassadors were asked to share the Facebook page and #hashtag to use their social media and other platforms to promote the campaign and create short videos to amplify messages.
    - Second Lady Karen Pence, who is the lead PREVENTS Ambassador, is recording a video and her team is working with PREVENTS on other activities to promote the effort.

- Posting daily messages, including videos from PREVENTS Executive Director Barbara Van Dahlen on topics such as identifying strategies that work, talking to your children, sleep disturbance, and how to assess your own wellbeing.
    - The daily content is amplified via the WeArePREVENTS twitter account and retweeted and promoted by partners.

- In the 4 days since our launch, the campaign is beginning to attract an audience (see chart below).

Platform	Impressions	Engagements	Avg. Engagement Rate	Video Views
Facebook	7,492	398	3.92%	2,931
Twitter	22,086	831	5.59%	4,803

- The public health campaign will be featured in the VAantage Point Blog, which through the VetResources Newsletter will go to a distribution list of 10.7 million.

- The campaign is being evaluated on an ongoing basis to ensure that #MoreThanEverBefore is reaching Veterans and their families and making a difference in their lives. Key performance indicators will be collected to evaluate the reach, effectiveness, and adoption of the campaign.

- PREVENTS worked with Facebook to provide VHA with 7,000 free Facebook Portal devices to support Veterans and their families/caregivers in their homes and facilitate social connection.

VETERANS HEALTH AGENCY (VHA) – DEPARTMENT OF VETERANS AFFAIRS

Pandemics, especially those involving quarantines, create psychological distress and negatively impact societal infrastructure. Hence, in addition to suicide already being a national public health concern, we are faced with additional challenges and risk factors due to the COVID-19 pandemic.

This COVID Response plan is being implemented and continually revised to have an immediate and long-term impact on suicide prevention and mental wellbeing as our Nation addresses the COVID-19 pandemic, including supporting the most vulnerable Veterans as well as providing outreach and resources to all 20 million Veterans and mental health leaders and providers across VHA.

Veteran Facing Strategies and Goals
The COVID Response Plan is based on a public health model focusing on comprehensive community and clinically-based strategies organized across three domains: universal, selective and indicated.

Universal Strategies, which encompass all Veterans.

- Informative content across the VA social media environment such as Facebook, Instagram, and Twitter
- Blogs with helpful guidance and advice
- Timely paid media to promote and boost developed content
- Educational information on a wide array of VA webpages, including:
    - VA's Main Website on COVID-19: VA.gov/Coronavirus (https://www.publichealth.va.gov/n-coronavirus/)
    - Veteran-Facing FAQ Page for COVID-19 (https://www.va.gov/coronavirus-veteran-frequently-asked-questions/)
    - VA's MH Website for COVID-19 (https://www.mentalhealth.va.gov/coronavirus/index.asp)
    - National Center for PTSD site on COVID-19 (https://www.ptsd.va.gov/covid/COVID_managing_stress.asp)

Selective Strategies, which target Veterans who may be at increased suicide risk or at increased risk of burden related to mental illness due to COVID-19 related stressors, physical distancing, changes in treatment resources, or loss of key supports.

- We are encouraging local facilities to outreach to identified Veterans with appointment cancellations to ensure engagement with mental health services, including offering alternative modalities for care such as telephone or video-conferencing (i.e., converting modality not cancelling care). At some facilities this includes outreach by peer specialists directly to Veterans who may not be coming in for appointments.

- Helping frontline providers identify Veterans that may benefit from additional contacts at this time including Veterans in homeless programs, geriatric clinics, and residential programs. OMHSP has updated a dashboard to identify Veterans who may be at

increased risk due to COVID-19-related isolation. To enhance care management capacity, facilities can quickly identify Veterans with and without recent care who present with any one of twenty potential risk factors.

- Weekly teleconferences with VISN Mental Health Officers, Suicide Prevention Coordinators, and mental health providers to provide up-to-date information, coaching on how to use newly developed resources and on how to convert in-person care to a virtual modality.

    - In previous 5 months, VHA Mental Health providers averaged approximately 41,000 telephone outreach calls a month. **So far in March, VHA Mental Health providers have completed over 76,000 calls, which is almost double the normal rate.**

    - In previous 5 months, VHA Mental Health providers averaged approximately 27,000 VA Video Connect (VVC) appointments a month. **So far in March, VHA Mental Health providers have completed approximately 63,000 VVC appointments, which is almost triple the number of virtual appointments.**

Indicated Strategies, which target a smaller segment of Veterans at elevated risk of suicide or of escalation in mental illness associated with COVID-related stressors.

- Developing a metric dashboard to help identify Veterans at-risk of suicide who screen positive for COVID-19. Currently, close to 12,000 Veterans have been clinically determined to be at high-risk for suicide and as of March 26th approximately 80 screened positive for COVID-19. VHA is implementing targeted outreach to them.

- Hardening the integrity of operations at the Veterans Crisis Line (VCL) to ensure continued execution of its mission in face of increasing demand and potential risks for staff who work in close physical proximity. VCL has partnered with other VA/VHA call centers to facilitate the management of COVID-19 related calls and is adding a peer-support capability to provide follow-up calls to targeted callers.

- By the end of this week, VCL will begin piloting a virtual or telework capability which will ensure continuity in its ability to fulfill all commitments to Veterans and to VCL employees.

Provider and Team Strategies and Goals - In addition to using a public health model focused on Veterans, OMHSP is utilizing the same model (universal, selective, indicated) in its efforts to support mental health and suicide prevention leaders and teams.

Universal Strategies, which encompass all staff.

- Providing guidance to the field outlining the need for continuity in mental health care and suicide prevention services and the steps that can be taken to achieve it.

- Maximizing the use of national mental health leadership mail groups and calls to convey information quickly, support leaders and staff, and mobilize the system to be prepared for the long-term impact of the current pandemic.

Vulnerable Veterans
Talking Points –COVID Response Plan

- Sending supportive messaging from OMHSP leadership to field leaders and providers.

- Developing a resource library with materials to supplement, clarify and aid in implementing official guidance.

Selective Strategies, which target selected groups of leaders and staff who have responsibility for ensuring continuity in critical program areas.

  - Weekly call opportunities for VISN Mental Health Officers, suicide prevention coordinators, and OMHSP staff, and at least monthly calls for well-established communities of practice established in mental health and suicide prevention including psychiatry chiefs, psychology chiefs, inpatient care managers, MHRRTP managers, substance use disorder treatment teams, esketamine pilot sites, evidenced based psychotherapy coordinators, women's mental health teams, military sexual trauma teams, and many others.

  - Development of new national training resources specific to addressing mental health care in light of the COVID-19 pandemic.

Indicated Strategies, which target staff who are requesting assistance or are looking for resources.

- Utilizing OMHSP's open-door approach to address multiple direct inquiries for support and technical assistance on a daily basis.

- Working with VISN and local leaders to support local Employee Assistance Program resources.

- Posting all VHA published guidance documents and other COVID-19 behavioral health resources on a web page that is easily accessible as a self-help resource.

VETERANS EXPERIENCE OFFICE (VEO) – DEPARTMENT OF VETERANS AFFAIRS

Referral of At-Risk and Vulnerable Veterans to the Veteran Crisis Line or Homeless Line

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Vulnerable Veterans
Talking Points –COVID Response Plan

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- Published the new, comprehensive COVID-19 Quick Start Guide on va.gov and through social media.

From: Powers, Pamela
Sent: Wed, 1 Apr 2020 20:21:25 +0000
To: (b)(6) EOP/OVP; (b)(6) EOP/WHO
Subject: Suicide Prevention
Attachments: COVID Vunerable Veterans Plan.docx

For your S/A, the attached includes our efforts on the suicide prevention side (both PREVENTS and VA efforts). Highlighted in yellow are some important points.

Pam

Pamela Powers
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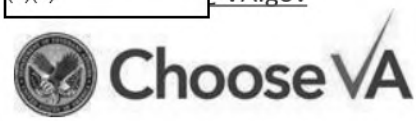
Cell: 202-430-(b)(6)
(b)(6)@VA.gov



Vulnerable Veterans
Talking Points –COVID Response Plan

PREVENTS – TASK FORCE ONGOING EFFORTS:

Communicating to Veterans: A national public health campaign to help all Americans, including those most vulnerable Veterans, as well as those who may be struggling, as we all deal with the stress and anxiety caused by the pandemic.

On March 27, PREVENTS launched a national public health campaign on Facebook (www.facebook.com/WeArePREVENTS) using the hashtag #MoreThanEverBefore.

- Released informational videos, and concrete steps that Veterans and their families can take to care for their emotional well-being.

- Engaged its wide-ranging network of more than 100 partners to amplify message. Partners include: VSOs/MSOs; corporate partners; state VA directors; federal partners, including the White House and PREVENTS Task Force member agencies.
    - For example, RallyPoint, a networking site for Veterans, Service Members, and Military Families, is promoting the PREVENTS Facebook page and messages through its site and channels to reach 1.7M million members.

- Activated PREVENTS Ambassadors which are public- and private-sector thought leaders who are passionate about preventing suicide among our nation's Veterans and their communities.
    - The PREVENTS partners and Ambassadors were asked to share the Facebook page and #hashtag to use their social media and other platforms to promote the campaign and create short videos to amplify messages.
    - Second Lady Karen Pence, who is the lead PREVENTS Ambassador, is recording a video and her team is working with PREVENTS on other activities to promote the effort.

- Posting daily messages, including videos from PREVENTS Executive Director Barbara Van Dahlen on topics such as identifying strategies that work, talking to your children, sleep disturbance, and how to assess your own wellbeing.
    - The daily content is amplified via the WeArePREVENTS twitter account and retweeted and promoted by partners.

- In the 4 days since our launch, the campaign is beginning to attract an audience (see chart below).

Platform	Impressions	Engagements	Avg. Engagement Rate	Video Views
Facebook	7,492	398	3.92%	2,931
Twitter	22,086	831	5.59%	4,803

- The public health campaign will be featured in the VAantage Point Blog, which through the VetResources Newsletter will go to a distribution list of 10.7 million.

- The campaign is being evaluated on an ongoing basis to ensure that #MoreThanEverBefore is reaching Veterans and their families and making a difference in their lives. Key performance indicators will be collected to evaluate the reach, effectiveness, and adoption of the campaign.

- PREVENTS worked with Facebook to provide VHA with 7,000 free Facebook Portal devices to support Veterans and their families/caregivers in their homes and facilitate social connection.

VETERANS HEALTH AGENCY (VHA) – DEPARTMENT OF VETERANS AFFAIRS

Pandemics, especially those involving quarantines, create psychological distress and negatively impact societal infrastructure. Hence, in addition to suicide already being a national public health concern, we are faced with additional challenges and risk factors due to the COVID-19 pandemic.

This COVID Response plan is being implemented and continually revised to have an immediate and long-term impact on suicide prevention and mental wellbeing as our Nation addresses the COVID-19 pandemic, including supporting the most vulnerable Veterans as well as providing outreach and resources to all 20 million Veterans and mental health leaders and providers across VHA.

Veteran Facing Strategies and Goals
The COVID Response Plan is based on a public health model focusing on comprehensive community and clinically-based strategies organized across three domains: universal, selective and indicated.

Universal Strategies, which encompass all Veterans.

- Informative content across the VA social media environment such as Facebook, Instagram, and Twitter
- Blogs with helpful guidance and advice
- Timely paid media to promote and boost developed content
- Educational information on a wide array of VA webpages, including:
    - VA's Main Website on COVID-19: VA.gov/Coronavirus (https://www.publichealth.va.gov/n-coronavirus/)
    - Veteran-Facing FAQ Page for COVID-19 (https://www.va.gov/coronavirus-veteran-frequently-asked-questions/)
    - VA's MH Website for COVID-19 (https://www.mentalhealth.va.gov/coronavirus/index.asp)
    - National Center for PTSD site on COVID-19 (https://www.ptsd.va.gov/covid/COVID_managing_stress.asp)

Selective Strategies, which target Veterans who may be at increased suicide risk or at increased risk of burden related to mental illness due to COVID-19 related stressors, physical distancing, changes in treatment resources, or loss of key supports.

- We are encouraging local facilities to outreach to identified Veterans with appointment cancellations to ensure engagement with mental health services, including offering alternative modalities for care such as telephone or video-conferencing (i.e., converting modality not cancelling care). At some facilities this includes outreach by peer specialists directly to Veterans who may not be coming in for appointments.

- Helping frontline providers identify Veterans that may benefit from additional contacts at this time including Veterans in homeless programs, geriatric clinics, and residential programs. OMHSP has updated a dashboard to identify Veterans who may be at

increased risk due to COVID-19-related isolation. To enhance care management capacity, facilities can quickly identify Veterans with and without recent care who present with any one of twenty potential risk factors.

- Weekly teleconferences with VISN Mental Health Officers, Suicide Prevention Coordinators, and mental health providers to provide up-to-date information, coaching on how to use newly developed resources and on how to convert in-person care to a virtual modality.

    - In previous 5 months, VHA Mental Health providers averaged approximately 41,000 telephone outreach calls a month. **So far in March, VHA Mental Health providers have completed over 76,000 calls, which is almost double the normal rate.**

    - In previous 5 months, VHA Mental Health providers averaged approximately 27,000 VA Video Connect (VVC) appointments a month. **So far in March, VHA Mental Health providers have completed approximately 63,000 VVC appointments, which is almost triple the number of virtual appointments.**

Indicated Strategies, which target a smaller segment of Veterans at elevated risk of suicide or of escalation in mental illness associated with COVID-related stressors.

- Developing a metric dashboard to help identify Veterans at-risk of suicide who screen positive for COVID-19. Currently, close to 12,000 Veterans have been clinically determined to be at high-risk for suicide and as of March 26th approximately 80 screened positive for COVID-19. VHA is implementing targeted outreach to them.

- Hardening the integrity of operations at the Veterans Crisis Line (VCL) to ensure continued execution of its mission in face of increasing demand and potential risks for staff who work in close physical proximity. VCL has partnered with other VA/VHA call centers to facilitate the management of COVID-19 related calls and is adding a peer-support capability to provide follow-up calls to targeted callers.

- By the end of this week, VCL will begin piloting a virtual or telework capability which will ensure continuity in its ability to fulfill all commitments to Veterans and to VCL employees.

Provider and Team Strategies and Goals - In addition to using a public health model focused on Veterans, OMHSP is utilizing the same model (universal, selective, indicated) in its efforts to support mental health and suicide prevention leaders and teams.

Universal Strategies, which encompass all staff.

- Providing guidance to the field outlining the need for continuity in mental health care and suicide prevention services and the steps that can be taken to achieve it.

- Maximizing the use of national mental health leadership mail groups and calls to convey information quickly, support leaders and staff, and mobilize the system to be prepared for the long-term impact of the current pandemic.

Vulnerable Veterans
Talking Points –COVID Response Plan

- Sending supportive messaging from OMHSP leadership to field leaders and providers.

- Developing a resource library with materials to supplement, clarify and aid in implementing official guidance.

Selective Strategies, which target selected groups of leaders and staff who have responsibility for ensuring continuity in critical program areas.

  - Weekly call opportunities for VISN Mental Health Officers, suicide prevention coordinators, and OMHSP staff, and at least monthly calls for well-established communities of practice established in mental health and suicide prevention including psychiatry chiefs, psychology chiefs, inpatient care managers, MHRRTP managers, substance use disorder treatment teams, esketamine pilot sites, evidenced based psychotherapy coordinators, women's mental health teams, military sexual trauma teams, and many others.

  - Development of new national training resources specific to addressing mental health care in light of the COVID-19 pandemic.

Indicated Strategies, which target staff who are requesting assistance or are looking for resources.

- Utilizing OMHSP's open-door approach to address multiple direct inquiries for support and technical assistance on a daily basis.

- Working with VISN and local leaders to support local Employee Assistance Program resources.

- Posting all VHA published guidance documents and other COVID-19 behavioral health resources on a web page that is easily accessible as a self-help resource.

VETERANS EXPERIENCE OFFICE (VEO) – DEPARTMENT OF VETERANS AFFAIRS

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From: Powers, Pamela
Sent: Wed, 1 Apr 2020 21:26:15 +0000
To: (b)(6)
EOP/OMB; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB; (b)(6)
EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_4.1.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

VA is raising the "red flag" on the Defense Procurement Act's impact on VA's procurement.

Invocation of the DPA resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.

Therefore, VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration, as our hospitals will be without supplies starting late this week.

FEMA and HHS have been made aware; VA is awaiting resolution.

Pam

Pamela Powers
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ChooseVA

COVID-19 – Agency Response
4/1/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.**
  - **VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.**
  - **FEMA and HHS have been made aware; VA is awaiting resolution from them.**
- Disaster Emergency Medical Personnel System Deployments (Various Specialties)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- **VA received new Mission Assignment to procure and distribute pharmaceuticals and medical surge supplies to FEMA Regional Sites, State Department Health Storage Sites, or other location determined by FEMA. VA working with HHS and FEMA on details. (Ongoing)**
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.

- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.
- As of close of business on March 31, 2020, VBA contract vendors had reported a cumulative total of **40,234** unique Veterans whose contract examinations have been impacted by the pandemic.
- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities. OIT apportionments are pending finalization of account allocations.
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- Other VA impacts are still being analyzed.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- 3,071,765 visits to the VA Public Health website: https://www.publichealth.va.gov/
- VHA Guidance Issued to the Field:
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance
  - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
  - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures
- SECVA Media
  - Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio).
  - Sec. Wilkie was interviewed by Fox Across America (Fox News Radio).

- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward.
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities.
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19.
    - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
    - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.

- **Other Notable Responses**

    - **1,602 Positive Veteran COVID-19 Cases**

        - This is an increase of 255 cases from yesterday's numbers
        - 388 Veterans are in inpatient care (123 in ICU, 265 in Acute Care)
        - 1161 are in outpatient care and are quarantined at home
        - 300 of these veterans are in New Orleans, which remains a hot spot for VA
        - 230 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
        - **Veteran Deaths**: 53 veterans have died from COVID-19 (+10 from yesterday)

    - **447 VA Employees (+104 increase)**
        22 Aurora, CO (+9)
        1 Albany, NY
        3 Albuquerque, NM
        1 Alexandria, LA
        1 Ann Arbor, MI (death (3/28/20); social worker in her 50s)
        1 Augusta, ME
        3 Augusta, GA (+1)
        6 Atlanta, GA (+4)
        3 Asheville, NC
        2 Battle Creek, MI (+2)
        2 Bedford, MA (+1)
        4 Boise City, ID (+1)
        1 Bossier City (+1)
        2 Birmingham, AL (+1)
        3 Biloxi, MS (+1)
        10 Boston, MA (+2)
        1 Buffalo, NY
        1 Cheyenne, WY
        1 Cincinnati, OH
        8 Columbia, SC (+1)
        1 Columbia, MO
        1 Coatesville, PA
        2 Clarksburg, WV (+1)

6 Cleveland, OH (+2)
25 Chicago, IL (+11)
3 Charleston, SC (+1)
6 Dallas, TX (+3)
4 Dayton, OH (+3)
1 Denver, CO
20 Detroit, MI (+11)
3 Decatur, GA
2 Des Moines, IA
4 Dublin, GA (+2)
7 East Orange, NJ
1 El Paso, TX (+1)
1 Fort Meade, SD
3 Fresno, CA (+2)
5 Gainesville, FL (+4)
4 Hampton, VA (+3)
1 Honolulu, HI
19 Houston, TX (+16)
5 Indianapolis, IN
5 Iowa City (+3)
1 Jackson, MS
11 Kansas City, MO (+5)
7 Las Vegas, NV (+3)
1 Lexington, KY
1 Little Rock, AR
2 Loma Linda, CA
3 Long Beach, CA (+1)
1 Long Island, NY
3 Los Angeles, CA (+2)
3 Louisville, KY (+1)
4 Madison, WI
1 Mather, CA
4 Martinsburg, WV (+3)
3 Memphis, TN (+1)
4 Miami, FL (+1)
3 Milwaukee, WI (+1)
3 Minneapolis, MN (+2)
3 Montrose, NY (Note, this is a 9 case decrease due to a reporting error)
1 Mountain Home, TN
2 Nashville, TN (+1)
5 New York, NY (+3)
55 New Orleans, LA (+22)
3 Northampton, MA (+1)
4 Northport, NY (+2)
1 Omaha, NE
13 Orlando, FL (+9)
3 Oklahoma City, OK (+3)
7 Palo Alto, CA (+2)

4 Philadelphia, PA (+2)
2 Phoenix, AZ (+1)
1 Pittsburgh, PA (+1)
1 Poplar Bluff, MO
1 Prescott, AZ (+1)
4 Reno, NV (+1)
2 Roseburg, OR (+2)
1 Sacramento (+1)
1 Saginaw, MI
4 Salt Lake City, UT
11 San Diego, CA (+4)
5 San Francisco (+4)
2 San Juan, PR
11 Seattle, WA (+3)
5 Shreveport, LA (+3)
1 Spokane (+1)
8 St. Louis, MO (+4)
1 Syracuse, NY
5 Topeka, KS (+2)
3 Tampa Bay, FL (+2)
2 Temple, TX
1 Tomah, WI (+1)
16 Washington, DC (+4)
3 West Haven, CT (+3)
3 West Palm Beach, FL (+2)
1 White River Junction, VT (+1)
1 Wilmington, DE (+1)

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.

- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.

- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met

- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)

- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)

- Kirsti Marohn, Minnesota Public Radio (3/24/20)
- Ware Morning Show (Radio), San Antonio (3/25/20)
- Fox News Rundown (Taped) (3/25/20)
- Wake Up Tucson, AZ (3/25/20)
- Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
- Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
- Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
- Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
- Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
- Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
- Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
- Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
- Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
- Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
- Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
- Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
- Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
- Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
- Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)

- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.

- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.

- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)

- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Version 5 for COVID-19 FAQs will Include Information on paid sick leave for federal employees based on the Families First Act.
    - This will support the identification of Veterans and Non-Veterans (general public) being registered at VHA facilities in response to this national emergency but this is NOT a clinical indication that they "have" COVID19 or are being tested for it.
    - The changes/updates include the following VA systems: Enrollment System, VISTA Registration, National Patient Treatment File for workload reporting, Census Process, and Administrative Data Repository.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
    - Four to five additional patients are expected overnight from Elmhurst Hospital.
    - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments

between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.

- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19
  - Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
  - Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
  - Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic

- Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
- Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

From: Powers, Pamela
Sent: Wed, 1 Apr 2020 21:34:14 +0000
To: (b)(6)@who.eop.gov
Subject: FW: shortage list
Attachments: PPE Slide.pptx, VA Priority for COVID-19 Medical Supply Priority 20200401.docx

Dr. Navarro,

Secretary Wilkie asked me to forward you the email I sent to HHS on the DPA's impact on our (b)(5)

(b)(5)

We sincerely appreciate your help in correcting this issue. If I can be of assistance, please let me know.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov

Choose VA

From: Powers, Pamela
Sent: Wednesday, April 1, 2020 4:46 PM
To: (b)(6)(OS/ASPR/IO)' <(b)(6)@hhs.gov>; Harrison, Brian (HHS/IOS) <(b)(6)@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <(b)(6)@hhs.gov>
Cc: (b)(6)(OS/ASPR/IO) <(b)(6)@hhs.gov>; (b)(6)@who.eop.gov' <(b)(6)@who.eop.gov>
Subject: RE: shortage list

Bryan,

BLUF: Invocation of the Defense Production Act (DPA) resulted in (b)(5)

(b)(5)

Therefore, our orders for masks, gowns, gloves, and PARP have been (b)(5)

(b)(5)

Please let us know when/how this will be resolved. We appreciate your assistance with this immediate need.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461(b)(6)
Cell: 202-430(b)(6)
(b)(6)@VA.gov

ChooseVA

From: (b)(6) OS/ASPR/IO) <(b)(6) @hhs.gov>
Sent: Wednesday, April 1, 2020 2:22 PM
To: Harrison, Brian (HHS/IOS) (b)(6) @hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <(b)(6) @hhs.gov>
Cc: Powers, Pamela <(b)(6) @va.gov>; (b)(6) OS/ASPR/IO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/SIIM) <(b)(6) @hhs.gov>
Subject: [EXTERNAL] RE: shortage list

Hi Brian,

Laura Wolf with ASPR was handling the list if you're referring to the (b)(5) I've added her to this e-mail should that be the case. Best, (b)(6)

From: Harrison, Brian (HHS/IOS) (b)(6) @hhs.gov>
Sent: Wednesday, April 1, 2020 12:50 PM
To: Kadlec, Robert (OS/ASPR/IO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/IO) (b)(6) @hhs.gov>
Cc: Powers, Pamela <(b)(6) @va.gov>; (b)(6) OS/ASPR/IO) (b)(6) @hhs.gov>
Subject: shortage list

Who is coordinating this now? VA believes they need some of their items added. VA COS cc'd.

BH

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.260.(b)(6)
(b)(6)@hhs.gov

PPE Status

PERSONAL PROTECTIVE EQUIPMENT			
ITEM	**DEMAND**	**RECEIVED**	**SHIPPED**
Eye Protection (Shield or Goggles)	356,808	35,000	35,000
Gloves	1,448,316	0	0
Gowns – Isolation	584,461	0	78,700
Hand Sanitizer	89,420	1,000	1,000
Surgical or Generic Masks	623,153	0	0
N95 Masks	4,474,522	1,520,640	1,373,000
PAPR	2,300	0	0

WHITE PAPER

Title: National Priority Designation for Department of Veterans Affairs (VA) COVID-19 Medical Materiel Sustainment
Date: April 1, 2020
POC: Pamela Powers, Chief of Staff, (b)(6) @va.gov, 202-461-4 (b)(6)

BOTTOM LINE UP FRONT: Priority designation to VA for medical materiel from the (b)(5)
(b)(5)

BACKGROUND:

- The COVID-19 worldwide pandemic overwhelmed the global medical supply chain, disrupting support to VA and private sector hospitals.
- The Strategic National Stockpile (SNS) allocates its support only to local and state governments, not VA or other federal agencies.
- Invocation of the Defense Production Act (DPA) resulted in (b)(5)
- (b)(5)

SOLUTION/RESOLUTION/METRICS/NEXT STEPS: (b)(5)
(b)(5)

SUMMATION: (b)(5)
(b)(5)

From: Powers, Pamela
Sent: Thu, 2 Apr 2020 21:19:32 +0000
To: (b)(6) OP/OMB
Subject: FW: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR
Attachments: (b)(6) - PRINCESS CRUISE LINE RESPONSE.pdf, Grand Princess Medical Bills From Sharp Hospital SD CDC Ordered Quarantine at MCAS Miramar 3-10-27-2020.pdf

FYI. We're trying to figure out how to pay this and whether or not it will come from Community Care. Looks like the Cruiseline is not accepting any responsibility.

Pam

From: Czarnecki, Tammy <(b)(6)@va.gov>
Sent: Thursday, April 2, 2020 3:20 PM
To: Powers, Pamela <(b)(6)@va.gov>
Subject: FW: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hello Pam,

Here is the first bill in from the Grand Princess. I have sent this to Community Care and Finance.

Tammy

From: (b)(6)@va.gov>
Sent: Thursday, April 2, 2020 1:49 PM
To: Young, Mark (OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6) OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) OS/ASPR/EMMO) <(b)(6)hhs.gov>; (b)(6) (OS/ASPR/IO) <(b)(6)@hhs.gov>; (b)(6) OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) (b)(6) (CDC/DDNID/NCCDPHP/DNPAO) <(b)(6)@cdc.gov>; (b)(6) (CDC/DDID/NCEZID/DPEI) (b)(6)@cdc.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6)@hhs.gov>
Cc: (b)(6)@va.gov>; VHA OEM EMCC Command Staff <(b)(6)@va.gov> (b)(6) VISN 22) <(b)(6)va.gov>
Subject: RE: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hello all attached is the bills received by the veteran guest during his quarantine at MCAS Miramar and his subsequent admittance to Sharps Hospital in San Diego. Also attached is the response he received from Princess Cruise Line concerning his stay at the hospital, Princess Cruise Line has flat out taken no responsibility for his hospitalization. The Veteran is not happy. Your assistance is required to help resolve this matter.

(b)(6)

From: (b)(6)
Sent: Wednesday, April 1, 2020 8:08 AM
To: Young, Mark (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6) OS/ASPR/EMMO) (b)(6)@hhs.gov> (b)(6) (OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6) (OS/ASPR/IO) (b)(6)@hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6) CDC/DDNID/NCCDPHP/DNPAO) (b)(6)@cdc.gov> (b)(6) (CDC/DDID/NCEZID/DPEI) (b)(6)@cdc.gov>
Subject: RE: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

I will reach out to veteran for a copy of his bill.

Thanks,

(b)(6)

From: Young, Mark (OS/ASPR/EMMO) <(b)(6)@hhs.gov>
Sent: Wednesday, April 1, 2020 8:05 AM
To (b)(6) OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6) OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6) (OS/ASPR/IO) (b)(6)@hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6) CDC/DDNID/NCCDPHP/DNPAO) (b)(6)@cdc.gov>; (b)(6) CDC/DDID/NCEZID/DPEI) <(b)(6)@cdc.gov>
Subject: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

(b)(6) et al,

Agreed. I'm including our CDC team to help address this question. We need the point of contact at CDC that can pay this bill. It is academic that this individual was under a Federal Quarantine order as we flew him from Oakland to Miramar and then he was sent to a local hospital. If possible can someone obtain a copy of the bill and send it to everyone on this email?

Very Respectfully,

Mark D. Young
Regional Administrator
Assistant Secretary for Preparedness and Response, Region IX
(*AZ,CA,HI, NV, AM. Samoa, Guam, CNMI, RMI, FSM, Palau)*
202-754-(b)(6)
Duty Officer Line: 602-603-(b)(6)

(b)(6) @hhs.gov
(b)(6) @hhs.gov

From: (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>
Sent: Tuesday, March 31, 2020 12:35 PM
To (b)(6) @va.gov (b)(6) OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (b)(6) OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) OS/ASPR/EMMO) <(b)(6) @hhs.gov>; Young, Mark (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) @va.gov; (b)(6) (b)(6) @va.gov) (b)(6) @va.gov>
Subject: RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

If the individual was under a Federal quarantine order (and I believe that they all were), CDC had come up with a generic statement that all requests/questions for payment were to be submitted to a CDC email. I never saw that CDC answered any of the emails, thou. And if an individual has private insurance, the bills would normally be sent to an individual's insurance carrier, and they would cover it.

(b)(6) Let me see if I can dig up one of the emails, so that you may provide it to the individual.

Thanks,

(b)(6)

(b)(6) **MPH, FACHE**
Captain, U.S. Public Health Services
Deployed to in Response to COVID-19 Activities
Cell (202) 407-(b)(6) @hhs.gov

From (b)(6) @va.gov>
Sent: Tuesday, March 31, 2020 9:18 AM
To: (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov> (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; Young, Mark (OS/ASPR/EMMO) <(b)(6) @hhs.gov>
Subject: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR
Importance: High

FYSA – this seems like a law suit and red star cluster waiting to happen. Once this patient is told this, I suspect something will be in the news media.

From: (b)(6) HAL) <(b)(6) @HollandAmerica.com>
Sent: Tuesday, March 31, 2020 8:11 AM
To: (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>
Cc: (b)(6) @va.gov>; (b)(6) PCL) (b)(6) @princesscruises.com>; (b)(6) HA Group) <(b)(6) @HollandAmericaGroup.com>; (b)(6) (b)(6) PCL (b)(6) @princesscruises.com>
Subject: [EXTERNAL] RE: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hi (b)(6) and (b)(6)

Princess Cruises has not committed to covering medical costs. As such all guests should submit insurances claims, as they would normally.

(b)(6)

From: (b)(6) (OS/ASPR/EMMO) [mailto (b)(6) @hhs.gov]
Sent: Monday, March 30, 2020 5:07 PM
To: (b)(6) @va.gov; (b)(6) @va.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) PCL) <(b)(6) @princesscruises.com>; (b)(6) HAL) (b)(6) @HollandAmerica.com>
Cc: (b)(6) @va.gov
Subject: Re: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Thanks for looping me in. I'm including representatives from the Princess Cruise line and Holland America.

(b)(6)

(b)(6) Psy.D.
CDR, USPHS
Regional Emergency Coordinator
ASPR, Region IX
202-384-4(b)(6)

On: 30 March 2020 16:48,
"(b)(6) @va.gov> wrote:

It is my understanding that Grand Princess is paying for the bill. I will double check.

+ CDR Cua @ Regional

From: (b)(6) @va.gov>
Sent: Monday, March 30, 2020 4:46 PM
To: (b)(6) @va.gov>; (b)(6) @hhs.gov)
(b)(6) @hhs.gov>
Cc: (b)(6) @va.gov>
Subject: FW: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

(b)(6) and (b)(6)

Please see an email below from (b)(6) reference to a Veteran that was placed at Miramar from the Grand Princess. Looping you in for awareness purposes.

V/r

(b)(6)

From: (b)(6) @va.gov>
Sent: Monday, March 30, 2020 3:56 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>
Subject: RE: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

I told him that Princess Cruise Line would take care of the bill, but wanted to be sure that HHS/CDC was not picking up any of the tab.

From (b)(6) @va.gov>
Sent: Monday, March 30, 2020 3:37 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>;
(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>
Subject: RE: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Adding (b)(6) to coordinate with Region IX HHS

From: (b)(6) @va.gov>
Sent: Monday, March 30, 2020 6:07 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>;
(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>
Subject: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hello all,

Had a veteran from the Grand Princess Cruise Ship contact me, who was transferred to Sharps Hospital in San Diego during his quarantine at MCAS Miramar for a PUI. He stated that he just received a $60,000 medical bill from the hospital and wanted to know who would be paying the bill? He is enrolled in the VA Healthcare System in Las Vegas. The veterans name is (b)(6) Please advise.

Respectfully,

(b)(6)
Area Emergency Manager (AEM)
Veterans Integrated Service Network (VISN) 22
Office Of Emergency Management (OEM)
Veterans Health Administration (VHA)
(b)(6) va.gov
562-826-800 ext (b)(6) Office
562-708-(b)(6) Mobile

PRINCESS CRUISES

April 1, 2020

(b)(6)
(b)(6) centurylink.net

Re: Ship/Voyage: Grand Princess – A006
Sailing Date: February 21, 2020
Booking: (b)(6)

Dear Mr. (b)(6)

Your letter sent to Guest Care was just forwarded to my attention for response. I am very sorry you became ill after your cruise and I sincerely hope you are feeling better now.

Thank you for your enquiry. However, we kindly suggest that you submit your post-cruise medical bills to your insurance carrier for payment or reimbursement. If you purchased travel insurance from another company you may want to contact them as well.

All of the foregoing is, of course, without prejudice to the terms and conditions of the Passage Contract. I send my best wishes to you and Mrs. (b)(6)

Sincerely,

(b)(6)

Princess Cruises
24305 Town Center Drive
Santa Clarita, California 91355-4999
Fax: 661-753-0165
www.princess.com

SHARP

8695 Spectrum Center Blvd
San Diego, CA 92123

☐ MasterCard / ☐ VISA / ☐ DISCOVER / ☐ AMERICAN EXPRESS	CARD NUMBER	SECURITY CODE
	CARD HOLDER NAME	EXPIRATION DATE
	SIGNATURE	AMOUNT ENCLOSED
	ACCOUNT # (b)(6)	DUE DATE 04/09/20 — TOTAL DUE $56,266.75

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

0210812154700045751471000562667520200326000000000

(b)(6)
(b)(6) NV (b)(6)

Sharp Memorial Hospital
File# (b)(6)
Los Angeles, CA 90074-8424

01561
CUT HERE AND RETURN TOP PORTION

YOUR STATEMENT

The employees of Sharp HealthCare appreciate the opportunity to care for you.

We understand that today's economy may be creating financial hardships for many of our patients. A discount has been applied to this account as a quick way for you to realize a savings of 25%.

We will make every effort to find a reasonable payment option for you. Customer Service Representatives are available to assist you with questions, applications for financial assistance, and options for payment arrangements.

Paying your bill is easy and secure at www.sharp.com/paymybill. View current bills and charges and make payments using your credit or debit card or via your checking account. Your visit number will be: (b)(6)

Statement Date March 26, 2020 SHC Number (b)(6)

Your payment is due: **April 9, 2020**
Patient name: (b)(6)

SUMMARY OF PATIENT SERVICES

(b)(6)	$25,472.00
	$9,960.00
	$6,988.00
	$6,904.00
	$5,406.00
	$589.75
	$488.00
	$459.00
TOTAL CHARGES	$56,266.75

ACCOUNT SUMMARY

Service Date	03/12/20 to 03/15/20
Type of Service	EMERGENCY-IP
Account #	(b)(6)
Billed/Total Charges	$56,266.75
Adjustments	$0.00
Insurance Payments	$0.00
Patient Payments	$0.00
Due From Insurance	$0.00
This is your balance	**$56,266.75**

INSURANCE INFORMATION

If you have health insurance please contact Customer Service at (858) 499-2400.

CONTACT US

Customer Service/Billing	**(858) 499-2400**
Monday through Friday:	8:00 am - 6:00 pm
Closed Wednesdays:	1:30 am - 3:30 pm

Learn more about your bill or obtain information on financial assistance at www.sharp.com/billing.

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

L-1001 - A

EMERGENCY SERVICES MEDICAL CORPORATION

PO BOX 503330
SAN DIEGO CA 92150-3330

IF PAYING BY VISA, MASTERCARD OR AMERICAN EXPRESS, FILL OUT BELOW

☐ VISA ☐ MASTERCARD ☐ AMER. EXP.

CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUDE 3 OR 4 DIGIT SECURITY CODE FROM FRONT (AMER. EXP.) OR BACK OF CARD	

For all billing questions, please call: 888-432-2455
Office Hours: 7:30am - 4:30pm Monday - Friday
Patient Name: (b)(6)

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
03-22-20	$1,174.00	(b)(6)

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE $

132850-245

(b)(6)
(b)(6)
NV (b)(6)

0054 009849

MAKE CHECKS PAYABLE / REMIT TO:

EMERGENCY SERVICES MEDICAL CORP
PO BOX 503330
SAN DIEGO CA 92150-3330

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date of Service	Description	Charge	Ins Payment	Patient Payment	Adjusts	Patient Balance
	Sharp Memorial Hospital - J. Bellezzo					
03-12-20	(b)(6)	1,139.00	0.00	0.00	0.00	1,139.00
03-12-20		35.00	0.00	0.00	0.00	35.00
	TOTAL	**1,174.00**	**0.00**	**0.00**	**0.00**	**1,174.00**

(b)(6)

3/27/2020

Current	30 Days	60 Days	90 Days	120 Days
$1174.00	$0.00	$0.00	$0.00	$0.00

PATIENT DUE
$1,174.00

Payment due upon receipt. Thank you!

To pay your bill online, please visit:

https://www.emergetechnology.net/#/ESMC

For all billing questions, please call: 888-432-2455

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

132850 - 245

SAN DIEGO IMAGING MEDICAL GRP
P.O. BOX 23540
SAN DIEGO, CA 92193-3540 **SD2**

Phone: 858 565-4877
Office Hours: 8AM-5PM Monday-Friday (Closed 12:30-1:30PM)

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
☐ MasterCard ☐ VISA ☐		
CARD NUMBER		EXP. DATE
FULL NAME (Please Print)		CCV CODE
SIGNATURE	PATIENT NAME (b)(6)	
STATEMENT DATE 03/17/20	AMOUNT DUE $28.80	ACCOUNT NUMBER (b)(6)
PAYMENT DUE BY 04/06/20	SHOW AMOUNT PAID HERE $	

* FORWARDING SERVICE REQUESTED
ADDRESSEE

(b)(6)
(b)(6) NV (b)(6)

REMIT TO
SAN DIEGO IMAGING MEDICAL GRP
P.O. BOX 23540
SAN DIEGO, CA 92193-3540 **SD2**

Pay your bill securely online at www.SDImaging.com

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

TO PAY ONLINE VISIT: www.SDImaging.com **ENTER ACCOUNT:** (b)(6) **and BILL PAY ID:** (b)(6)

DATE	CPT CODE	SERVICE DESCRIPTION	AMOUNT
03/12/20	71045/26	(b)(6) Seen by: (b)(6) Services rendered at: SHARP MEMORIAL HOSPITAL Insurance billing is pending. Patient: (b)(6)	28.80

(b)(6) 3/24/2020 (b)(6)

(b)(6)

STATEMENT DATE	AMOUNT DUE
03/17/20	$28.80

COMMENTS

IF YOU HAVE INSURANCE, PLEASE CONTACT THE BILLING OFFICE AT (858)565-4877 WITH YOUR INSURANCE INFORMATION. YOU ARE RESPONSIBLE FOR THE BALANCE DUE.

For Billing Inquiries: SAN DIEGO IMAGING MEDICAL GRP
P.O. BOX 23540
SAN DIEGO, CA 92193-3540
Office Hours: 8AM-5PM Monday-Friday (Closed 12:30-1:30PM)
Phone: 858 565-4877

Patient Name: (b)(6)
Referring Physician:
Services Rendered At: SHARP MEMORIAL HOSPITAL
Primary Insurance: PRIVATE PAY

From: Powers, Pamela
Sent: Thu, 2 Apr 2020 22:02:30 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB;(b)(6)
EOP/OMB;(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris);(b)(6) EOP/WHO;(b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO;(b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA Employee COVID Cases 4-2-2020.pdf, VA Veteran COVID Cases 4-2-2020.docx, VA_4.2.20_COVID19 Daily Report.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

VA resolved the issue with FEMA and HHS regarding our contracts under the Defense Procurement Act.

From now on, VA will send forward detailed summaries of Veterans and Staff with COVID in a separate document.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) @VA.gov

Choose VA

Employees and Contractors COVID-19 Confirmed Positives

as of 2 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total
HRA	Houston, TX	HRA/ORM	1
HRA	Salt Lake City, UT	HRA/ORM*	1
HRA	Washington, DC	HRA/OA	1
OIT	Bossier City, LA	ITOPS-Enterprise Command Operations	1
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1
OIT	New Orleans, LA	ITOPS -New Orleans	1
OIT	New York City, NY	ITOPS-Bronx	2
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – ITOPS (5)	6(+5)
OM	Washington, DC	VACO – OM	1
VBA	Atlanta, GA	Atlanta RO	2
VBA	Buffalo, NY	Buffalo RO	1
VBA	Denver, CO	VBA Central Office*	1
VBA	Detroit, MI	Detroit RO	3(+1)
VBA	New York City, NY	New York RO	1
VBA	Philadelphia, PA	Philadelphia RO (2) VBA Central Office / Insurance Service (1)*	3
VBA	Phoenix, AZ	Phoenix RO	1
VBA	St. Louis, MO	St. Louis RO	3
VBA	San Diego, CA	San Diego RO	1
VBA	St. Petersburg, FL	St. Petersburg RO	1(+1)
VEO	Shepherdstown, WV	White House Veterans Line	1
VHA	Albuquerque, NM	New Mexico HCS	3
VHA	Alexandria, LA	Alexandria HCS	1
VHA	Ann Arbor, MI	Ann Arbor HCS	7(+6)
VHA	Asheville, NC	Charles George VAMC	3
VHA	Atlanta, GA	Atlanta HCS	3
VHA	Augusta, GA	Augusta VAMC	4(+1)
VHA	Aurora, CO	Eastern Colorado Health Care System	22
VHA	Battle Creek, MI	Battle Creek VAMC	3(+1)
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	2
VHA	Biloxi, MS	Gulf Coast HCS	3
VHA	Birmingham, AL	Birmingham VAMC	3(+1)
VHA	Boise, ID	Boise VAMC	4
VHA	Boston, MA	Jamaica Plain VAMC	12(+2)
VHA	Charleston, SC	Ralph H. Johnson VAMC	3
VHA	Cheyenne, WY	Cheyenne VAMC	1
VHA	Chicago, IL	Jesse Brown VAMC (16) (+2) Edward Hines Jr VAMC (6) Captain James A. Lovell VAMC (7) (+2)	29(+4)

Employees and Contractors COVID-19 Confirmed Positives

as of 2 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Cincinnati, OH	Cincinnati VAMC	1
VHA	Cleveland, OH	Cleveland VAMC	9(+3)
VHA	Coatesville, PA	Coatesville VAMC	1
VHA	Columbia, MO	Harry S Truman Memorial VAMC	1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	9(+1)
VHA	Dallas, TX	Dallas VAMC	9(+3)
VHA	Dayton, OH	Dayton VAMC	4
VHA	Des Moines, IA	Central Iowa HCS	2
VHA	Detroit, MI	John D. Dingell VAMC	22(+4)
VHA	Dublin, GA	Carl Vinson VAMC	4
VHA	East Orange, NJ	New Jersey HCS	2(-4)
VHA	El Paso, TX	El Paso HCS	1
VHA	Fort Meade, SD	Black Hills HCS	1
VHA	Fresno, CA	Central California HCS	3
VHA	Gainesville, FL	Malcom Randall VA Medical Center	6 (+1)
VHA	Hampton, VA	Hampton VAMC	9(+5)
VHA	Houston, TX	Michael E. DeBakey VAMC	19(+1)
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	64 (+63)
VHA	Iowa City, IA	Iowa City HCS	5
VHA	Jackson, MS	G.V. Sonny Montgomery VAMC	2(+1)
VHA	Kansas City, MO	Kansas City VAMC	15(+4)
VHA	Las Vegas, NV	Southern Nevada HCA	10(+3)
VHA	Lexington, KY	Lexington HCS	1
VHA	Little Rock, AR	Central Arkansas Health Care System	1
VHA	Loma Linda, CA	Loma Linda HCS	2
VHA	Long Beach, CA	Long Beach HCS	4(+1)
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	3
VHA	Louisville, KY	Robley Rex VAMC	3
VHA	Madison, WI	William S. Middleton Memorial Veterans' Hospital	4
VHA	Martinsburg, WV	Martinsburg VAMC	1(-2)
VHA	Mather, CA	Sacramento VAMC	1
VHA	Memphis, TN	Memphis VAMC	4(+1)
VHA	Miami, FL	Miami VA HCS	5(+1)
VHA	Milwaukee, WI	Milwaukee VAMC	3
VHA	Minneapolis, MN	Minneapolis HCS	3
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	1(+1)
VHA	Montrose, NY	Hudson Valley HCS	3
VHA	Johnson City, TN	James H. Quillen VA HCS	1

Employees and Contractors COVID-19 Confirmed Positives

as of 2 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Nashville, TN	Tennessee Valley HCS	2
VHA	New Orleans, LA	New Orleans VAMC	63(+9)
VHA	New York City, NY	Manhattan VAMC	1(-1)
VHA	Northampton, MA	Central Western Massachusetts HCS	4(+1)
VHA	Oklahoma City, OK	Oklahoma City HCS	5(+2)
VHA	Omaha, NE	Nebraska Iowa HCS	1
VHA	Orlando, FL	Orlando VA HCS	15(+2)
VHA	Palo Alto, CA	Palo Alto VAMC	7
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	2(+1)
VHA	Phoenix, AZ	Phoenix Health Care System	1
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	1
VHA	Poplar Bluff, MO	John J. Pershing VAMC	1
VHA	Prescott, AZ	Northern Arizona VA Health Care System	2(+1)
VHA	Reno, NV	VA Sierra Nevada Health Care System	4
VHA	Roseburg, OR	Roseburg Health Care System	2
VHA	Saginaw, MI	Aleda E. Lutz VAMC	1
VHA	Salt Lake City, UT	Salt Lake City VAMC	3
VHA	San Diego, CA	San Diego VAMC	10
VHA	San Francisco, CA	San Francisco Health Care System	5
VHA	San Juan, PR	San Juan VAMC	4(+2)
VHA	Seattle, WA	Puget Sound Health Care System	11
VHA	Shreveport, LA	Overton Brooks VA Medical Center	7(+2)
VHA	Spokane, WA	Mann-Grandstaff VAMC	1
VHA	St. Louis, MO	St Louis HCS	6(+1)
VHA	Tampa, FL	Tampa VAMC	3
VHA	Temple, TX	Olin E. Teague VAMC	2
VHA	Tomah, WI	Tomah VAMC	1
VHA	Topeka, KS	Eastern Kansas Health Care System	4(-1)
VHA	Washington, DC	Washington DC VAMC	13
VHA	West Haven, CT	West Haven VAMC	3
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	2(-1)
VHA	White River Junction, VT	White River Junction VAMC	1
VHA	Wilmington, DE	Wilmington VAMC	2(+1)
		Total:	**565 (+120)**

Duplicates reported in VBA numbers (-2) (-9) cases removed (not reflected on the above table). Locations: Buffalo, NY (1), Clarksburg, WV (2), Syracuse, NY (1), New York City (Northport VAMC) (4), Long Island, NY (NCA-1)

Employees and Contractors COVID-19 Confirmed Positives

as of 2 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

* Geographically separated employees

VBA Employee assigned to VBA Central Office but lives in Denver, CO.

HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

April 2, 2020

Veteran Cases

Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**1921**	**1366**	**156**	**331**	**68**
(402) Togus ME	1	1			
(405) White River Junction VT	3	2			1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1	1		1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	5	5			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	4	3	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	5	4		1	
(502) Alexandria, LA	1	1			
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	32	13	7	11	1
(508) Atlanta, GA	64	50	4	8	2
(509) Augusta, GA	5	4		1	
(512) Maryland HCS (Baltimore MD)	3	1	1	1	
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	6	5	1		
(518) Bedford,MA	2	2			
(520) Biloxi, MS	1		1		
(521) Birmingham, AL	5	1	2	2	
(523) Boston HCS (Boston)	19	15	2	2	
(526) Bronx, NY	97	73	6	10	8
(528) Upstate New York HCS	22	13	3	4	2
(529) Butler, PA	1	1			
(537) Chicago (Westside), IL	56	42	4	9	1
(538) Chillicothe, OH	1	1			
(539) Cincinnati, OH	19	18		1	
(540) Clarksburg, WV	1			1	
(541) Cleveland, OH	23	15	2	6	
(542) Coatesville, PA	2	2			
(544) Columbia, SC	22	17	4	1	
(546) Miami, FL	35	17	2	14	2
(548) West Palm Beach, FL	7	3	1	3	

(549) North Texas HCS (Dallas TX)	6	1	2	3	
(552) Dayton, OH	2	1	1		
(553) Detroit, MI	53	34	3	13	3
(554) Eastern Colorado HCS (Denver CO)	65	59	2	3	1
(556) North Chicago, IL	46	45	1		
(561) New Jersey HCS (East Orange)	56	42	7	5	2
(565) Fayetteville, NC	4	4			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	7	5	1	1	
(578) Hines, IL	8	7	1		
(580) Houston, TX	10	5	1	4	
(583) Indianapolis, IN	59	24	5	26	4
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	15	10	1	2	2
(590) Hampton, VA	22	6		16	
(593) Southern Nevada HCS (Las Vegas NV)	15	9	2	4	
(595) Lebanon, PA	6	6			
(596) Lexington, KY	2	2			
(598) Central Arkansas HCS (Little Rock AR)	5	3	2		
(600) Long Beach HCS (Long Beach CA)	19	11	2	6	
(603) Louisville, KY	13	9	4		
(605) Loma Linda, CA	8	8			
(607) Madison, WI	4	3			1
(612) Northern California HCS (Martinez CA)	10	9		1	
(613) Martinsburg, WV	3	2		1	
(614) Memphis, TN	5	5			
(618) Minneapolis, MN	11	8		1	2
(619) Central Alabama HCS (Montgomery AL)	3	1	2		
(620) Hudson Valley HCS (Castle Point, Montrose)	47	22		25	
(621) Mountain Home, TN	6	6			
(623) Muskogee, OK	2	2			
(626) Tennessee Valley HCS (Nashville TN)	15	10	1	3	1
(629) New Orleans, LA	340	289	11	24	16
(630) New York HHS (Brooklyn)	109	67	15	21	6
(631) Northampton, MA	4	4			
(632) Northport, NY	45	24	5	15	1
(635) Oklahoma City, OK	3	1	1	1	
(636) Central Plains HCS (Omaha NE)	10	6	2	2	
(637) Asheville, NC	1	1			

(640) Palo Alto HCS (Palo Alto CA)	15	11		3	1
(642) Philadelphia, PA	20	14	6		
(644) Phoenix, AZ	3	1	2		
(646) Pittsburgh HCS (Pittsburgh PA)	3	1	1	1	
(648) Portland, OR	6	3	2		1
(649) Northern Arizona HCS (Prescott AZ)	3	3			
(652) Richmond, VA	30	27	3		
(653) Roseburg HCS (Roseburg OR)	1	1			
(654) Sierra Nevada HCS (Reno NV)	2	1	1		
(657) VA Heartland East (Saint Louis MO)	12	5		7	
(659) Salisbury, NC	1	1			
(660) Salt Lake City HCS (Salt Lake City UT)	4	4			
(662) San Francisco, CA	8	4		2	2
(663) Puget Sound HCS (Seattle WA)	30	24	5	1	
(664) San Diego HCS (San Diego CA)	16	16			
(667) Shreveport, LA	19	12	1	4	2
(668) Spokane, WA	3	1	2		
(671) South Texas HCS (San Antonio TX)	6	1	5		
(672) San Juan, PR	35	33	2		
(673) Tampa, FL	7	4	1	2	
(674) Central Texas HCS (Temple TX)	2	2			
(675) Orlando, FL	32	26		6	
(676) Tomah, WI	1	1			
(678) Southern Arizona HCS (Tucson AZ)	5	3		2	
(688) Washington DC	52	35	7	9	1
(689) Connecticut HCS (Westhaven)	41	28	3	10	
(691) Greater Los Angeles HCS (Los Angeles CA)	24	8		14	2
(693) Wilkes-Barre, PA	4	4			
(695) Milwaukee, WI	37	17		18	2
(757) Columbus, OH	1	1			

COVID-19 – Agency Response
4/2/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **FEMA Mission Assignments Update:** 4 signed
  1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
     - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
  2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
     - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
  3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
     - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. One civilian death at the Brooklyn VAMC.
  4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
     - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List.
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.
  - VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
  - Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
  - If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.
- As of close of business on April 1, 2020, VBA contract vendors had reported a cumulative total of **43,235** unique Veterans whose contract examinations have been impacted by the pandemic.
- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments.
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal

civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities. OIT apportionments are pending finalization of account allocations.
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- More information on CARES implementation is being developed and will be forthcoming

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- 3,071,765 visits to the VA Public Health website: https://www.publichealth.va.gov/
- SECVA Media
  - Sec. Wilkie interviewed by Richmond's Morning News (VA radio).
  - Sec. Wilkie interviewed by Ringside Politics (LA radio/tv).
  - Sec. Wilkie interviewed by The Erick Erickson Show (GA radio).
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
  - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
  - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.

- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits.
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues.

- **Other Notable Responses**

  - **1,921 Positive Veteran COVID-19 Cases**

    - This is an increase of 319 cases from yesterday's numbers
    - 487 Veterans are in inpatient care (156 in ICU, 331 in Acute Care)
    - 1,366 are in outpatient care and are quarantined at home
    - 340 of these veterans are in New Orleans, which remains a hot spot for VA
    - 298 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other emerging hotspots include Connecticut (41), Indianapolis (59), New Jersey (56), Aurora/Denver (65), Chicago (102), Atlanta (64), Detroit (53)
    - Veteran Deaths: 68 veterans have died from COVID-19 (+15 from yesterday)
      ***Note**: See attached document (VA Veteran COVID Cases 4-2-2020) for complete breakdown

  - **565 VA Positive Employee cases**

    - This is an increase of 120 cases from yesterday's numbers
    - Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 63 employees testing positive
    - The largest increase in today's data came from Indianapolis which saw an increase from 5 to 64 cases (+59 employees). This was due to a large number of test results coming back on the same day
    - Other employee hot spots include Aurora (22), Chicago (29), Detroit (22)
    - To date there have been two employee deaths. One in Ann Arbor and one in Detroit.
      ***Note:** See attached document (VA Employee COVID Cases 4-2-2020) for complete breakdown

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)

- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.

- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.

- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.

- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.

- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
  - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
  - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
  - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
  - Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
  - Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
  - Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
  - Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
  - Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio).
  - Sec. Wilkie was interviewed by Fox Across America (Fox News Radio).
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic

- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.

- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
  - To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys

  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments

between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.

- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19
  - Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
  - Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
  - Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic

- Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
- Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
  - FEMA and HHS have been made aware; VA is awaiting resolution from them.
    *Issue has since been resolved
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.
- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)

- COVID-19 Definitions of Bed Categories
- Suspension of Registered Nurse Transition to Practice Residency Program
- COVID - Clinical Resource Hub Guidance
- Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
- COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures

- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
    - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
    - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.

From: Powers, Pamela
Sent: Fri, 3 Apr 2020 13:18:20 +0000
To: (b)(6) EOP/WHO
Subject: RE: VA Medical Workforce Capacity
Attachments: VACOS Slide Request_02APR20_DRAFT2 JJ NK.pptx

Sorry. Here you go.

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Friday, April 3, 2020 8:22 AM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: VA Medical Workforce Capacity

Nothing attached…

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Friday, April 3, 2020 7:33 AM
To: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Subject: RE: VA Medical Workforce Capacity

(b)(6) here you go. Our major shortfall for the hotspots is with nurses and we have several initiatives underway to bring nurses on. This is just a first draft….I've asked our team to dive more into the details and will share when I get something back.

Pam

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Thursday, April 2, 2020 2:53 PM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: VA Medical Workforce Capacity

Definitely hoping for something today… you all may already have something like that put together for the billion other briefings… I've seen a lot of great VA slides floating around.

(b)(6)
Special Assistant to the President
Domestic Policy Council

O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela <(b)(6)@va.gov>
Sent: Thursday, April 2, 2020 11:10 AM
To: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Subject: Re: VA Medical Workforce Capacity

Copy. Will get you something this afternoon.

Get Outlook for iOS

From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Thursday, April 2, 2020 11:02:36 AM
To: Powers, Pamela <(b)(6)@va.gov>
Subject: [EXTERNAL] VA Medical Workforce Capacity

Pam,

(b)(6) wants to track VA's medical workforce capacity and expansion.

Do you all have a graph of some sort laying out the different types of medical workers VA has working – and how many we are bringing back in through waivers and additional hiring?

Is there a way to understand the laydown of where they are across the country?

Best,

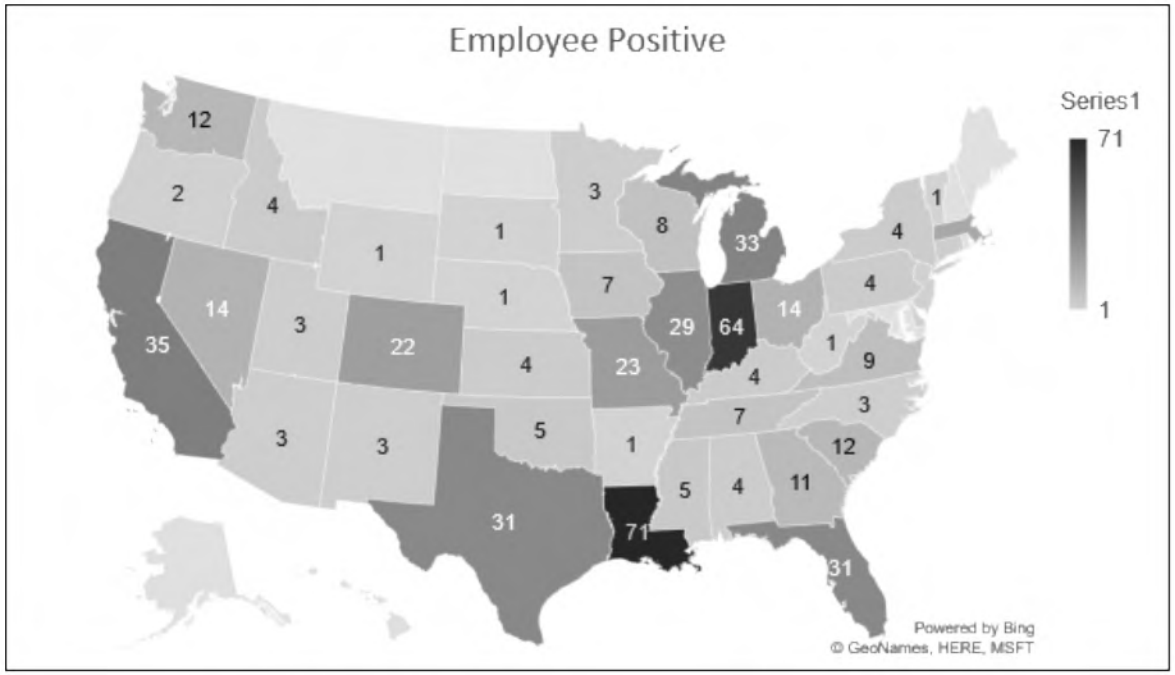
(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

Medical workforce Expansion

Estimated Demand Need

- VHA physician and nurse onboard in five “hot spots” and system-wide remains steady (New Orleans, Detroit, New York City, Chicago, East Orange NJ).Based on predictive modeling of five current “hot spots” and six emerging “hot spots,” VHA predicts the need for approximately 1,120 nurses to accommodate anticipated peak surges in these eleven locations. No physician staffing concerns at this point in time.VHA is continuing to model for additional occupations.There is a national shortage of nurses that has been exacerbated by the pandemic.

COVID-19 Impact on VHA Workforce



Positive Employees: 532 **Change Since 3/31: +113**

- Approximately 75% of clinical employees who are PUI are continuing to work with appropriate precautions per CDC guidelines.Positive employees are generally not working. Data Source: Based on Issue Briefs submitted through 3/28.

VHA Onboard Trends in Hot Spots

HR Smart Data as of 4/1/2020				
		FEB-FY20	MAR-FY20	APR -1-FY20
VHA	All Occupation	352,062	352,437	352,354
	0602 Physicians	26,707	26,590	26,588
	0610 Nurse	73,705	73,839	73,835
New York	All Occupation	15,704	15,786	15,784
	0602 Physicians	1,247	1,243	1,243
	0610 Nurse	3,131	3,144	3,143
Chicago	All Occupation	4,798	4,836	4,836
	0602 Physicians	457	462	462
	0610 Nurse	938	939	939
New Orleans	All Occupation	2,819	2,820	2,820
	0602 Physicians	289	288	288
	0610 Nurse	567	572	572
Houston	All Occupation	5,523	5,498	5,500
	0602 Physicians	485	486	486
	0610 Nurse	1,409	1,399	1,399
Seattle	All Occupation	4,128	4,141	4,141
	0602 Physicians	379	375	375
	0610 Nurse	997	1,004	1,004
Detroit	All Occupation	1,979	1,953	1,953
	0602 Physicians	182	181	181
	0610 Nurse	444	445	445

Mitigation Strategies

- Integrated Staffing Command CellActivated Disaster Emergency Medical Personnel System (DEMPS) to deploy existing VA personnel to reinforce staffing levels at New Orleans (44 In-Process; 19 In-Bound/On Ground) and New York City (requirement validation and employee screening phase). *National announcements for Registered Nurses, Respiratory Therapist, Hospitalist, Anesthesiologist, and Supply Technician. (2,813 RNs referred; 755 all other occupations referred)Travel Nurse Corp. hiringAdjacent, low COVID-19 demand VISNs proactively cross-leveling supplies, equipment and building lists of deployable personnelReskilling of outpatient nurses to support Acute Care and ICU nurse workforce.ContractingExploring option for sole source contract with American Surgical CentersIdentifying Course of Action for nationwide indefinite delivery/indefinite quantity (IDIQ) personnel support contracts

*Does not account for VISN and Local Recruiting Activity.

From: Powers, Pamela
Sent: Fri, 3 Apr 2020 17:13:32 +0000
To: (b)(6) EOP/OMB
Cc: (b)(6) EOP/OMB; (b)(6) (vhapbm); (b)(6) EOP/OMB (b)(6) (vhapbm)
Subject: Re: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Thanks (b)(6) Will discuss this with our team and reach out to (b)(6)
Get Outlook for iOS
From: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>
Sent: Friday, April 3, 2020 12:50:43 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) (vhapbm) (b)(6) omb.eop.gov>; (b)(6) M. EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) (vhapbm) (b)(6) @omb.eop.gov>
Subject: RE: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Pam,

Our health division advises that they believe HHS/ASPR will pay for this. If you already have an MOU with HHS, that's easier. If not then you'd need to go right to ASPR. One place to start is the ASPR CoS, (b)(6) @hhs.gov

Probably, you pay the hospital and ASPR reimburses. Or, maybe APR will pay directly?

Let me know if that's helpful or if you need anything more.

From: Powers, Pamela (b)(6) @va.gov>
Sent: Thursday, April 2, 2020 5:20 PM
To: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Subject: FW: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

FYI. We're trying to figure out how to pay this and whether or not it will come from Community Care. Looks like the Cruiseline is not accepting any responsibility.

Pam

From: Czarnecki, Tammy <(b)(6) @va.gov>
Sent: Thursday, April 2, 2020 3:20 PM
To: Powers, Pamela <(b)(6) @va.gov>
Subject: FW: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hello Pam,

Here is the first bill in from the Grand Princess. I have sent this to Community Care and Finance.

Tammy

From: (b)(6) @va.gov>
Sent: Thursday, April 2, 2020 1:49 PM
To: Young, Mark (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) @va.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (OS/ASPR/IO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (CDC/DDNID/NCCDPHP/DNPAO) <(b)(6) @cdc.gov>; (b)(6) (CDC/DDID/NCEZID/DPEI) (b)(6) @cdc.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>
Cc: (b)(6) @va.gov>; VHA OEM EMCC Command Staff <(b)(6) @va.gov>; (b)(6) VISN 22) (b)(6) @va.gov>
Subject: RE: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hello all attached is the bills received by the veteran guest during his quarantine at MCAS Miramar and his subsequent admittance to Sharps Hospital in San Diego. Also attached is the response he received from Princess Cruise Line concerning his stay at the hospital, Princess Cruise Line has flat out taken no responsibility for his hospitalization. The Veteran is not happy. Your assistance is required to help resolve this matter.

(b)(6)

From: (b)(6)
Sent: Wednesday, April 1, 2020 8:08 AM
To: Young, Mark (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) @va.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) (OS/ASPR/IO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) @va.gov>; (b)(6) (CDC/DDNID/NCCDPHP/DNPAO) (b)(6) @cdc.gov>; (b)(6) (CDC/DDID/NCEZID/DPEI) <(b)(6) @cdc.gov>
Subject: RE: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

I will reach out to veteran for a copy of his bill.

Thanks,

(b)(6)

From: Young, Mark (OS/ASPR/EMMO) <(b)(6)@hhs.gov>
Sent: Wednesday, April 1, 2020 8:05 AM
To: (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) OS/ASPR/IO) <(b)(6)@hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6) (CDC/DDNID/NCCDPHP/DNPAO) <(b)(6)@cdc.gov>; (b)(6) (CDC/DDID/NCEZID/DPEI) <(b)(6)@cdc.gov>
Subject: [EXTERNAL] RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

(b)(6) et al,

Agreed. I'm including our CDC team to help address this question. We need the point of contact at CDC that can pay this bill. It is academic that this individual was under a Federal Quarantine order as we flew him from Oakland to Miramar and then he was sent to a local hospital. If possible can someone obtain a copy of the bill and send it to everyone on this email?

Very Respectfully,

Mark D. Young
Regional Administrator
Assistant Secretary for Preparedness and Response, Region IX
(AZ,CA,HI, NV, AM. Samoa, Guam, CNMI, RMI, FSM, Palau)
202-754-(b)(6)
Duty Officer Line: 602-603-(b)(6)
(b)(6)@hhs.gov
(b)(6)@hhs.gov

From: (b)(6) (OS/ASPR/EMMO) <(b)(6)hhs.gov>
Sent: Tuesday, March 31, 2020 12:35 PM
To: (b)(6)@va.gov; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6) OS/ASPR/EMMO) (b)(6)@hhs.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; Young, Mark (OS/ASPR/EMMO) <(b)(6)@hhs.gov>; (b)(6)@va.gov; (b)(6) (b)(6)@va.gov) <(b)(6)@va.gov>
Subject: RE: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

If the individual was under a Federal quarantine order (and I believe that they all were), CDC had come up with a generic statement that all requests/questions for payment were to be submitted to a CDC email. I never saw that CDC answered any of the emails, thou. And if an individual has private insurance, the bills would normally be sent to an individual's insurance carrier, and they would cover it.

Sherman: Let me see if I can dig up one of the emails, so that you may provide it to the individual.

Thanks,

(b)(6)

(b)(6) **MPH, FACHE**
Captain, U.S. Public Health Services
Deployed to in Response to COVID-19 Activities
Cell (202) 407-(b)(6) @hhs.gov

From: (b)(6) @va.gov>
Sent: Tuesday, March 31, 2020 9:18 AM
To: (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov>; Young, Mark (OS/ASPR/EMMO) <(b)(6) @hhs.gov>
Subject: PLEASE ADVISE HOT: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR
Importance: High

FYSA – this seems like a law suit and red star cluster waiting to happen. Once this patient is told this, I suspect something will be in the news media.

From: (b)(6) HAL) (b)(6) @HollandAmerica.com>
Sent: Tuesday, March 31, 2020 8:11 AM
To: (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (OS/ASPR/EMMO) <(b)(6) @hhs.gov>
Cc: (b)(6) @va.gov>; (b)(6) (PCL) (b)(6) @princesscruises.com>; (b)(6) (HA Group) <(b)(6) @HollandAmericaGroup.com>; (b)(6) (b)(6) (PCL (b)(6) @princesscruises.com>
Subject: [EXTERNAL] RE: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hi (b)(and (b)(6)

Princess Cruises has not committed to covering medical costs. As such all guests should submit insurances claims, as they would normally.

(b)(6)

From: (b)(6) (OS/ASPR/EMMO) [mailto:(b)(6) @hhs.gov]
Sent: Monday, March 30, 2020 5:07 PM
To: (b)(6) @va.gov; (b)(6) @va.gov>; (b)(6) (OS/ASPR/EMMO) (b)(6) @hhs.gov> (b)(6) (PCL) (b)(6) @princesscruises.com>; (b)(6) (HAL) (b)(6) @HollandAmerica.com>

Cc: (b)(6) @va.gov
Subject: Re: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Thanks for looping me in. I'm including representatives from the Princess Cruise line and Holland America.

(b)(6)

(b)(6), Psy.D.
CDR, USPHS
Regional Emergency Coordinator
ASPR, Region IX
202-384-(b)(6)

On: 30 March 2020 16:48,
"(b)(6) @va.gov> wrote:

It is my understanding that Grand Princess is paying for the bill. I will double check.

+ CDR Cua @ Regional

From (b)(6) @va.gov>
Sent: Monday, March 30, 2020 4:46 PM
To: (b)(6) @va.gov>; (b)(6) @hhs.gov)
(b)(6) @hhs.gov>
Cc: (b)(6) @va.gov>
Subject: FW: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

(b)(6) and (b)(6)

Please see an email below from (b)(6) n reference to a Veteran that was placed at Miramar from the Grand Princess. Looping you in for awareness purposes.

V/r

(b)(6)

From: (b)(6) @va.gov>
Sent: Monday, March 30, 2020 3:56 PM
To: (b)(6) va.gov> (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)

(b)(6) @va.gov>
Subject: RE: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

I told him that Princess Cruise Line would take care of the bill, but wanted to be sure that HHS/CDC was not picking up any of the tab.

From: (b)(6) @va.gov>
Sent: Monday, March 30, 2020 3:37 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Adding (b)(6) to coordinate with Region IX HHS

From: (b)(6) @va.gov>
Sent: Monday, March 30, 2020 6:07 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: HOSPITAL BILL FOR HOSITAL STAY DURING QUARANTINE AT MCAS MIRAMAR

Hello all,

Had a veteran from the Grand Princess Cruise Ship contact me, who was transferred to Sharps Hospital in San Diego during his quarantine at MCAS Miramar for a PUI. He stated that he just received a $60,000 medical bill from the hospital and wanted to know who would be paying the bill? He is enrolled in the VA Healthcare System in Las Vegas. The veterans name is (b)(6) Please advise.

Respectfully,

(b)(6)
Area Emergency Manager (AEM)
Veterans Integrated Service Network (VISN) 22
Office Of Emergency Management (OEM)
Veterans Health Administration (VHA)
(b)(6) @va.gov
562-826-800 ext (b)(6) Office
562-708-(b)(6) Mobile

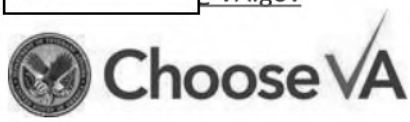
From: Powers, Pamela
Sent: Fri, 3 Apr 2020 18:17:08 +0000
To: (b)(6) EOP/OMB
Subject: Cares Act
Attachments: COVID19 Supplemental Action Impacting VA 4.3.2020.docx

(b)(6) our folks did a summary of all the provisions impacting VA. The next step will be for us to determine which areas we will implement (if optional), how much funding we will use, etc. I've asked OM to take the lead and we will keep you in the loop and provide updates in our daily summary.

FYSA, HVAC staffers are demanding that we implement Sec 20005 and provide emergency-related supplies to State Veterans Homes. The legislation says "may" not "shall", but they are telling us the intent was "shall". In any case, we "may" do this in areas of need, but will be thoughtful on that determination.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov



Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Summary
Public Law 116-136

Division B, Title X, Supplemental Appropriations for the Department of Veterans Affairs

- Final supplemental funding agreement provides $19.6 billion for VA response to coronavirus.
  - $17.2 billion for VHA
  - $2.15 billion for Information Technology
- $17.2 billion for VHA
  - Medical Services increase above the President's request is for grants for homelessness and Community Living Centers.
  - Medical Facilities increase above the President's request is for Non-Recurring Maintenance needs as a result of coronavirus.
- State Veteran Home Construction grants: $150 million for emergency requirements.
- Transfer authority up to 2 percent among the four medical accounts, with Congressional notification. Over 2 percent requires approval by the Appropriations Committees.

Department of Veterans Affairs
Estimated cost of Coronavirus Response, FY 2020 by account
3/25/20 3pm

VA Account Dollars In Thousands	President's Request 3/17/20	Final bill 3/25/20	Delta from President's Request
Medical Services	13,100,000	14,432,000	1,332,000
Medical Community Care	2,050,000	2,100,000	50,000
Medical Support and Compliance	100,000	100,000	-
Medical Facilities	175,000	606,000	431,000
Medical Care	**15,425,000**	**17,238,000**	**1,813,000**
Information Technology	1,150,000	2,150,000	1,000,000
Veterans Benefits Administration	13,000	13,000	-
State Home Grants		150,000	150,000
General Administration	7,000	6,000	(1,000)
Office of Inspector General		12,500	12,500
VA Total	**16,595,000**	**19,569,500**	**2,974,500**

- VA's Fourth Mission: allows HHS to reimburse VA for services provided to non-VA beneficiaries as a result of coronavirus. It does not specify a dollar amount, and it appears to be limited to where FEMA's emergency funding is insufficient.

Key VA-Directed Authorization Provisions

Section 20003 Public Health Emergency

- Defined "public health emergency" to be an emergency with respect to COVID-19 declared by a Federal, State, or local authority

Section 20004 Short-term Agreements or Contracts with Telecommunications Providers to Expand Tele-mental Health Services for Isolated Veterans During a Public Health Emergency

- Allows VA to establish short-term agreements with telecoms to provide temporary complimentary or subsidized support for expanded mental health services for isolated Veterans through telehealth or VA Video Connect during a public health emergency
- Eligibility expanded for those already receiving care from VA who may not be eligible for the type of service contemplated in this provision.

Section 20005 Treatment of State Homes During Public Health Emergency

- Waives occupancy requirements for State Veterans Homes (SVH) during public health emergencies.
- Waives Veteran percentage requirements for SVH's during public health emergencies.
- Allows VA to provide emergency-related supplies to SVH's that are available to VA.

Section 20006 Modifications to Veteran Directed Care Program

- Waives requirement for in-person or home visit for new enrollments and renewals and allows telehealth or telephone modes to accomplish same.
- VA may not suspend or dis-enroll a Veteran from the program unless requested by the Veteran or mutual agreement with the Veteran.
- Waiver of paperwork requirements.

Section 20007 Procurement of Prosthetics During Public Health Emergency

- Requires VA to the extent practicable to allow Veterans to receive a prosthetic appliance from non-VA providers under a contract with VA during a public health emergency.

Section 20008 Waiver of Pay Caps for VA Employees During Public Health Emergency

- Allows VA to waive any limitation on pay for any VA employee during a public health emergency for work done in support of the response to the emergency.
- Requires monthly reporting to HVAC and SVAC on use of the authority.

Section 20009 Provision by VA of Personal Protective Equipment (PPE) for Home Health Workers

- Requires VA to provide PPE for VA employees and contracts providing home care to Veterans.

Section 20010 Clarification of Treatment of Payments for Purposes of Eligibility for Veterans Pension and Other Benefits

- States that recovery rebates under the CARES Act shall not be considered income for eligibility determinations for VA programs.

Section 20011 Availability of Telehealth for Case Managers and Homeless Veterans

- Requires VA to ensure that telehealth capabilities are available during a public health emergency for case managers and Veterans participating in the HUD-VASH program.

Section 20012 Funding Limits for Supportive Services for Very Low-Income Veteran Families in Permanent Housing (SSVF)

- Waives authorization caps for SSVF program during a public health emergency.

Section 20013 Modifications to Comprehensive Service Programs for Homeless Veterans During a Public Health Emergency

- Waives authorization caps for VA homeless Grant and Per Diem (GPD) program.
- Waives limit on grant amounts for VA homelessness programs.
- Waives limits for per diem rates for VA homelessness programs.
- Waives requirement. for discharge of a Veteran under the GPD program due to an absence for 14 days or more.
- Allows VA to continue payment for addition days of Veteran absence when a Veteran has been absent for more than 72 hours.

Section 20014 Emergency Designation

- Designates spending for these provisions as emergency requirements under the Balanced Budget and Emergency Deficit Control Act of 1985.

Government-Wide Authorization Provisions with Potential VA Impact

Section 3101. National Academies Report on American's Medical Product Supply Chain Security

- Requires Secretary of HHS to enter into an agreement with National Academies to conduct a study on the medical supply Chain.
- Directs consideration of input from VA, as well as other agencies (Homeland Security, Defense, Commerce, State, Justice and others).

Section 3610. Federal Contractor Authority

- Section 3610 of the CARES Act ensures that federal contractors who cannot perform work at their duty-station or telework because of the nature of their jobs due to COVID-19, continue to get paid.

Section 4021. Credit Protection During COVID-19

- Section 4021 would amend the Fair Credit Reporting Act to prevent credit reporters, e.g., loan servicers, from reporting an obligation as delinquent based solely on the fact that a consumer takes advantage of relief related to COVID-19. Such relief can include payment deferral, partial payments, forbearances, and loan modifications. This prohibition on negative credit reporting would begin on Jan. 31, 2020 and end on the date that is the later of: (i) 120 days after the date of enactment or (ii) 120 days after the COVID-19 National Emergency ends.

Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance

- Section 4022 would mandate that holders of federally backed mortgage loans, including VA-guaranteed loans, grant a borrower's request to forbear monthly installment payments if the borrower affirms that he or she is experiencing a financial hardship during the COVID-19 National Emergency. The bill expressly states that holders could not require any other documentation beyond the borrower's attestation. Holders would need to provide a forbearance period of up to 180 days upon a borrower's first request. Holders would also need to provide a second forbearance of up to another 180 days upon a borrower's second request. During periods of forbearance, normal interest could accrue on the loan. However, holders would be prohibited from charging additional fees, penalties, or interest.

- Section 4022 would also impose a foreclosure moratorium applicable to all federally backed mortgages. The moratorium would be in effect for the 60-day period beginning on March 18, 2020. The moratorium would not apply to vacant or abandoned properties. This section appears to not give VA further authority to mandate a foreclosure moratorium beyond the 60 days.

Section 4024. Temporary Moratorium on Eviction Filings.

- Section 4024 would impose a moratorium on certain eviction actions. The moratorium would prevent lessors from initiating a legal action to recover possession of a covered property from a tenant for nonpayment of rent or other fees, regardless of whether a written lease is in place. A covered property would include any property that has a federally backed mortgage loan, e.g., a VA-guaranteed loan. The moratorium would begin on the date of enactment and would expire 120 days later. Lessors would not be able to require tenants to vacate such properties until the date that is 30 days after the d ate on which a lessor sends a tenant a notice to vacate. Lessors could not send such notices until after the moratorium expires.

Section 16003. Premium Pay Authority

- If services performed during fiscal year 2020 are determined by the head of the agency to be primarily related to preparation, prevention, or response to coronavirus, any premium pay that is funded, either directly or through reimbursement, by the Federal Emergency Management Agency shall be exempted from the aggregate of basic pay and premium pay calculated under section 5547(a) of title 5, United States Code, and any other provision of law limiting the aggregate amount of premium pay payable on a biweekly or calendar year basis.

Section 18110.

- If services performed by an employee during fiscal year 2020 are determined by the head of the agency to be primarily related to preparation, prevention, or response to coronavirus, any premium pay for such services shall be disregarded in calculating the aggregate of such employee's basic pay and premium pay for purposes of a limitation under section 5547(a) of title 5, United States Code, or under any other provision of law, whether such employee's pay is paid on a biweekly or calendar year basis.

From: Powers, Pamela
Sent: Fri, 3 Apr 2020 20:56:12 +0000
To: (b)(6)
EOP/OMB(b)(6)@omb.eop.gov
Cc: (b)(6)EOP/OMB(b)(6)
EOP/OMB;(b)(6)EOP/OMB(b)(6)EOP/OMB;(b)(6)EOP/OMB;(b)(6)
(b)(6)EOP/OVP;Syrek, Christopher D. (Chris);(b)(6)EOP/WHO;(b)(6)
(b)(6)EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO;(b)(6)
(b)(6)EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_4.3.20_COVID19 Daily Report.docx, VA Employee COVID Cases 4-3-2020.pdf, VA Veteran COVID Cases 4-3-2020.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

• VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic.
• Secretary Wilkie briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens.
• VA is working with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act.
• VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization.

Have a great weekend!

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6)@VA.gov

COVID-19 – Agency Response
4/3/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice:**
  - **Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.**
  - **Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.**
  - **For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.**
- **Secretary briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens.**
- **VA is working with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act.**
- **VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization.**
- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand.
- Mobile Vet Center Update 4/3/2020:
  - New York, NY (Deployment Started)
    Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 28 Service members over the course of the deployment. Contact has been made with 2 civilians.
  - Pasadena, CA (Deployment Started)
    Operation started on 1 April 2020 and staff are located in a shopping center in Pasadena, CA. Vet Center staff connected with 5 Veterans, Service members and families over the course of the deployment. Contact has been made with 15 civilians
  - Portland, OR (Deployment Started)
    Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 20 Veterans, Service members and families over the course of the deployment. Contact has been made with 7 civilians
  - Altoona, PA (Deployment Started)
    MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites.
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site.

- Regional resource coordination center liaison officers working with HHS on initial pharmaceutical orders under the Mission Assignment
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,077 scheduled services citing COVID-19 concerns. 8 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries
- Increased enrollment and turnover of patients into the Home Telehealth (HT) program is overloading the ability of logistics to acquire the HT items. Primary shortages are thermometers and pulse-oximeters. Home Telehealth's new COVID-19 requirements to monitor COVID-19 higher risk patients have increased the burden on the supply chain. Program Offices are notifying the HT Care Coordinators to return these shortage items to the Denver Logistics Center for refurbishment and re-issue.
- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- As of close of business on April 2, 2020, VBA contract vendors had reported a cumulative total of **45,945** unique Veterans whose contract examinations have been impacted by the pandemic.
- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities. OIT apportionments are pending finalization of account allocations ($2.15B)
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.

- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- More information on CARES implementation is being developed and will be forthcoming

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- NSTR

Guidance, Communication and Outreach with Stakeholders

- SECVA Media
  - Sec. Wilkie interviewed on The Sam Malone Show (Houston, TX Radio)
  - Sec. Wilkie interviewed on The Dale Jackson Show (Huntsville, AL Radio)
- VHA Executive in Charge Richard Stone briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Michigan on Thursday, April 2 focused on COVID-19 response and VBA Program updates, reaching 31,582 participants.
- **VHA Guidance to the field:**
  - Changes to In-Person Identity Verification for the My HealtheVet Website
  - COVID-19 Bed Expansion Planning Signed
  - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
  - EIC Memorandum Authorization to pay for Lodging and Meals
  - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates

- **Other Notable Responses**

  - **2,184 Positive Veteran COVID-19 Cases**

    - This is an increase of 263 cases from yesterday's numbers
    - 548 Veterans are in inpatient care (155 in ICU, 393 in Acute Care)
    - 1,558 are in outpatient care and are quarantined at home
    - 363 of these veterans are in New Orleans, which remains a hot spot for VA
    - 338 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other emerging hotspots include Connecticut (48), Indianapolis (69), New Jersey (89), Aurora/Denver (71), Chicago (113), Atlanta (64), Detroit (88), Washington, DC (59)
    - Veteran Deaths: 78 veterans have died from COVID-19 (+10 from yesterday)
      ***Note**: See attached document (VA Veteran COVID Cases 4-3-2020) for complete breakdown

  - **635 VA Positive Employee cases**

    - This is an increase of 71 cases from yesterday's numbers.

- Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 73 employees testing positive.
- **NOTE: Yesterday's report noted an increase of 59 employees testing positive in Indianapolis for a total of 64 employees. That number was reported in error. That actual number of cases in Indianapolis is 20.**
- Other employee hot spots include Aurora (22), Chicago (36), Houston (21)
- To date there have been three employee deaths. One in Ann Arbor, one in Detroit and one in Indianapolis. The death in Indianapolis is new today.
  ***Note:** See attached document (VA Employee COVID Cases 4-3-2020) for complete breakdown.

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
  - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)

- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.

- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts

- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.

- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)

- Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
- Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
- Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
- Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
- Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
- Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
- Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
- Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio).
- Sec. Wilkie was interviewed by Fox Across America (Fox News Radio).
- Sec. Wilkie interviewed by Richmond's Morning News (VA radio).
- Sec. Wilkie interviewed by Ringside Politics (LA radio/tv).
- Sec. Wilkie interviewed by The Erick Erickson Show (GA radio).

- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
  - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.

- Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
- Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
- VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.

- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.

- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.

- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)

- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19
  - Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
  - Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
  - Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
  - Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
  - Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)
- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
  - FEMA and HHS have been made aware; VA is awaiting resolution from them.
    *Issue has since been resolved
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.

- (14) Personnel deployed/on the ground at various locations.
- (2) VISNS requested personnel deployed through DEMPS

- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.
- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance
  - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
  - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures
- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)

- Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
- Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.

- **FEMA Mission Assignments Update:** 4 signed (4/2/2020)
  1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
     - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
  2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
     - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
  3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
     - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. One civilian death at the Brooklyn VAMC.
  4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
     - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List. (4/2/2020)
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.
  - VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
  - Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
  - If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.
- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments. (4/2/2020)
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.

- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
    - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
    - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.
- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)

Employees and Contractors COVID-19 Confirmed Positives

as of 3 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total
HRA	Houston, TX	HRA/ORM	1
HRA	Salt Lake City, UT	HRA/ORM*	1
HRA	Washington, DC	HRA/OA	1
OIT	Bossier City, LA	ITOPS-Enterprise Command Operations	1
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1
OIT	New Orleans, LA	ITOPS -New Orleans	1
OIT	New York City, NY	ITOPS-Bronx	2
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1)(+1) VACO – ITOPS (4)(-1)	6
OM	Washington, DC	VACO – OM	1
VBA	Atlanta, GA	Atlanta RO	2
VBA	Buffalo, NY	Buffalo RO	1
VBA	Denver, CO	Denver RO	1
VBA	Detroit, MI	Detroit RO	3
VBA	Nashville, TN	VBA Central Office*	1(+1)
VBA	New York City, NY	New York RO	1
VBA	Philadelphia, PA	Philadelphia RO (3)(+1) VBA Central Office / Insurance Service (1)*	4(+1)
VBA	Phoenix, AZ	Phoenix RO	1
VBA	St. Louis, MO	St. Louis RO	3
VBA	St. Petersburg, FL	St. Petersburg RO	1
VBA	Wichita, KS	Wichita RO	1(+1)
VEO	Shepherdstown, WV	White House Veterans Line	1
VHA	Albuquerque, NM	New Mexico HCS	3
VHA	Alexandria, LA	Alexandria HCS	1
VHA	Amarillo, TX	Thomas E Creek VAMC	1(+1)
VHA	Ann Arbor, MI	Ann Arbor HCS	8(+1)
VHA	Asheville, NC	Charles George VAMC	3
VHA	Atlanta, GA	Atlanta HCS	3
VHA	Augusta, GA	Augusta VAMC	4
VHA	Aurora, CO	Eastern Colorado Health Care System	22
VHA	Battle Creek, MI	Battle Creek VAMC	4(+1)
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	3(+1)
VHA	Biloxi, MS	Gulf Coast HCS	3
VHA	Birmingham, AL	Birmingham VAMC	4(+1)
VHA	Boise, ID	Boise VAMC	5(+1)
VHA	Boston, MA	Jamaica Plain VAMC	14(+2)
VHA	Butler, PA	Butler HCS	1(+1)
VHA	Charleston, SC	Ralph H. Johnson VAMC	3

Employees and Contractors COVID-19 Confirmed Positives

as of 3 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Cheyenne, WY	Cheyenne VAMC	1
VHA	Chicago, IL	Jesse Brown VAMC (16) Edward Hines Jr VAMC (8)((+2) Captain James A. Lovell VAMC (12)((+5)	36(+7)
VHA	Cincinnati, OH	Cincinnati VAMC	2(+1)
VHA	Clarksburg, WV	Louis A. Johnson VAMC	2(+2)
VHA	Cleveland, OH	Cleveland VAMC	9
VHA	Coatesville, PA	Coatesville VAMC	1
VHA	Columbia, MO	Harry S Truman Memorial VAMC	1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	9
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	2(+2)
VHA	Dallas, TX	Dallas VAMC	10(+1)
VHA	Dayton, OH	Dayton VAMC	5(+1)
VHA	Des Moines, IA	Central Iowa HCS	2
VHA	Detroit, MI	John D. Dingell VAMC	16(-6)
VHA	Dublin, GA	Carl Vinson VAMC	4
VHA	East Orange, NJ	New Jersey HCS	5(+3)
VHA	El Paso, TX	El Paso HCS	1
VHA	Fort Meade, SD	Black Hills HCS	1
VHA	Fresno, CA	Central California HCS	3
VHA	Gainesville, FL	Malcom Randall VA Medical Center	6
VHA	Grand Junction, CO	VA Western Colorado HCS	1(+1)
VHA	Hampton, VA	Hampton VAMC	12(+3)
VHA	Houston, TX	Michael E. DeBakey VAMC	21(+2)
VHA	Huntington, WV	Hershel Woody Williams VAMC	1(+1)
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	20(-44)
VHA	Iowa City, IA	Iowa City HCS	7(+2)
VHA	Jackson, MS	G.V. Sonny Montgomery VAMC	3(+1)
VHA	Johnson City, TN	James H. Quillen VA HCS	1
VHA	Kansas City, MO	Kansas City VAMC	17(+2)
VHA	Las Vegas, NV	Southern Nevada HCA	11(+1)
VHA	Lebanon, PA	Lebanon VAMC	1(+1)
VHA	Lexington, KY	Lexington HCS	1
VHA	Little Rock, AR	Central Arkansas Health Care System	1
VHA	Loma Linda, CA	Loma Linda HCS	4(+2)
VHA	Long Beach, CA	Long Beach HCS	5(+1)
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	3
VHA	Louisville, KY	Robley Rex VAMC	3

Employees and Contractors COVID-19 Confirmed Positives

as of 3 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Madison, WI	William S. Middleton Memorial Veterans' Hospital	4
VHA	Manchester, NH	Manchester VAMC	1(+1)
VHA	Martinsburg, WV	Martinsburg VAMC	1
VHA	Mather, CA	Sacramento VAMC	2(+1)
VHA	Memphis, TN	Memphis VAMC	4
VHA	Miami, FL	Miami VA HCS	14(+9)
VHA	Milwaukee, WI	Milwaukee VAMC	8(+5)
VHA	Minneapolis, MN	Minneapolis HCS	3
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	1
VHA	Montrose, NY	Hudson Valley HCS	3
VHA	Nashville, TN	Tennessee Valley HCS	3(+1)
VHA	New Orleans, LA	New Orleans VAMC	73(+10)
VHA	New York City, NY	Manhattan VAMC	2(+1)
VHA	New York City, NY	Northport VAMC	3(+3)
VHA	Northampton, MA	Central Western Massachusetts HCS	4
VHA	Oklahoma City, OK	Oklahoma City HCS	7(+2)
VHA	Omaha, NE	Nebraska Iowa HCS	1
VHA	Orlando, FL	Orlando VA HCS	16(+1)
VHA	Palo Alto, CA	Palo Alto VAMC	7
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	3(+1)
VHA	Phoenix, AZ	Phoenix Health Care System	1
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	2(+1)
VHA	Poplar Bluff, MO	John J. Pershing VAMC	1
VHA	Prescott, AZ	Northern Arizona VA Health Care System	2
VHA	Reno, NV	VA Sierra Nevada Health Care System	14(+10)
VHA	Richmond, VA	Hunter Holmes McGuire VAMC	1(+1)
VHA	Roseburg, OR	Roseburg Health Care System	2
VHA	Saginaw, MI	Aleda E. Lutz VAMC	1
VHA	Salem, VA	Salem VAMC	1(+1)
VHA	Salt Lake City, UT	Salt Lake City VAMC	4(+1)
VHA	San Diego, CA	San Diego VAMC	11(+1)
VHA	San Francisco, CA	San Francisco Health Care System	7(+2)
VHA	San Juan, PR	San Juan VAMC	6(+2)
VHA	Seattle, WA	Puget Sound Health Care System	12(+1)
VHA	Shreveport, LA	Overton Brooks VA Medical Center	9(+2)
VHA	Spokane, WA	Mann-Grandstaff VAMC	9(+8)
VHA	St. Louis, MO	St Louis HCS	7(+1)

Employees and Contractors COVID-19 Confirmed Positives

as of 3 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Syracuse, NY	Syracuse VAMC	1(+1)
VHA	Tampa, FL	Tampa VAMC	3
VHA	Temple, TX	Olin E. Teague VAMC	2
VHA	Tomah, WI	Tomah VAMC	1
VHA	Topeka, KS	Eastern Kansas Health Care System	4
VHA	Washington, DC	Washington DC VAMC	15(+2)
VHA	West Haven, CT	West Haven VAMC	8(+5)
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	2
VHA	White River Junction, VT	White River Junction VAMC	2(+1)
VHA	Wilmington, DE	Wilmington VAMC	2
		Total:	**635(+71)**

OIT/ITOPS only has 4 confirmed positives. The reported 5 cases yesterday was an error.

Indianapolis discrepancy was a data entry error and Detroit discrepancy is possibly related to positive employees becoming recovered.

* Geographically separated employees

VBA Employee assigned to VBA Central Office.

HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

April 3, 2020

Veteran Cases

Veteran Status by Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**2184**	**1558**	**155**	**393**	**78**
(402) Togus ME	1	1			
(405) White River Junction VT	3	2			1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1		1	1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	5	5			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	8	7	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	5	4		1	
(502) Alexandria, LA	3	3			
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	31	14	7	9	1
(508) Atlanta, GA	69	53	4	10	2
(509) Augusta, GA	7	4		3	
(512) Maryland HCS (Baltimore MD)	4	3	1		
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	6	4	1	1	
(518) Bedford,MA	3	3			
(520) Biloxi, MS	1		1		
(521) Birmingham, AL	5	2	3		
(523) Boston HCS (Boston)	20	15	2	3	
(526) Bronx, NY	106	80	6	12	8
(528) Upstate New York HCS	26	18	3	3	2
(529) Butler, PA	1	1			
(531) Boise,ID	1			1	
(537) Chicago (Westside), IL	58	47	4	6	1
(538) Chillicothe, OH	1	1			
(539) Cincinnati, OH	20	18	1	1	
(540) Clarksburg, WV	1			1	
(541) Cleveland, OH	23	15	1	7	
(542) Coatesville, PA	2	2			
(544) Columbia, SC	23	19	4		
(546) Miami, FL	35	18	2	13	2

(548) West Palm Beach, FL	7	2	2	3	
(549) North Texas HCS (Dallas TX)	7	2	3	2	
(552) Dayton, OH	4	3	1		
(553) Detroit, MI	88	59	4	21	4
(554) Eastern Colorado HCS (Denver CO)	71	65	2	3	1
(556) North Chicago, IL	55	54	1		
(558) Durham, NC	1	1			
(561) New Jersey HCS (East Orange)	89	62	6	17	4
(562) Erie, PA	1	1			
(565) Fayetteville, NC	5	5			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	7	5	1	1	
(575) Grand Junction, CO	1	1			
(578) Hines, IL	12	10	2		
(580) Houston, TX	12	6	1	5	
(581) Huntington, WV	3			3	
(583) Indianapolis, IN	69	28	5	32	4
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	20	14	1	3	2
(590) Hampton, VA	25	9		16	
(593) Southern Nevada HCS (Las Vegas NV)	15	10	2	3	
(595) Lebanon, PA	7	7			
(596) Lexington, KY	3	2	1		
(598) Central Arkansas HCS (Little Rock AR)	6	4	2		
(600) Long Beach HCS (Long Beach CA)	21	14	2	5	
(603) Louisville, KY	15	11	4		
(605) Loma Linda, CA	8	8			
(607) Madison, WI	4	3			1
(610) Northern Indiana HCS (Marion, IN)	1			1	
(612) Northern California HCS (Martinez CA)	10	9		1	
(613) Martinsburg, WV	3	2		1	
(614) Memphis, TN	7	6		1	
(618) Minneapolis, MN	12	9		1	2
(619) Central Alabama HCS (Montgomery AL)	4	1	1	2	
(620) Hudson Valley HCS (Castle Point, Montrose)	47	25		22	
(621) Mountain Home, TN	6	6			
(623) Muskogee, OK	2	2			
(626) Tennessee Valley HCS (Nashville TN)	18	14	1	2	1
(629) New Orleans, LA	363	304	10	32	17
(630) New York HHS (Brooklyn)	135	78	14	33	10

(631) Northampton, MA	4	4			
(632) Northport, NY	50	30	5	13	2
(635) Oklahoma City, OK	3	2	1		
(636) Central Plains HCS (Omaha NE)	10	6	2	2	
(637) Asheville, NC	1	1			
(640) Palo Alto HCS (Palo Alto CA)	15	11		3	1
(642) Philadelphia, PA	22	19	3		
(644) Phoenix, AZ	4	1	3		
(646) Pittsburgh HCS (Pittsburgh PA)	4	1	2	1	
(648) Portland, OR	7	3	3		1
(649) Northern Arizona HCS (Prescott AZ)	4	4			
(652) Richmond, VA	30	27	3		
(653) Roseburg HCS (Roseburg OR)	1	1			
(654) Sierra Nevada HCS (Reno NV)	2		1	1	
(657) VA Heartland East (Saint Louis MO)	18	7		11	
(659) Salisbury, NC	1	1			
(660) Salt Lake City HCS (Salt Lake City UT)	5	5			
(662) San Francisco, CA	8	4		2	2
(663) Puget Sound HCS (Seattle WA)	30	25	4	1	
(664) San Diego HCS (San Diego CA)	18	18			
(667) Shreveport, LA	19	13	1	3	2
(668) Spokane, WA	3	1	1	1	
(671) South Texas HCS (San Antonio TX)	7	2	5		
(672) San Juan, PR	36	33	3		
(673) Tampa, FL	7	4	1	2	
(674) Central Texas HCS (Temple TX)	2	2			
(675) Orlando, FL	33	27		6	
(676) Tomah, WI	1	1			
(678) Southern Arizona HCS (Tucson AZ)	7	3		4	
(688) Washington DC	59	40	6	11	2
(689) Connecticut HCS (Westhaven)	48	34	3	11	
(691) Greater Los Angeles HCS (Los Angeles CA)	32	10		20	2
(693) Wilkes-Barre, PA	4	4			
(695) Milwaukee, WI	39	18		19	2
(757) Columbus, OH	1	1			

From: Powers, Pamela
Sent: Fri, 3 Apr 2020 21:53:58 +0000
To: (b)(6) EOP/OMB
Subject: Accepted: Daily PMC COVID Call

From: Powers, Pamela
Sent: Fri, 3 Apr 2020 21:56:20 +0000
To: (b)(6) EOP/OMB
Subject: Accepted: Daily PMC COVID Call

From: Powers, Pamela
Sent: Sat, 4 Apr 2020 21:31:43 +0000
To: (b)(6)
EOP/OMB;(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB (b)(6)
EOP/OMB;(b)(6) EOP/OMB (b)(6) EOP/OMB (b)(6) EOP/OMB;(b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris);(b)(6) EOP/WHO;(b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO;(b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_4.4.20_COVID19 Daily Report.docx, VA Employee COVID Cases 4-4-2020.pdf, VA Veteran COVID Cases 4-4-2020.docx

With attachments.

Have a great evening.

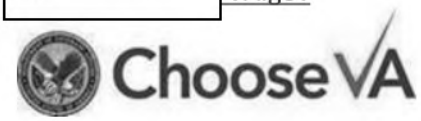
From: Powers, Pamela
Sent: Saturday, April 4, 2020 5:28 PM
To: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>;
(b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6)
<(b)(6) @va.gov> (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; (b)(6)
(b)(6) EOP/OMB (b)(6) omb.eop.gov>; (b)(6) EOP/OMB
(b)(6) omb.eop.gov>; (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6)
(b)(6) EOP/OVP (b)(6) @ovp.eop.gov>; Syrek, Christopher D. (Chris)
(b)(6) @va.gov>; (b)(6) EOP/WHO (b)(6) @who.eop.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Cashour,
Curtis <(b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Nevins, Kristan K. EOP/WHO
(b)(6) @who.eop.gov> (b)(6) who.eop.gov>; (b)(6)
EOP/WHO <(b)(6) @who.eop.gov>
Subject: RE: Agency Report - VA

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- Secretary Wilkie sent a memo to the President requesting Advanced Payment Authority to add (b)(5)
- 2,516 Positive Veteran COVID-19 Cases; This is an increase of 332 cases from yesterday's numbers
- 635 VA Positive Employee cases; This is an increase of 52 cases from yesterday's numbers.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461(b)(6)
Cell: 202-430(b)(6)
(b)(6) VA.gov



COVID-19 – Agency Response
4/4/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- VA is working with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act. (Ongoing)
- VA has increased telehealth capacity by 15% to 11,000 max concurrent user call capacity
- VA OIT has implemented a plan for mid-April to have 15 high priority sites enabled for tele-ICU
- As of close of business on April 2, 2020, VBA contract vendors had reported a cumulative total of **48,610** unique Veterans whose contract examinations have been impacted by the pandemic.
- Mobile Vet Center Update 4/4/2020:
  - New York, NY (Deployment Started)
    Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 64 Service members over the course of the deployment. Contact has been made with 2 civilians.
  - Pasadena, CA (Deployment Started)
    Operation started on 1 April 2020 and ended April 3. Minimal contact, will seek a better location.
  - Portland, OR (Deployment Started)
    Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 40 Veterans, Service members and families over the course of the deployment. Contact has been made with 12 civilians
  - Altoona, PA (Deployment Started)
    MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
  - Dayton, OH (Under Development)
    Request Mobile Vet Center at Dayton Medical Center to assist with COVID screening, will begin Monday April 6
- Medical Centers are experiencing serious PPE shortage. Several sites doing 3D printing, but it is not enough. Soon, PPE will be rationed; one surgical mask issued per week, one N95 per day. VISN 6 began mask sterilization with Berrett – 2400 mask in a 24-hour period.
- Developing requirements for Morgue Expansion Capabilities.
- Working to identify medical consumables/equipment for recently purchased Field ICU Unit. Location for deployment of Unit still under consideration.
- Developing policy on the ability of VA law enforcement personnel, with proper notice, to inspect the personal effects of employees exiting VA healthcare facilities in order to prevent the theft of personal protective equipment needed to protect health care workers during the on-going public health emergency. This is becoming an issue during the Pandemic.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities. OIT apportionments are pending finalization of account allocations ($2.15B)
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.
- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- More information on CARES implementation is being developed and will be forthcoming

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- **Secretary Wilkie sent a memo to the President requesting Advanced Payment Authority to add increased flexibility in procurement of critical medical supplies to aid in VA's response to COVID-19. While other agencies already have this flexibility, the Department of Veterans Affairs is NOT covered.**
    - **VA is requesting this authority as the current market for supplies has changed drastically over the last month - prices for critical medical equipment such as ventilators, personal protective equipment, etc. have surged up to 1,000 percent. Vendors are demanding advanced payment for the available items and selling to the first buyer that provides advanced payment. Under current law, VA advance payment on purchases cannot exceed 15% of the purchase price.**
    - **Granting this approval will provide the flexibility for VA acquisition professionals with the a full suite of tools that match current market conditions and ultimately allow the VA to continue to effectively respond to this COVID-19 National Emergency, the Nation's Veterans and their families, and serve as the designated backup to America's health care system.**
    - **Please note: The President would need to issue an executive order or memorandum for this request to be authorized**

Guidance, Communication and Outreach with Stakeholders

- VA released a press statement extending financial, benefits and claims relief to veterans. The financial relief actions include suspending all actions on Veteran debts under the jurisdiction of the Treasury Department and suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
- No SECVA Media today

- **Other Notable Responses**

  - **2,516 Positive Veteran COVID-19 Cases**

    - This is an increase of 332 cases from yesterday's numbers
    - 622 Veterans are in inpatient care (180 in ICU, 442 in Acute Care)
    - 1,796 are in outpatient care and are quarantined at home
    - 386 of these veterans are in New Orleans, which remains a hot spot for VA
    - 465 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other emerging hotspots include Connecticut (53), Indianapolis (78), New Jersey (117), Aurora/Denver (74), Chicago (121), Atlanta (72), Detroit (102), Washington, DC (70)
    - Veteran Deaths: 98 veterans have died from COVID-19 (+20 from yesterday)
      ***Note**: See attached document (VA Veteran COVID Cases 4-4-2020) for complete breakdown

  - **635 VA Positive Employee cases**

    - This is an increase of 52 cases from yesterday's numbers.
    - Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 82 employees testing positive. This number is up 9 from yesterday.
    - Other employee hot spots include Aurora (24), Chicago (34), Houston (25), Dallas (17), Indianapolis (25), Kansas City (19), Miami (17), Washington, DC (19)
    - To date there have been three employee deaths. One in Ann Arbor, one in Detroit and one in Indianapolis.
      ***Note:** See attached document (VA Employee COVID Cases 4-4-2020) for complete breakdown. There were a few minor reporting discrepancies from the field, including 8 misreported cases from the previous day in Spokane.

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)

- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with

unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.

- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.

- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.

- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.

- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
  - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
  - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
  - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
  - Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
  - Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
  - Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
  - Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
  - Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio). (4/1/2020)
  - Sec. Wilkie was interviewed by Fox Across America (Fox News Radio). (4/1/2020)
  - Sec. Wilkie interviewed by Richmond's Morning News (VA radio). (4/2/2020)
  - Sec. Wilkie interviewed by Ringside Politics (LA radio/tv). (4/2/2020)
  - Sec. Wilkie interviewed by The Erick Erickson Show (GA radio). (4/2/2020)
  - Sec. Wilkie interviewed on The Sam Malone Show (Houston, TX Radio) (4/3/2020)
  - Sec. Wilkie interviewed on The Dale Jackson Show (Huntsville, AL Radio) (4/3/2020)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations

- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses

    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)

- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab

(Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.

- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19

- Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
- Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
- Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
- Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
- Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
  - FEMA and HHS have been made aware; VA is awaiting resolution from them.
    *Issue has since been resolved
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.

- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance
  - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
  - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures
- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
  - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
  - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.
- **FEMA Mission Assignments Update:** 4 signed (4/2/2020)
  1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
     - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
  2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
     - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
  3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
     - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. <u>One civilian death at the Brooklyn VAMC.</u>
  4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
     - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List. (4/2/2020)
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is

significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.

- VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
- Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
- If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.

- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments. (4/2/2020)
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
  - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
  - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.
- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)
- VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice: (4/3/2020)
  - Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.
  - Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
  - For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.
- Secretary briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens. (4/3/2020)
- VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization. (4/3/2020)

- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand. (4/3/2020)
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites. (4/3/2020)
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site. (4/3/2020)
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,077 scheduled services citing COVID-19 concerns. 8 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries
- Increased enrollment and turnover of patients into the Home Telehealth (HT) program is overloading the ability of logistics to acquire the HT items. Primary shortages are thermometers and pulse-oximeters. Home Telehealth's new COVID-19 requirements to monitor COVID-19 higher risk patients have increased the burden on the supply chain. Program Offices are notifying the HT Care Coordinators to return these shortage items to the Denver Logistics Center for refurbishment and re-issue.
- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.
- VHA Executive in Charge Richard Stone briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Michigan on Thursday, April 2 focused on COVID-19 response and VBA Program updates, reaching 31,582 participants.
- **VHA Guidance to the field:**
    - Changes to In-Person Identity Verification for the My HealtheVet Website
    - COVID-19 Bed Expansion Planning Signed
    - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
    - EIC Memorandum Authorization to pay for Lodging and Meals
    - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates

Employees and Contractors COVID-19 Confirmed Positives

as of 4 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total
HRA	Houston, TX	HRA/ORM	1
HRA	Salt Lake City, UT	HRA/ORM*	1
HRA	Washington, DC	HRA/OA	1
OIT	Bossier City, LA	ITOPS-Enterprise Command Operations	1
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1
OIT	New Orleans, LA	ITOPS -New Orleans	1
OIT	New York City, NY	ITOPS-Bronx	2
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1) VACO – ITOPS (4)	6
OM	Washington, DC	VACO – OM	1
VBA	Atlanta, GA	Atlanta RO	2
VBA	Buffalo, NY	Buffalo RO	1
VBA	Denver, CO	Denver RO	1
VBA	Detroit, MI	Detroit RO	3
VBA	Nashville, TN	VBA Central Office	1
VBA	New York City, NY	New York RO	2 (+1)
VBA	Philadelphia, PA	Philadelphia RO (3) VBA Central Office / Insurance Service (1)	4
VBA	Phoenix, AZ	Phoenix RO	1
VBA	San Diego, CA	San Diego RO	1(+1)
VBA	St. Louis, MO	St. Louis RO	3
VBA	St. Petersburg, FL	St. Petersburg RO	1
VBA	Wichita, KS	Wichita RO	1
VEO	Shepherdstown, WV	White House Veterans Line	1
VHA	Albuquerque, NM	New Mexico HCS	3
VHA	Alexandria, LA	Alexandria HCS	1
VHA	Amarillo, TX	Thomas E Creek VAMC	1
VHA	Ann Arbor, MI	Ann Arbor HCS	9 (+1)
VHA	Asheville, NC	Charles George VAMC	3
VHA	Atlanta, GA	Atlanta HCS	3
VHA	Augusta, GA	Augusta VAMC	4
VHA	Aurora, CO	Eastern Colorado Health Care System	24 (+2)
VHA	Battle Creek, MI	Battle Creek VAMC	4
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	4 (+1)
VHA	Biloxi, MS	Gulf Coast HCS	3
VHA	Birmingham, AL	Birmingham VAMC	5 (+1)
VHA	Boise, ID	Boise VAMC	5
VHA	Boston, MA	Jamaica Plain VAMC	14

Employees and Contractors COVID-19 Confirmed Positives

as of 4 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Butler, PA	Butler HCS	2(+1)
VHA	Charleston, SC	Ralph H. Johnson VAMC	4 (+1)
VHA	Cheyenne, WY	Cheyenne VAMC	1
VHA	Chicago, IL	Jesse Brown VAMC (15) (-1) Edward Hines Jr VAMC (4) (-4) Capt James A. Lovell VAMC (15) (+3)	34 (-2)
VHA	Cincinnati, OH	Cincinnati VAMC	2
VHA	Clarksburg, WV	Louis A. Johnson VAMC	2
VHA	Cleveland, OH	Cleveland VAMC	10 (+1)
VHA	Coatesville, PA	Coatesville VAMC	1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	10 (+1)
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	1 (-1)
VHA	Dallas, TX	Dallas VAMC	17 (+7)
VHA	Dayton, OH	Dayton VAMC	7 (+2)
VHA	Des Moines, IA	Central Iowa HCS	2
VHA	Detroit, MI	John D. Dingell VAMC	16
VHA	Dublin, GA	Carl Vinson VAMC	4
VHA	East Orange, NJ	New Jersey HCS	1 (-4)
VHA	El Paso, TX	El Paso HCS	1
VHA	Fort Meade, SD	Black Hills HCS	1
VHA	Fresno, CA	Central California HCS	2 (-1)
VHA	Gainesville, FL	Malcom Randall VA Medical Center	6
VHA	Grand Junction, CO	VA Western Colorado HCS	1
VHA	Hampton, VA	Hampton VAMC	15 (+3)
VHA	Honolulu, HI	Spark M. Matsunaga VAMC	1 (+1)
VHA	Houston, TX	Michael E. DeBakey VAMC	25 (+4)
VHA	Huntington, WV	Hershel Woody Williams VAMC	1
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	25 (+5)
VHA	Iowa City, IA	Iowa City HCS	7
VHA	Jackson, MS	G.V. Sonny Montgomery VAMC	6 (+3)
VHA	Johnson City, TN	James H. Quillen VA HCS	1
VHA	Kansas City, MO	Kansas City VAMC	19 (+2)
VHA	Las Vegas, NV	Southern Nevada HCA	11
VHA	Lebanon, PA	Lebanon VAMC	1
VHA	Lexington, KY	Lexington HCS	1
VHA	Little Rock, AR	Central Arkansas Health Care System	1
VHA	Loma Linda, CA	Loma Linda HCS	4
VHA	Long Beach, CA	Long Beach HCS	5
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	6 (+3)

Employees and Contractors COVID-19 Confirmed Positives

as of 4 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Louisville, KY	Robley Rex VAMC	4 (+1)
VHA	Madison, WI	William S. Middleton Memorial Veterans' Hospital	4
VHA	Manchester, NH	Manchester VAMC	1
VHA	Martinsburg, WV	Martinsburg VAMC	2 (+1)
VHA	Mather, CA	Sacramento VAMC	2
VHA	Memphis, TN	Memphis VAMC	3 (-1)
VHA	Miami, FL	Miami VA HCS	17 (+3)
VHA	Milwaukee, WI	Milwaukee VAMC	9 (+1)
VHA	Minneapolis, MN	Minneapolis HCS	4 (+1)
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	1
VHA	Montrose, NY	Hudson Valley HCS	2 (-1)
VHA	Nashville, TN	Tennessee Valley HCS	2 (-1)
VHA	New Orleans, LA	New Orleans VAMC	82 (+9)
VHA	New York City, NY	James J. Peters VAMC (2) Northport VAMC (2)(-1)	4
VHA	Northampton, MA	Central Western Massachusetts HCS	5 (+1)
VHA	Oklahoma City, OK	Oklahoma City HCS	7
VHA	Omaha, NE	Nebraska Iowa HCS	1
VHA	Orlando, FL	Orlando VA HCS	17 (+1)
VHA	Palo Alto, CA	Palo Alto VAMC	7
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	4 (+1)
VHA	Phoenix, AZ	Phoenix Health Care System	1
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	3 (+1)
VHA	Prescott, AZ	Northern Arizona VA Health Care System	2
VHA	Providence, RI	Providence VAMC	1 (+1)
VHA	Reno, NV	VA Sierra Nevada Health Care System	14
VHA	Richmond, VA	Hunter Holmes McGuire VAMC	1
VHA	Roseburg, OR	Roseburg Health Care System	2
VHA	Saginaw, MI	Aleda E. Lutz VAMC	1
VHA	Salem, VA	Salem VAMC	1
VHA	Salt Lake City, UT	Salt Lake City VAMC	4
VHA	San Antonio, TX	Audie L. Murphy VAMC	2 (+2)
VHA	San Diego, CA	San Diego VAMC	12 (+1)
VHA	San Francisco, CA	San Francisco Health Care System	8 (+1)
VHA	San Juan, PR	San Juan VAMC	8 (+2)
VHA	Seattle, WA	Puget Sound Health Care System	12
VHA	Shreveport, LA	Overton Brooks VA Medical Center	9
VHA	Spokane, WA	Mann-Grandstaff VAMC	1 (-8)

Employees and Contractors COVID-19 Confirmed Positives

as of 4 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	St. Louis, MO	St Louis HCS	7
VHA	Tampa, FL	Tampa VAMC	3
VHA	Temple, TX	Olin E. Teague VAMC	2
VHA	Tomah, WI	Tomah VAMC	1
VHA	Topeka, KS	Eastern Kansas Health Care System	5 (+1)
VHA	Walla Walla, WA	Jonathan M. Wainwright Memorial VAMC	1 (+1)
VHA	Washington, DC	Washington DC VAMC	19 (+4)
VHA	West Haven, CT	West Haven VAMC	8
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	2
VHA	White River Junction, VT	White River Junction VAMC	3 (+1)
VHA	Wilmington, DE	Wilmington VAMC	2
		Total:	**687 (+52)**

Locations dropped from the report: Columbia, MO (-1); Manhattan VAMC, NY; (-2); Poplar Bluff, MO (-1); Syracuse, NY (-1) for a total of (-5).

* Geographically separated employees

VBA Employee assigned to VBA Central Office.

HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

April 4, 2020

Veteran Cases

Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**2516**	**1796**	**180**	**442**	**98**
(402) Togus ME	1	1			
(405) White River Junction VT	3	2			1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1		1	1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	5	5			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	8	7	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	5	4		1	
(502) Alexandria, LA	3	3			
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	32	15	8	8	1
(508) Atlanta, GA	72	55	5	10	2
(509) Augusta, GA	9	7		1	1
(512) Maryland HCS (Baltimore MD)	4	3	1		
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	8	7	1		
(518) Bedford,MA	4	4			
(520) Biloxi, MS	1		1		
(521) Birmingham, AL	5	2	3		
(523) Boston HCS (Boston)	26	17	3	6	
(526) Bronx, NY	167	122	15	20	10
(528) Upstate New York HCS	28	20	4	2	2
(529) Butler, PA	2	2			
(531) Boise,ID	2		1	1	
(537) Chicago (Westside), IL	62	51	4	6	1
(538) Chillicothe, OH	1	1			
(539) Cincinnati, OH	22	21	1		
(540) Clarksburg, WV	1		1		
(541) Cleveland, OH	25	16	1	8	
(542) Coatesville, PA	2	2			
(544) Columbia, SC	32	28	4		
(546) Miami, FL	38	18	4	14	2

(548) West Palm Beach, FL	9	4	2	3	
(549) North Texas HCS (Dallas TX)	9	3	2	3	1
(550) Illiana HCS (Danville IL)	1	1			
(552) Dayton, OH	4	3	1		
(553) Detroit, MI	102	66	6	23	7
(554) Eastern Colorado HCS (Denver CO)	74	66	2	5	1
(556) North Chicago, IL	59	57	2		
(558) Durham, NC	2	2			
(561) New Jersey HCS (East Orange)	117	82	8	22	5
(562) Erie, PA	1	1			
(565) Fayetteville, NC	6	6			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	9	8	1		
(575) Grand Junction, CO	1	1			
(578) Hines, IL	17	12	4	1	
(580) Houston, TX	14	7	1	6	
(581) Huntington, WV	3			3	
(583) Indianapolis, IN	78	36	4	30	8
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	24	16	1	5	2
(590) Hampton, VA	25	9		16	
(593) Southern Nevada HCS (Las Vegas NV)	17	12	2	3	
(595) Lebanon, PA	8	8			
(596) Lexington, KY	4	3	1		
(598) Central Arkansas HCS (Little Rock AR)	6	4	2		
(600) Long Beach HCS (Long Beach CA)	23	16	2	5	
(603) Louisville, KY	15	10	5		
(605) Loma Linda, CA	8	8			
(607) Madison, WI	4	3			1
(610) Northern Indiana HCS (Marion, IN)	1	1			
(612) Northern California HCS (Martinez CA)	10	9		1	
(613) Martinsburg, WV	4	3		1	
(614) Memphis, TN	8	6		2	
(618) Minneapolis, MN	14	10	1	1	2
(619) Central Alabama HCS (Montgomery AL)	4	1	1	2	
(620) Hudson Valley HCS (Castle Point, Montrose)	72	32		39	1
(621) Mountain Home, TN	6	6			
(623) Muskogee, OK	4	4			
(626) Tennessee Valley HCS (Nashville TN)	20	16	1	2	1
(629) New Orleans, LA	386	322	11	34	19

(630) New York HHS (Brooklyn)	165	97	14	43	11
(631) Northampton, MA	7	7			
(632) Northport, NY	61	37	5	17	2
(635) Oklahoma City, OK	3	2	1		
(636) Central Plains HCS (Omaha NE)	12	8	2	2	
(637) Asheville, NC	1	1			
(640) Palo Alto HCS (Palo Alto CA)	15	11		3	1
(642) Philadelphia, PA	23	20	3		
(644) Phoenix, AZ	5	2	3		
(646) Pittsburgh HCS (Pittsburgh PA)	4	1	2	1	
(648) Portland, OR	7	4	2		1
(649) Northern Arizona HCS (Prescott AZ)	6	6			
(650) Providence, RI	1		1		
(652) Richmond, VA	31	27	3	1	
(653) Roseburg HCS (Roseburg OR)	1	1			
(654) Sierra Nevada HCS (Reno NV)	2		1	1	
(657) VA Heartland East (Saint Louis MO)	19	9		10	
(659) Salisbury, NC	1	1			
(660) Salt Lake City HCS (Salt Lake City UT)	5	5			
(662) San Francisco, CA	8	5		1	2
(663) Puget Sound HCS (Seattle WA)	32	24	7	1	
(664) San Diego HCS (San Diego CA)	20	20			
(667) Shreveport, LA	22	15	1	4	2
(668) Spokane, WA	5	3	1	1	
(671) South Texas HCS (San Antonio TX)	7	2	5		
(672) San Juan, PR	42	38	3	1	
(673) Tampa, FL	9	6	1	1	1
(674) Central Texas HCS (Temple TX)	2	2			
(675) Orlando, FL	34	29		5	
(676) Tomah, WI	3	3			
(678) Southern Arizona HCS (Tucson AZ)	8	4		4	
(688) Washington DC	70	49	4	12	5
(689) Connecticut HCS (Westhaven)	53	40	2	11	
(691) Greater Los Angeles HCS (Los Angeles CA)	33	10		21	2
(693) Wilkes-Barre, PA	5	5			
(695) Milwaukee, WI	39	20		17	2
(757) Columbus, OH	1	1			

From: Powers, Pamela
Sent: Sun, 5 Apr 2020 21:06:52 +0000
To: (b)(6)
EOP/OMB (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB (b)(6)
EOP/OMB; (b)(6) EOP/OMB (b)(6) EOP/OMB; (b)(6) EOP/OMB (b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6)
(b)(6) EOP/WHO
Subject: RE: Agency Report - VA
Attachments: VA_4.5.20_COVID19 Daily Report.docx, VA Employee COVID Cases 4-5-2020.pdf, VA Veteran COVID Cases 4-5-2020.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- VA NY Harbor HCS received 3 patients in the past 24 hours. All are Med/Surg.
    - Currently, NY Harbor HCS has 24 NYC city inpatients in Manhattan & Brooklyn.
    - They have received a total of 33 since inception of the Mission Assignment. Eight were discharged. One is deceased. Ten are on ventilators.
- VA New Jersey received 3 patients in the past 24 hours. Two are in ICU on ventilators.
    - Currently, VA NJ has 7 inpatients from the University Hospital, Newark.
    - They have received 7 since the inception of the Mission Assignment. They have had no discharges and no deaths. They expect two more intubated patients.
- Working with FEMA to spread word in NJ that VA will take veterans and non-veterans. There is some disconnect in the State. NJ is only sending from University Hospital while several other hospitals in northern NJ are struggling.
- VA received 3 new Mission Assignments from FEMA: pharmacy trailer and technician in Detroit; diagnostic testing in Idaho; and 20 nurses to support two Massachusetts State Veterans Homes.

Pam

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Choose VA

COVID-19 – Agency Response
4/5/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **Humanitarian Efforts in regard to VA Mission Assignments:**
  - VA NY Harbor HCS received 3 patients in the past 24 hours. All are Med/Surg.
    - Currently, NY Harbor HCS has 24 NYC city inpatients in Manhattan & Brooklyn.
    - They have received a total of 33 since inception of the Mission Assignment. Eight were discharged. One is deceased. Ten are on ventilators.
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    - They have received 7 since the inception of the Mission Assignment. They have had no discharges and no deaths. They expect two more intubated patients.
  - Working with FEMA to spread word in NJ that VA will take veterans and non-veterans. There is some disconnect in the State. NJ is only sending from University Hospital while several other hospitals in northern NJ are struggling and going on diversion for hours.
- **Update on Additional Mission Assignments**
  - The VA Medical Center in Boise, Idaho is providing assistance and support for diagnostic testing for the Idaho Dept. of Health and Welfare
  - VA is providing a 53-foot pharmacy trailer and one technical specialist to Detroit, Michigan for a 30 day deployment to help the city.
  - The Manchester, NH VA Medical Center is providing 20 nursing staff to assist with two Massachusetts State run Veterans Nursing homes who have been hard hit by COVID-19.
- VA working on critical orders to fulfill PPE VA Needs including face shields (100,000), Full Face Masks (100,000), PAPR Respirators (75,000), Goggles (100,000), Generic Masks (2,000,000), N95 Masks (1,000,000), Isolation Gowns (1,000,000), Hand Sanitizer (500,000).
- **VA sent a list of critical PPE supplies with requested quantities to RADM Polowczyk, Supply Chain Sub-Task Force Director for consideration and prioritization.**
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,244 scheduled services citing COVID-19 concerns. **55 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries**
- VA is working with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act. (Ongoing).
- As of close of business on April 4, 2020, VBA contract vendors had reported a cumulative total of **52,451** unique Veterans whose contract examinations have been impacted by the pandemic.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities. OIT apportionments are pending finalization of account allocations ($2.15B)
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.
- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- More information on CARES implementation is being developed and will be forthcoming

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- **Secretary Wilkie sent a memo to the President requesting Advanced Payment Authority to add increased flexibility in procurement of critical medical supplies to aid in VA's response to COVID-19. While other agencies already have this flexibility, the Department of Veterans Affairs is NOT covered.**
    - **VA is requesting this authority as the current market for supplies has changed drastically over the last month - prices for critical medical equipment such as ventilators, personal protective equipment, etc. have surged up to 1,000 percent. Vendors are demanding advanced payment for the available items and selling to the first buyer that provides advanced payment. Under current law, VA advance payment on purchases cannot exceed 15% of the purchase price.**
    - **Granting this approval will provide the flexibility for VA acquisition professionals with the a full suite of tools that match current market conditions and ultimately allow the VA to continue to effectively respond to this COVID-19 National Emergency, the Nation's Veterans and their families, and serve as the designated backup to America's health care system.**
    - **Please note: The President would need to issue an executive order or memorandum for this request to be authorized; VA is waiting approval status.**

Guidance, Communication and Outreach with Stakeholders

- No SECVA Media today

- **Other Notable Responses**

  - **2,699 Positive Veteran COVID-19 Cases**

    - This is an increase of 183 cases from yesterday's numbers
    - 659 Veterans are in inpatient care (190 in ICU, 469 in Acute Care)
    - 1,937 are in outpatient care and are quarantined at home
    - 400 of these veterans are in New Orleans, which remains a hot spot for VA
    - 526 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other emerging hotspots include Connecticut (54), Indianapolis (84), New Jersey (133), Aurora/Denver (81), Chicago (127), Atlanta (73), Detroit (98), Washington, DC (74)
    - Veteran Deaths: 103 veterans have died from COVID-19 (+5 from yesterday)
      ***Note**: See attached document (VA Veteran COVID Cases 4-5-2020) for complete breakdown

  - **814 VA Positive Employee cases**

    - This is an increase of 127 cases from yesterday's numbers.
    - Note: The large jump in cases today is due to a data methodology error within the healthcare system that has since been corrected. A large percentage of that error was New Jersey (+34), Hudson Valley (+38), New York City (+23)
    - Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 82 employees testing positive.
    - Other employee hot spots include Aurora (24), Chicago (34), Houston (25), Dallas (17), Indianapolis (25), Kansas City (21), Miami (17), Washington, DC (19), New Jersey (35), Hudson Valley (40), New York City (27)
    - To date there have been three employee deaths. One in Ann Arbor, one in Detroit and one in Indianapolis.
      ***Note:** See attached document (VA Employee COVID Cases 4-5-2020) for complete breakdown.

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)

- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.

- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.

- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.

- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.

- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
  - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
  - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
  - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
  - Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
  - Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
  - Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
  - Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
  - Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio). (4/1/2020)
  - Sec. Wilkie was interviewed by Fox Across America (Fox News Radio). (4/1/2020)
  - Sec. Wilkie interviewed by Richmond's Morning News (VA radio). (4/2/2020)
  - Sec. Wilkie interviewed by Ringside Politics (LA radio/tv). (4/2/2020)
  - Sec. Wilkie interviewed by The Erick Erickson Show (GA radio). (4/2/2020)
  - Sec. Wilkie interviewed on The Sam Malone Show (Houston, TX Radio) (4/3/2020)
  - Sec. Wilkie interviewed on The Dale Jackson Show (Huntsville, AL Radio) (4/3/2020)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations

- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses

    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- The Child Care Subsidy Program has expanded the total family income ceiling from $89,999 to the maximum limit of $144,000. As a result of this expansion, there will be an increase in the monetary reimbursement required from participating Administrations and Staff Offices. (3/27/2020)
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)

- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab

(Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.

- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19

- Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
- Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
- Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
- Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
- Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
  - FEMA and HHS have been made aware; VA is awaiting resolution from them.
    *Issue has since been resolved
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.

- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance
  - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
  - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures
- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
  - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
  - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.
- **FEMA Mission Assignments Update:** 4 signed (4/2/2020)
  1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
     - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
  2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
     - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
  3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
     - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. <u>One civilian death at the Brooklyn VAMC.</u>
  4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
     - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List. (4/2/2020)
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is

significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.

- VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
- Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
- If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.

- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments. (4/2/2020)
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
  - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
  - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.
- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)
- VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice: (4/3/2020)
  - Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.
  - Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
  - For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.
- Secretary briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens. (4/3/2020)
- VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization. (4/3/2020)

- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand. (4/3/2020)
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites. (4/3/2020)
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site. (4/3/2020)
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,077 scheduled services citing COVID-19 concerns. 8 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries
- Increased enrollment and turnover of patients into the Home Telehealth (HT) program is overloading the ability of logistics to acquire the HT items. Primary shortages are thermometers and pulse-oximeters. Home Telehealth's new COVID-19 requirements to monitor COVID-19 higher risk patients have increased the burden on the supply chain. Program Offices are notifying the HT Care Coordinators to return these shortage items to the Denver Logistics Center for refurbishment and re-issue.
- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.
- VHA Executive in Charge Richard Stone briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Michigan on Thursday, April 2 focused on COVID-19 response and VBA Program updates, reaching 31,582 participants.
- **VHA Guidance to the field:**
  - Changes to In-Person Identity Verification for the My HealtheVet Website
  - COVID-19 Bed Expansion Planning Signed
  - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
  - EIC Memorandum Authorization to pay for Lodging and Meals
  - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates
- VA has increased telehealth capacity by 15% to 11,000 max concurrent user call capacity
- VA OIT has implemented a plan for mid-April to have 15 high priority sites enabled for tele-ICU
- Mobile Vet Center Deployment Update (4/4/2020)
  - <u>New York, NY (Deployment Started)</u>
    Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 64 Service members over the course of the deployment. Contact has been made with 2 civilians.
  - <u>Pasadena, CA (Deployment Started)</u>

Operation started on 1 April 2020 and ended April 3. Minimal contact, will seek a better location.

- Portland, OR (Deployment Started)
  Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 40 Veterans, Service members and families over the course of the deployment. Contact has been made with 12 civilians
- Altoona, PA (Deployment Started)
  MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
- Dayton, OH (Under Development)
  Request Mobile Vet Center at Dayton Medical Center to assist with COVID screening, will begin Monday April 6

- Medical Centers are experiencing serious PPE shortage. Several sites doing 3D printing, but it is not enough. Soon, PPE will be rationed; one surgical mask issued per week, one N95 per day. VISN 6 began mask sterilization with Berrett – 2400 mask in a 24-hour period. (4/4/2020)
- Developing requirements for Morgue Expansion Capabilities. (4/4/2020)
- Working to identify medical consumables/equipment for recently purchased Field ICU Unit. Location for deployment of Unit still under consideration. (4/4/2020)
- Developing policy on the ability of VA law enforcement personnel, with proper notice, to inspect the personal effects of employees exiting VA healthcare facilities in order to prevent the theft of personal protective equipment needed to protect health care workers during the on-going public health emergency. This is becoming an issue during the Pandemic. (4/4/2020)
- VA released a press statement extending financial, benefits and claims relief to veterans. The financial relief actions include suspending all actions on Veteran debts under the jurisdiction of the Treasury Department and suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.

Employees and Contractors COVID-19 Confirmed Positives

as of 5 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total
HRA	Houston, TX	HRA/ORM	1
HRA	Salt Lake City, UT	HRA/ORM*	1
HRA	Washington, DC	HRA/OA	1
OIT	Bossier City, LA	ITOPS-Enterprise Command Operations	1
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1
OIT	New Orleans, LA	ITOPS -New Orleans	1
OIT	New York City, NY	ITOPS-Bronx	2
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1) VACO – ITOPS (4) VACO – AMO (1)	7(+1)
OM	Washington, DC	VACO – OM	1
VBA	Atlanta, GA	Atlanta RO	2
VBA	Buffalo, NY	Buffalo RO	1
VBA	Denver, CO	Denver RO	1
VBA	Detroit, MI	Detroit RO	3
VBA	Nashville, TN	VBA Central Office	1
VBA	New York City, NY	New York RO	2
VBA	Philadelphia, PA	Philadelphia RO (3) VBA Central Office / Insurance Service (1)	4
VBA	Phoenix, AZ	Phoenix RO	1
VBA	San Diego, CA	San Diego RO	1
VBA	St. Louis, MO	St. Louis RO	3
VBA	St. Petersburg, FL	St. Petersburg RO	1
VBA	Wichita, KS	Wichita RO	1
VEO	Shepherdstown, WV	White House Veterans Line	1
VHA	Albany, NY	Albany Stratton VAMC	2 (+2)
VHA	Albuquerque, NM	New Mexico HCS	3
VHA	Alexandria, LA	Alexandria HCS	1
VHA	Amarillo, TX	Thomas E Creek VAMC	1
VHA	Ann Arbor, MI	Ann Arbor HCS	9
VHA	Asheville, NC	Charles George VAMC	3
VHA	Atlanta, GA	Atlanta HCS	3
VHA	Augusta, GA	Augusta VAMC	4
VHA	Aurora, CO	Eastern Colorado Health Care System	24
VHA	Battle Creek, MI	Battle Creek VAMC	4
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	4
VHA	Biloxi, MS	Gulf Coast HCS	4(+1)
VHA	Birmingham, AL	Birmingham VAMC	7(+2)

Employees and Contractors COVID-19 Confirmed Positives

as of 5 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Boise, ID	Boise VAMC	5
VHA	Boston, MA	Jamaica Plain VAMC	14
VHA	Buffalo, NY	Buffalo VAMC	1(+1)
VHA	Butler, PA	Butler HCS	2
VHA	Charleston, SC	Ralph H. Johnson VAMC	4
VHA	Cheyenne, WY	Cheyenne VAMC	1
VHA	Chicago, IL	Jesse Brown VAMC (15) Edward Hines Jr VAMC (4) Capt James A. Lovell VAMC (15)	34
VHA	Cincinnati, OH	Cincinnati VAMC	2
VHA	Clarksburg, WV	Louis A. Johnson VAMC	2
VHA	Cleveland, OH	Cleveland VAMC	10
VHA	Coatesville, PA	Coatesville VAMC	1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	14(+4)
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	1
VHA	Dallas, TX	Dallas VAMC	17
VHA	Dayton, OH	Dayton VAMC	7
VHA	Des Moines, IA	Central Iowa HCS	2
VHA	Detroit, MI	John D. Dingell VAMC	16
VHA	Dublin, GA	Carl Vinson VAMC	4
VHA	East Orange, NJ	New Jersey HCS	35(+34)
VHA	El Paso, TX	El Paso HCS	1
VHA	Fayetteville, AR	Veterans Health Care System of the Ozarks	1(+1)
VHA	Fort Meade, SD	Black Hills HCS	1
VHA	Fresno, CA	Central California HCS	2
VHA	Gainesville, FL	Malcom Randall VA Medical Center	6
VHA	Grand Junction, CO	VA Western Colorado HCS	1
VHA	Hampton, VA	Hampton VAMC	15
VHA	Honolulu, HI	Spark M. Matsunaga VAMC	1
VHA	Houston, TX	Michael E. DeBakey VAMC	25
VHA	Huntington, WV	Hershel Woody Williams VAMC	1
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	25
VHA	Iowa City, IA	Iowa City HCS	7
VHA	Jackson, MS	G.V. Sonny Montgomery VAMC	6
VHA	Johnson City, TN	James H. Quillen VA HCS	1
VHA	Kansas City, MO	Kansas City VAMC	21(+2)
VHA	Las Vegas, NV	Southern Nevada HCA	11
VHA	Lebanon, PA	Lebanon VAMC	1
VHA	Lexington, KY	Lexington HCS	1

Employees and Contractors COVID-19 Confirmed Positives

as of 5 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Little Rock, AR	Central Arkansas Health Care System	1
VHA	Loma Linda, CA	Loma Linda HCS	4
VHA	Long Beach, CA	Long Beach HCS	8(+3)
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	7(+1)
VHA	Louisville, KY	Robley Rex VAMC	4
VHA	Madison, WI	William S. Middleton Memorial Veterans' Hospital	4
VHA	Manchester, NH	Manchester VAMC	1
VHA	Martinsburg, WV	Martinsburg VAMC	2
VHA	Mather, CA	Sacramento VAMC	2
VHA	Memphis, TN	Memphis VAMC	3
VHA	Miami, FL	Miami VA HCS	17
VHA	Milwaukee, WI	Milwaukee VAMC	9
VHA	Minneapolis, MN	Minneapolis HCS	4
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	1
VHA	Montrose, NY	Hudson Valley HCS	40(+38)
VHA	Nashville, TN	Tennessee Valley HCS	2
VHA	New Orleans, LA	New Orleans VAMC	82
VHA	New York City, NY	James J. Peters VAMC (4)(+2) NY Harbor HCS – Manhattan Campus (+6) Northport VAMC (17)(+15)	27(+23)
VHA	Northampton, MA	Central Western Massachusetts HCS	5
VHA	Oklahoma City, OK	Oklahoma City HCS	7
VHA	Omaha, NE	Nebraska Iowa HCS	1
VHA	Orlando, FL	Orlando VA HCS	17
VHA	Palo Alto, CA	Palo Alto VAMC	7
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	4
VHA	Phoenix, AZ	Phoenix Health Care System	1
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	3
VHA	Prescott, AZ	Northern Arizona VA Health Care System	2
VHA	Providence, RI	Providence VAMC	1
VHA	Reno, NV	VA Sierra Nevada Health Care System	14
VHA	Richmond, VA	Hunter Holmes McGuire VAMC	1
VHA	Roseburg, OR	Roseburg Health Care System	2
VHA	Saginaw, MI	Aleda E. Lutz VAMC	1
VHA	Salem, VA	Salem VAMC	1

Employees and Contractors COVID-19 Confirmed Positives

as of 5 Apr 2020, 1000 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Salt Lake City, UT	Salt Lake City VAMC	4
VHA	San Antonio, TX	Audie L. Murphy VAMC	2
VHA	San Diego, CA	San Diego VAMC	12
VHA	San Francisco, CA	San Francisco Health Care System	8
VHA	San Juan, PR	San Juan VAMC	8
VHA	Seattle, WA	Puget Sound Health Care System	12
VHA	Shreveport, LA	Overton Brooks VA Medical Center	16(+7)
VHA	Spokane, WA	Mann-Grandstaff VAMC	1
VHA	St. Louis, MO	St Louis HCS	9(+2)
VHA	Syracuse, NY	Syracuse VAMC	5(+5)
VHA	Tampa, FL	Tampa VAMC	3
VHA	Temple, TX	Olin E. Teague VAMC	2
VHA	Tomah, WI	Tomah VAMC	1
VHA	Topeka, KS	Eastern Kansas Health Care System	5
VHA	Walla Walla, WA	Jonathan M. Wainwright Memorial VAMC	1
VHA	Washington, DC	Washington DC VAMC	19
VHA	West Haven, CT	West Haven VAMC	8
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	2
VHA	White River Junction, VT	White River Junction VAMC	3
VHA	Wilmington, DE	Wilmington VAMC	2
		Total:	**814 (+127)**

The increase of 126 cases (776 total for VHA) is due to VHA/HOC identifying and correcting a methodology error on 4 Apr, not due to an increase in employees with COVID-19.

* Geographically separated employees

VBA Employee assigned to VBA Central Office.

HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

April 5, 2020

Veteran Cases

Veteran Status by Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**2699**	**1937**	**190**	**469**	**103**
(402) Togus ME	1	1			
(405) White River Junction VT	3	2			1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1		1	1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	5	5			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	8	7	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	5	5			
(502) Alexandria, LA	3	3			
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	33	15	8	9	1
(508) Atlanta, GA	73	57	6	8	2
(509) Augusta, GA	9	8			1
(512) Maryland HCS (Baltimore MD)	4	3	1		
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	8	7	1		
(518) Bedford,MA	4	4			
(520) Biloxi, MS	1		1		
(521) Birmingham, AL	5	2	3		
(523) Boston HCS (Boston)	26	16	4	6	
(526) Bronx, NY	174	126	16	22	10
(528) Upstate New York HCS	32	23	5	2	2
(529) Butler, PA	2	2			
(531) Boise,ID	2	1		1	
(537) Chicago (Westside), IL	67	53	5	7	2
(538) Chillicothe, OH	1	1			
(539) Cincinnati, OH	24	22	2		
(540) Clarksburg, WV	1		1		
(541) Cleveland, OH	28	19	1	8	
(542) Coatesville, PA	2	2			
(544) Columbia, SC	33	29	4		
(546) Miami, FL	44	23	3	16	2

(548) West Palm Beach, FL	10	8	2		
(549) North Texas HCS (Dallas TX)	11	3	2	5	1
(550) Illiana HCS (Danville IL)	1	1			
(552) Dayton, OH	4	3	1		
(553) Detroit, MI	98	65	7	19	7
(554) Eastern Colorado HCS (Denver CO)	81	72	2	6	1
(556) North Chicago, IL	60	58	2		
(558) Durham, NC	3	2		1	
(561) New Jersey HCS (East Orange)	133	89	8	31	5
(562) Erie, PA	1	1			
(565) Fayetteville, NC	7	7			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	10	9	1		
(575) Grand Junction, CO	1	1			
(578) Hines, IL	19	14	4		1
(580) Houston, TX	14	7	1	6	
(581) Huntington, WV	4	1		2	1
(583) Indianapolis, IN	84	44	4	28	8
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	30	22	1	5	2
(590) Hampton, VA	27	10	1	16	
(593) Southern Nevada HCS (Las Vegas NV)	18	12	3	3	
(595) Lebanon, PA	8	8			
(596) Lexington, KY	4	3	1		
(598) Central Arkansas HCS (Little Rock AR)	8	7	1		
(600) Long Beach HCS (Long Beach CA)	23	16	2	5	
(603) Louisville, KY	16	11	5		
(605) Loma Linda, CA	8	8			
(607) Madison, WI	4	3			1
(610) Northern Indiana HCS (Marion, IN)	1	1			
(612) Northern California HCS (Martinez CA)	10	9		1	
(613) Martinsburg, WV	4	3		1	
(614) Memphis, TN	10	7	1	2	
(618) Minneapolis, MN	14	10	1	1	2
(619) Central Alabama HCS (Montgomery AL)	4	2	1	1	
(620) Hudson Valley HCS (Castle Point, Montrose)	76	35		40	1
(621) Mountain Home, TN	7	7			
(623) Muskogee, OK	5	5			

(626) Tennessee Valley HCS (Nashville TN)	26	22	1	2	1
(629) New Orleans, LA	400	337	11	33	19
(630) New York HHS (Brooklyn)	212	115	17	68	12
(631) Northampton, MA	7	7			
(632) Northport, NY	64	39	6	16	3
(635) Oklahoma City, OK	3	2	1		
(636) Central Plains HCS (Omaha NE)	12	8	2	2	
(637) Asheville, NC	1	1			
(640) Palo Alto HCS (Palo Alto CA)	18	12	1	4	1
(642) Philadelphia, PA	26	23	3		
(644) Phoenix, AZ	5	2	3		
(646) Pittsburgh HCS (Pittsburgh PA)	4	1	2	1	
(648) Portland, OR	7	4	2		1
(649) Northern Arizona HCS (Prescott AZ)	6	6			
(650) Providence, RI	1		1		
(652) Richmond, VA	32	28	2	2	
(653) Roseburg HCS (Roseburg OR)	1	1			
(654) Sierra Nevada HCS (Reno NV)	2	1	1		
(657) VA Heartland East (Saint Louis MO)	22	12		10	
(659) Salisbury, NC	3	3			
(660) Salt Lake City HCS (Salt Lake City UT)	5	5			
(662) San Francisco, CA	8	5		1	2
(663) Puget Sound HCS (Seattle WA)	33	25	7	1	
(664) San Diego HCS (San Diego CA)	21	21			
(667) Shreveport, LA	22	14	1	5	2
(668) Spokane, WA	5	3	1	1	
(671) South Texas HCS (San Antonio TX)	7	3	4		
(672) San Juan, PR	43	39	3	1	
(673) Tampa, FL	9	6	1	1	1
(674) Central Texas HCS (Temple TX)	6	6			
(675) Orlando, FL	35	30		5	
(676) Tomah, WI	3	3			
(678) Southern Arizona HCS (Tucson AZ)	9	5		4	
(688) Washington DC	74	54	4	11	5
(689) Connecticut HCS (Westhaven)	54	42	2	10	
(691) Greater Los Angeles HCS (Los Angeles CA)	34	10		22	2
(693) Wilkes-Barre, PA	5	5			
(695) Milwaukee, WI	40	22		16	2
(757) Columbus, OH	1	1			

From: Powers, Pamela
Sent: Mon, 6 Apr 2020 22:22:52 +0000
To: (b)(6)
EOP/OMB; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB; (b)(6)
EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6)
(b)(6) EOP/OVP;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6)
(b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6)
(b)(6) EOP/WHO
Subject: Agency Report - VA
Attachments: VA_4.6.20_COVID19 Daily Report.docx, VA Veteran COVID Cases 4-6-2020.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- Sec. Wilkie announced at the Sunday night POTUS press conference that VA will be readying 1,500 beds to assist non-veteran COVID-19 patients as part of VA's 4th Mission. Sites will likely include Ann Arbor, MI; Shreveport, LA; Detroit, MI and more TBD.

- Order for 20M Masks (sitting at a warehouse in Chicago) was sold out from under us today from a broker in Norway. We have concerns with shortages of Masks in the VA system but will continue to work with other vendors and the Task Force.

Pam

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ChooseVA

COVID-19 – Agency Response
4/6/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **Sec. Wilkie announced at the Sunday night POTUS press conference that VA will be readying 1,500 beds to assist non-veteran COVID-19 patients as part of VA's 4th Mission. Sites will likely include Ann Arbor, MI; Shreveport, LA; Detroit, MI and more TBD.**
- **Update on NY/NJ Humanitarian Efforts regarding VA Mission Assignments:**
  - VA NY Harbor HCS received 6 new patients in the last 24 hours. 3 are in ICU, none are on ventilators
    - They have received a total of 40 since the Mission Assignment
    - 30 are in inpatient care, 7 have been discharge, 3 deaths
  - VA New Jersey received 1 patient in the last 24 hours, the patient in on a ventilator
    - Currently, VA NJ has received 9 inpatients since the Mission Assignment
    - No deaths and no discharges, all 9 remain hospitalized
- Mobile Pharmacy Mission Assignment is set up at the Convention Center in Detroit. Patients have yet to be admitted to the hospital.
- **VA Supply Chain Update:**
  - **Order for 20M Masks (sitting at a warehouse in Chicago) was sold out from under us today from a broker in Norway.**
- National Acquisition Center's (NAC) Service & Distribution Center is providing additional warehouse space for VHA ordered and FEMA provided PPE products; VHA to identify space required and delivery schedules.
- VA is working with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act. (Ongoing).
- As of close of business on April 5, 2020, VBA contract vendors had reported a cumulative total of **54,155** unique Veterans whose contract examinations have been impacted by the pandemic.
- As of April 5, 2020, **54** medical centers, now including **Kansas City, MO**, had turned off Disability Benefits Questionnaires (DBQs) in part or in total.
- As of April 3, VBA has temporarily suspended all in-person appointments provided by VBA's contract examination vendors, where the Veteran physically reports to the medical provider's office. The contract exam vendors will continue to complete as many examinations as possible using virtual means that do not involve an in-person examination, including tele-exams and ACE. For some disabilities, in-person examinations are required and cannot be completed through an alternate method.
- The Board of Veterans Appeals has 67 virtual hearings scheduled for the week on April 6th. To date, the Board has successfully completed 376 virtual hearings. Through April 5th, the Board has signed 54,298 decisions.
- VA signed a memorandum regarding the Child Care Subsidy Program that has temporarily expanded the total family income ceiling from $89,999 to the maximum limit of $144,000 for support during the COVID-19 crisis; allows eligible employees to seek reimbursement on some child-care costs.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities.
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.
- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- Office of Information Technology CARES Act Supplemental Funding apportionment ($2.15B) approved by OMB. Funds are available for execution.
- VHA to begin initial distribution to the Healthcare Networks of $5.3 billion (from the total $14.4 billion) in Medical Services funding from the CARES Act Supplemental based upon:
    - FY 2020 Veterans Equitable Resource Allocation (VERA) Model
    - VHA's Bed Management System
    - VHA's Managerial Cost Accounting (MCA) system

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- **Secretary Wilkie sent a memo to the President requesting Advanced Payment Authority to add increased flexibility in procurement of critical medical supplies to aid in VA's response to COVID-19. While other agencies already have this flexibility, the Department of Veterans Affairs is NOT covered. VA OGC working with WHCO on draft memo.**

Guidance, Communication and Outreach with Stakeholders

- SECVA Media
    - Sec. Wilkie was interviewed by AM Tampa Bay Radio
    - Sec. Wilkie was interviewed by The John Fredericks Radio Show.
    - Sec. Wilkie was interviewed by The Matt and Aunie Show (AL radio).

- Veterans Health Administration guidance sent to field:
  - Grade and Pay Determinations for Nurses/Certified Registered Nurse Anesthetists (CRNA) During COVID-19
  - Homeless Program Office (HPO) Guidance on Face to Face Visits
  - On-Hand Inventory Reporting Requirements for Critical Care and Coronavirus Drugs
  - Update: Coronavirus (COVID-19) Facemask and N95 Respirator Use
  - Tip Sheet for Caregivers During COVID-19
  - VHA COVID 19 Priorities During Transition to VA's New EHRM
  - COVID-19 Employee Deployment - Special Contribution Award Guidance
- VA Public Health, Coronavirus website to provide Veterans & Staff guidance and information now active. Website visited 191,348 times with 172,253 unique visits
- VA Chief Acquisition Officer briefed House Veterans Affairs Minority Staff on procurement, supply chain, etc.

- **Other Notable Responses**

  - **2,866 Positive Veteran COVID-19 Cases**

    - This is an increase of 167 cases from yesterday's numbers
    - 674 Veterans are in inpatient care (194 in ICU, 480 in Acute Care)
    - 2,067 are in outpatient care and are quarantined at home
    - 410 of these veterans are in New Orleans, which remains a hot spot for VA
    - 561 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other emerging hotspots include Connecticut (55), Indianapolis (85), New Jersey (133), Aurora/Denver (82), Chicago (142), Atlanta (77), Detroit (112), Washington, DC (78)
    - Veteran Deaths: 125 veterans have died from COVID-19 (+22 from yesterday)
      ***Note**: See attached document (VA Veteran COVID Cases 4-6-2020) for complete breakdown

  - **814 VA Positive Employee cases**

    - ***Note:** There are no new VA employee case data available for Monday 4/6/2020. Updated data will be forthcoming for tomorrow's report.
    - Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 82 employees testing positive.
    - Other employee hot spots include Aurora (24), Chicago (34), Houston (25), Dallas (17), Indianapolis (25), Kansas City (21), Miami (17), Washington, DC (19), New Jersey (35), Hudson Valley (40), New York City (27)
    - To date there have been three employee deaths. One in Ann Arbor, one in Detroit and one in Indianapolis.

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.

- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.

- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities

- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.

- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.

- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
  - Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
  - Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
  - Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
  - Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
  - Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
  - Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
  - Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
  - Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
  - Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio). (4/1/2020)
  - Sec. Wilkie was interviewed by Fox Across America (Fox News Radio). (4/1/2020)
  - Sec. Wilkie interviewed by Richmond's Morning News (VA radio). (4/2/2020)
  - Sec. Wilkie interviewed by Ringside Politics (LA radio/tv). (4/2/2020)
  - Sec. Wilkie interviewed by The Erick Erickson Show (GA radio). (4/2/2020)
  - Sec. Wilkie interviewed on The Sam Malone Show (Houston, TX Radio) (4/3/2020)
  - Sec. Wilkie interviewed on The Dale Jackson Show (Huntsville, AL Radio) (4/3/2020)
- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic

- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.

- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)

- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab

(Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.

- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19

- Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
- Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
- Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
- Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
- Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
  - FEMA and HHS have been made aware; VA is awaiting resolution from them.
    *Issue has since been resolved
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.

- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance
  - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
  - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures
- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
  - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
  - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.
- **FEMA Mission Assignments Update:** 4 signed (4/2/2020)
  1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
     - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
  2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
     - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
  3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
     - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. <u>One civilian death at the Brooklyn VAMC.</u>
  4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
     - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List. (4/2/2020)
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is

significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.

- VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
- Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
- If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.

- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments. (4/2/2020)
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
  - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
  - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.
- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)
- VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice: (4/3/2020)
  - Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.
  - Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
  - For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.
- Secretary briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens. (4/3/2020)
- VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization. (4/3/2020)

- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand. (4/3/2020)
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites. (4/3/2020)
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site. (4/3/2020)
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,077 scheduled services citing COVID-19 concerns. 8 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries
- Increased enrollment and turnover of patients into the Home Telehealth (HT) program is overloading the ability of logistics to acquire the HT items. Primary shortages are thermometers and pulse-oximeters. Home Telehealth's new COVID-19 requirements to monitor COVID-19 higher risk patients have increased the burden on the supply chain. Program Offices are notifying the HT Care Coordinators to return these shortage items to the Denver Logistics Center for refurbishment and re-issue.
- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.
- VHA Executive in Charge Richard Stone briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Michigan on Thursday, April 2 focused on COVID-19 response and VBA Program updates, reaching 31,582 participants.
- **VHA Guidance to the field:**
  - Changes to In-Person Identity Verification for the My HealtheVet Website
  - COVID-19 Bed Expansion Planning Signed
  - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
  - EIC Memorandum Authorization to pay for Lodging and Meals
  - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates
- VA has increased telehealth capacity by 15% to 11,000 max concurrent user call capacity
- VA OIT has implemented a plan for mid-April to have 15 high priority sites enabled for tele-ICU
- Mobile Vet Center Deployment Update (4/4/2020)
  - <u>New York, NY (Deployment Started)</u>
    Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 64 Service members over the course of the deployment. Contact has been made with 2 civilians.
  - <u>Pasadena, CA (Deployment Started)</u>

Operation started on 1 April 2020 and ended April 3. Minimal contact, will seek a better location.

- Portland, OR (Deployment Started)
  Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 40 Veterans, Service members and families over the course of the deployment. Contact has been made with 12 civilians
- Altoona, PA (Deployment Started)
  MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
- Dayton, OH (Under Development)
  Request Mobile Vet Center at Dayton Medical Center to assist with COVID screening, will begin Monday April 6

- Medical Centers are experiencing serious PPE shortage. Several sites doing 3D printing, but it is not enough. Soon, PPE will be rationed; one surgical mask issued per week, one N95 per day. VISN 6 began mask sterilization with Berrett – 2400 mask in a 24-hour period. (4/4/2020)
- Developing requirements for Morgue Expansion Capabilities. (4/4/2020)
- Working to identify medical consumables/equipment for recently purchased Field ICU Unit. Location for deployment of Unit still under consideration. (4/4/2020)
- Developing policy on the ability of VA law enforcement personnel, with proper notice, to inspect the personal effects of employees exiting VA healthcare facilities in order to prevent the theft of personal protective equipment needed to protect health care workers during the on-going public health emergency. This is becoming an issue during the Pandemic. (4/4/2020)
- VA released a press statement extending financial, benefits and claims relief to veterans. The financial relief actions include suspending all actions on Veteran debts under the jurisdiction of the Treasury Department and suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
- **Update on Additional Mission Assignments (4/5/2020)**
  - The VA Medical Center in Boise, Idaho is providing assistance and support for diagnostic testing for the Idaho Dept. of Health and Welfare
  - VA is providing a 53-foot pharmacy trailer and one technical specialist to Detroit, Michigan for a 30 day deployment to help the city.
  - The Manchester, NH VA Medical Center is providing 20 nursing staff to assist with two Massachusetts State run Veterans Nursing homes who have been hard hit by COVID-19.
- VA sent a list of critical PPE supplies with requested quantities to RADM Polowczyk, Supply Chain Sub-Task Force Director for consideration and prioritization. (4/5/2020)
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,244 scheduled services citing COVID-19 concerns. 55 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries (4/5/2020)

April 6, 2020

Veteran Cases

Veteran Status by Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**2866**	**2067**	**194**	**480**	**125**
(402) Togus ME	1	1			
(405) White River Junction VT	3	2			1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1		1	1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	6	6			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	8	7	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	6	5		1	
(502) Alexandria, LA	5	4		1	
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	32	17	6	8	1
(508) Atlanta, GA	77	61	6	8	2
(509) Augusta, GA	11	10			1
(512) Maryland HCS (Baltimore MD)	4	3	1		
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	10	8	1	1	
(518) Bedford,MA	4	4			
(520) Biloxi, MS	2	1			1
(521) Birmingham, AL	5	2	3		
(523) Boston HCS (Boston)	28	18	4	6	
(526) Bronx, NY	186	135	16	22	13
(528) Upstate New York HCS	35	23	5	5	2
(529) Butler, PA	2	2			
(531) Boise,ID	2	1		1	
(537) Chicago (Westside), IL	78	62	5	9	2
(538) Chillicothe, OH	1	1			
(539) Cincinnati, OH	24	22	1	1	
(540) Clarksburg, WV	1		1		
(541) Cleveland, OH	29	19	1	9	
(542) Coatesville, PA	2	2			
(544) Columbia, SC	44	39	5		
(546) Miami, FL	44	23	2	17	2

(548) West Palm Beach, FL	13	11	2		
(549) North Texas HCS (Dallas TX)	14	6		5	3
(550) Illiana HCS (Danville IL)	1	1			
(552) Dayton, OH	4	4			
(553) Detroit, MI	112	74	7	23	8
(554) Eastern Colorado HCS (Denver CO)	82	72	3	6	1
(556) North Chicago, IL	64	61	3		
(558) Durham, NC	3	2		1	
(561) New Jersey HCS (East Orange)	133	91	7	30	5
(562) Erie, PA	1	1			
(565) Fayetteville, NC	9	9			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	10	9	1		
(575) Grand Junction, CO	1	1			
(578) Hines, IL	21	15	5		1
(580) Houston, TX	15	8	1	6	
(581) Huntington, WV	4	1		2	1
(583) Indianapolis, IN	85	45	4	28	8
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	32	24	1	4	3
(590) Hampton, VA	28	10	1	17	
(593) Southern Nevada HCS (Las Vegas NV)	18	12	3	3	
(595) Lebanon, PA	10	9	1		
(596) Lexington, KY	4	3	1		
(598) Central Arkansas HCS (Little Rock AR)	9	8	1		
(600) Long Beach HCS (Long Beach CA)	25	17	2	6	
(603) Louisville, KY	16	11	5		
(605) Loma Linda, CA	11	10	1		
(607) Madison, WI	4	3			1
(610) Northern Indiana HCS (Marion, IN)	2	1		1	
(612) Northern California HCS (Martinez CA)	14	14			
(613) Martinsburg, WV	4	3		1	
(614) Memphis, TN	10	7	1	2	
(618) Minneapolis, MN	16	11	1	2	2
(619) Central Alabama HCS (Montgomery AL)	4	2	1	1	
(620) Hudson Valley HCS (Castle Point, Montrose)	77	35		39	3
(621) Mountain Home, TN	7	7			
(623) Muskogee, OK	5	5			
(626) Tennessee Valley HCS (Nashville TN)	26	22	1	2	1
(629) New Orleans, LA	410	346	8	33	23

(630) New York HHS (Brooklyn)	229	129	21	62	17
(631) Northampton, MA	9	9			
(632) Northport, NY	69	43	6	16	4
(635) Oklahoma City, OK	4	3	1		
(636) Central Plains HCS (Omaha NE)	13	9	1	2	1
(637) Asheville, NC	2	1	1		
(640) Palo Alto HCS (Palo Alto CA)	18	12	1	4	1
(642) Philadelphia, PA	29	25	4		
(644) Phoenix, AZ	5	2	3		
(646) Pittsburgh HCS (Pittsburgh PA)	9	2	3	4	
(648) Portland, OR	7	4	2		1
(649) Northern Arizona HCS (Prescott AZ)	6	6			
(650) Providence, RI	1		1		
(652) Richmond, VA	34	29	3	2	
(653) Roseburg HCS (Roseburg OR)	1	1			
(654) Sierra Nevada HCS (Reno NV)	2	1	1		
(657) VA Heartland East (Saint Louis MO)	24	13		10	1
(658) Salem, VA	1	1			
(659) Salisbury, NC	3	3			
(660) Salt Lake City HCS (Salt Lake City UT)	5	5			
(662) San Francisco, CA	8	5		1	2
(663) Puget Sound HCS (Seattle WA)	33	24	7	2	
(664) San Diego HCS (San Diego CA)	22	21		1	
(667) Shreveport, LA	25	16		7	2
(668) Spokane, WA	5	3	1	1	
(671) South Texas HCS (San Antonio TX)	8	3	5		
(672) San Juan, PR	45	40	3	2	
(673) Tampa, FL	9	6	1	1	1
(674) Central Texas HCS (Temple TX)	6	6			
(675) Orlando, FL	36	33		3	
(676) Tomah, WI	3	3			
(678) Southern Arizona HCS (Tucson AZ)	10	6		4	
(688) Washington DC	78	58	6	9	5
(689) Connecticut HCS (Westhaven)	55	42	2	11	
(691) Greater Los Angeles HCS (Los Angeles CA)	34	10	1	21	2
(693) Wilkes-Barre, PA	6	6			
(695) Milwaukee, WI	40	23		15	2
(757) Columbus, OH	1	1			

From: Powers, Pamela
Sent: Mon, 6 Apr 2020 23:42:33 +0000
To: (b)(6) EOP/OMB
Cc: Hudson, William A. (OGC)
Subject: Re: Agency Report - VA

Thanks (b)(6) Our OGC, Bill Hudson, has been working with (b)(6) in WHCO. Bill is cc'd. That would be great if we didn't need an (b)(5)

Pam

Get Outlook for iOS
From: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>
Sent: Monday, April 6, 2020 7:30 PM
To: Powers, Pamela
Subject: [EXTERNAL] Re: Agency Report - VA

Pam -
Hi, there. You may have heard from others but re status update on your procurement authority request, I wanted to just let u know that OMB GC is trying to determine if VA can actually use that (b)(5)
(b)(5)
(b)(6)

Sent from my iPhone

On Mar 30, 2020, at 5:16 PM, Powers, Pamela <(b)(6) @va.gov> wrote:

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- VA received a new FEMA Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- 1,166 Positive Veteran COVID-19 Cases

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: 202-461 (b)(6)
Cell: 202-430 (b)(6)

(b)(6) @VA.gov

From: postmaster@whmo.mil
Sent: Mon, 6 Apr 2020 18:23:06 -0400
To: Powers, Pamela
Subject: Undeliverable: Agency Report - VA
Attachments: Agency Report - VA

Delivery has failed to these recipients or groups:

(b)(6) EOP/OMB (b)(6) omb.eop.gov)
This user is no longer able to receive mail

Your message wasn't delivered because the email admin for the organization 'whmo.mil' created an email rule restriction. Please contact the email admin for that organization and ask them to remove or update the rule restriction.
For more information about this error, see DSN code 5.7.1 in Exchange Online - Office 365.

Diagnostic information for administrators:

Generating server: CDDP-EXCS102.pitc.gov

(b)(6) omb.eop.gov
Remote Server returned '550 5.7.1 TRANSPORT.RULES.RejectMessage; the message was rejected by organization policy'

Original message headers:

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Sent: Mon, 6 Apr 2020 22:22:52 +0000
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Cc: (b)(6) EOP/OMB; (b)(6)
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(b)(6) EOP/WHO
Subject: Agency Report - VA
Attachments: VA_4.6.20_COVID19 Daily Report.docx, VA Veteran COVID Cases 4-6-2020.docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- Sec. Wilkie announced at the Sunday night POTUS press conference that VA will be readying 1,500 beds to assist non-veteran COVID-19 patients as part of VA's 4th Mission. Sites will likely include Ann Arbor, MI; Shreveport, LA; Detroit, MI and more TBD.

- Order for 20M Masks (sitting at a warehouse in Chicago) was sold out from under us today from a broker in Norway. We have concerns with shortages of Masks in the VA system but will continue to work with other vendors and the Task Force.

Pam

Pamela Powers
Office: 202-461-4 (b)(6)
Cell: 202-430-0 (b)(6)
(b)(6) @VA.gov

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Subject: RE: Agency Report - VA
Attachments: VA_4.7.20_COVID19 Daily Report.docx, VA Employee COVID Cases 4-7-2020.pdf, VA Veteran COVID Cases 4-7-2020 .docx

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- Calverton National Cemetery (closest to NYC Epicenter) is seeing a significant increase in internment rates. On average, Calverton performs 20 interments daily. Yesterday, the cemetery performed 31 interments – 9 were COVID related. For the remainder of the week, the cemetery has over 30 interments scheduled each day. NCA is building capacity (personnel and contract support) to handle 40 per day by next week.

- Received approval from DOD to use MilAir, when aircraft and pilots are available, to deploy medical staff due to challenges with booking commercial flights. Great support from DoD!

- VA is working with FEMA for inclusion in the Air Bridge. VA supply chain vendors are quickly diminishing due to lack of Advanced Procurement authority, as well as vendors selling to the highest bidder.

- New FEMA Mission Assignment: Deployment of a 53-foot mobile pharmacy truck to Chicago, IL for use by the city, will be completed today.

Pam

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ChooseVA

COVID-19 – Agency Response
4/7/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- **New Mission Assignment: Deployment of a 53-foot mobile pharmacy truck to Chicago, IL will be completed today**
- Update on NY/NJ Humanitarian Efforts regarding VA Mission Assignments:
  - VA NY Harbor HCS received 4 new patients in the last 24 hours.
    - They have received a total of 44 since the Mission Assignment
    - 34 are in inpatient care (17 ICU), 7 have been discharged, 3 deaths
  - VA New Jersey received 4 new patients in the last 24 hours, 2 went to ICU, none are on ventilators
    - Currently, VA NJ has received 12 inpatients since the Mission Assignment
    - No deaths and no discharges, all 12 remain hospitalized
- **VA is working with FEMA for inclusion in the Air Bridge. VA supply chain vendors are diminishing due to lack of Advanced Procurement authority as well as vendors selling to the highest bidder.**
- Mobile Vet Center (MVC) Update:
    - Altoona, PA (Deployment Started). MVC stationed at VAMC to assist with COVID-19 screening. Veteran Outreach Program Specialist on site.
    - Dayton, OH (Deployment Under Development). Request for MVC stationed at VAMC to assist with COVID-19 screening.
    - New York, NY (Deployment Paused). Vet Center staff have connected with 99 service members over the course of the deployment. Contact has been made with 2 civilians
    - Pasadena, CA and Portland, OR deployments ended
- Identified a total of 20 tribal governments that have Emergency Declarations
- Continuing to roster DEMPS volunteers for deployments (Various Specialties)
    - Total Volunteers: 1406
    - (199) Personnel in process
    - (45) Personnel deployed on the ground
- **Received approval from DOD to use MilAir, when aircraft and pilots are available, to deploy medical staff due to challenges with booking commercial flights**
- VA is working with Dept. of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act. (Ongoing).
- The Board of Veterans Appeals has 67 virtual hearings scheduled for the week on April 6th. To date, the Board has successfully completed 376 virtual hearings. Through April 5th, the Board has signed 54,298 decisions.
- As of close of business on April 6, 2020, VBA contract vendors had reported a cumulative total of **55,580** unique Veterans whose contract examinations have been impacted by the pandemic.
- As of April 6, 2020, **57** medical centers, now including **Fayetteville, AR, Corpus Christi, TX, and Salisbury, NC**, had turned off Disability Benefits Questionnaires (DBQs) in part or in total.
- Boston Regional Benefits Office – Implemented two-week suspension of local mail processing effective April 7, 2020, ending April 21, 2020 during the anticipated peak in COVID-19 infections in

the Boston community. Employees will not be authorized to access any of the three Boston, Manchester, White River Junction (BMW) facilities without prior approval as determined by the Director or Assistant Director on a case-by-case basis.

- **Calverton National Cemetery (closest to NYC Epicenter) is seeing an increase in internment rates. On average, Calverton performs 20 interments daily. Yesterday, the cemetery performed 31 interments – 9 were COVID related. For the remainder of the week, the cemetery has over 30 interments scheduled each day. NCA is building capacity (personnel and contract support) to handle 40 per day by next week.**
- Published policy revision updates to VA Handbook 5005 to remove the requirement for Professional Standards Boards for the following occupations listed in 38 U.S.C. § 7401 (3), which will reduce the time to hire for these positions by streamlining the process: physical therapy assistant; occupational therapy assistant; marriage family therapist; therapeutic radiologic technologist; kinesiotherapist; orthotist and prosthetist; medical records administration; blind rehabilitation specialist; blind rehabilitation outpatient specialist; licensed professional mental health counselor, prosthetic representative; nuclear medicine technologist; occupational therapist; physical therapist; dietitian and nutritionist; medical records technician; and therapeutic medical physicist.
- VA has decided to defer the Leadership VA (LVA) FY20 Class until FY21 and increase the size from 80 to 100 to make up for some of the leadership development throughput lost from postponing the current cohort.
- VA is working to execute a contract with Surgical Care Affiliates (SCA) to provide nursing support. SCA employs 5,000 nurses and currently some of those nurses are available for use at VA medical centers.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities.
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.
- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- Office of Information Technology CARES Act Supplemental Funding apportionment ($2.15B) approved by OMB. Funds are available for execution.
- VHA to begin initial distribution to the Healthcare Networks of $5.3 billion (from the total $14.4 billion) in Medical Services funding from the CARES Act Supplemental based upon:

- FY 2020 Veterans Equitable Resource Allocation (VERA) Model
- VHA's Bed Management System
- VHA's Managerial Cost Accounting (MCA) system

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- Secretary Wilkie sent a memo to the President requesting Advanced Payment Authority to add increased flexibility in procurement of critical medical supplies to aid in VA's response to COVID-19. While other agencies already have this flexibility, the Department of Veterans Affairs is NOT covered. VA OGC working with WHCO on draft memo.

Guidance, Communication and Outreach with Stakeholders

- SECVA Media
  - Sec. Wilkie was interviewed by The Schilling Show (VA radio).
  - Sec. Wilkie was interviewed by The Annie Frey Show (St. Louis radio).
  - Sec. Wilkie was interviewed by The Wilkow Majority on Sirius XM radio.
- Veterans Health Administration Guidance to the Field:
  - COVID-19 VHA Guidance for Tuberculosis Testing of New Employees
  - Clinical Laboratory Improvement Amendments (CLIA) Compliance Inspection During the COVID-19 Pandemic and Accreditation Contract Delayed
  - 2020 US Census Participation for Veterans in VA Residential Settings
  - Continuity in Mental Health Services and Suicide Prevention Activities During COVID-19
  - COVID-19 Temporary/Expedited Appointment Credentialing Process
  - Release of Updated Fiscal Year (FY) 2020 and New FY 2021 Basic and Prevailing State Home Per Diem Rates for State Veteran Homes
  - Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation Process during Presidential Declared State of Emergency – COVID-19
  - Guidance on Anticoagulation Use and Monitoring for Veterans Health Administration Anticoagulation Programs During VHA's COVID-19 Emergency Response
  - Contact Center Script and Screening (COVID-19) Updated
- The COVID Quick Start Guide (QSG) is now posted on https://www.va.gov/welcome-kit/
- Advertising Campaign for VHA recruiting begins broadcasting this week in select markets and outlets.
- VA/VHA CFOs briefed HAC and SAC staffers (4 Corners) on VHA's Supplemental Funding distribution plan for the Families First and CARES Acts.
  - Discussed efforts to date for allocating, executing, and tracking the Families First Act ($60M) and CARES Act ($19.6B) Supplementals with emphasis on methodologies to record COVID-19 Supplemental funding activities to the full extent possible.
  - Anticipate follow-on discussions related to estimates for VA's 4th Mission, FEMA mission assignments, and Supplemental obligations for other the appropriations.

- **Other Notable Responses**

- **3,038 Positive Veteran COVID-19 Cases**
  - This is an increase of 172 cases from yesterday's numbers
  - 691 Veterans are in inpatient care (190 in ICU, 501 in Acute Care)
  - 2,203 are in outpatient care and are quarantined at home
  - 419 of these veterans are in New Orleans, which remains a hot spot for VA
  - 588 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
  - Other emerging hotspots include Connecticut (61), Indianapolis (87), New Jersey (165), Aurora/Denver (82), Chicago (157), Atlanta (79), Detroit (112), Washington, DC (83)
  - Veteran Deaths: 144 veterans have died from COVID-19 (+19 from yesterday)
    ***Note**: See attached document (VA Veteran COVID Cases 4-7-2020) for complete breakdown

- **1,045 VA Positive Employee cases**
  - This is an increase of 231 cases since our last report
  - Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 83 employees testing positive
  - Similar to the Veteran data above the Greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn) have 145 employees testing positive
  - Other employee hot spots include Aurora (29), Chicago (40), Houston (28), Indianapolis (56), Kansas City (23), Miami (20), Washington, DC (19), New Jersey (26), Shreveport (22)
  - To date there have been three employee deaths. One in Ann Arbor, one in Detroit and one in Indianapolis.
  - ***Note:** See attached document (VA Employee Cases 4-7-2020) for complete breakdown

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)

- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to identify negative pressure rooms which allows for real-time bed capacity across the enterprise.
- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/

- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.
- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.

- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts
- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.

- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.
- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)

- Fox News Rundown (Taped) (3/25/20)
- Wake Up Tucson, AZ (3/25/20)
- Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
- Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
- Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
- Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
- Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
- Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
- Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)
- Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
- Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
- Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
- Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
- Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
- Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
- Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
- Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio). (4/1/2020)
- Sec. Wilkie was interviewed by Fox Across America (Fox News Radio). (4/1/2020)
- Sec. Wilkie interviewed by Richmond's Morning News (VA radio). (4/2/2020)
- Sec. Wilkie interviewed by Ringside Politics (LA radio/tv). (4/2/2020)
- Sec. Wilkie interviewed by The Erick Erickson Show (GA radio). (4/2/2020)
- Sec. Wilkie interviewed on The Sam Malone Show (Houston, TX Radio) (4/3/2020)
- Sec. Wilkie interviewed on The Dale Jackson Show (Huntsville, AL Radio) (4/3/2020)
- Sec. Wilkie was interviewed by AM Tampa Bay Radio (4/6/2020)
- Sec. Wilkie was interviewed by The John Fredericks Radio Show. (4/6/2020)
- Sec. Wilkie was interviewed by The Matt and Aunie Show (AL radio). (4/6/2020)

- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a

manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.

- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.
- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
    - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
    - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
    - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
    - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.

- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
  - To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.
- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.

- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.
- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
    - Four to five additional patients are expected overnight from Elmhurst Hospital.
    - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.

- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30
- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
    - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
    - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
    - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
    - Leveraging Capacity to Support Surges in Demand for COVID-19
    - Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
    - Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
    - Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
    - Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
    - Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)

- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.
  - FEMA and HHS have been made aware; VA is awaiting resolution from them.
    *Issue has since been resolved
- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.
- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance

- Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
- COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures

- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)
- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
    - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
    - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.
- **FEMA Mission Assignments Update:** 4 signed (4/2/2020)
    1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
        - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
    2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
        - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
    3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
        - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. <u>One civilian death at the Brooklyn VAMC.</u>
    4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
        - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List. (4/2/2020)
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.
    - VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
    - Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
    - If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.

- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments. (4/2/2020)
- Notified HR offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.
- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
  - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
  - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.
- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)
- VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice: (4/3/2020)
  - Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.
  - Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
  - For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.
- Secretary briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens. (4/3/2020)
- VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization. (4/3/2020)
- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand. (4/3/2020)
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites. (4/3/2020)
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site. (4/3/2020)
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This

change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.

- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,077 scheduled services citing COVID-19 concerns. 8 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries
- Increased enrollment and turnover of patients into the Home Telehealth (HT) program is overloading the ability of logistics to acquire the HT items. Primary shortages are thermometers and pulse-oximeters. Home Telehealth's new COVID-19 requirements to monitor COVID-19 higher risk patients have increased the burden on the supply chain. Program Offices are notifying the HT Care Coordinators to return these shortage items to the Denver Logistics Center for refurbishment and re-issue.
- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.
- VHA Executive in Charge Richard Stone briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Michigan on Thursday, April 2 focused on COVID-19 response and VBA Program updates, reaching 31,582 participants.
- **VHA Guidance to the field:**
  - Changes to In-Person Identity Verification for the My HealtheVet Website
  - COVID-19 Bed Expansion Planning Signed
  - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
  - EIC Memorandum Authorization to pay for Lodging and Meals
  - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates
- VA has increased telehealth capacity by 15% to 11,000 max concurrent user call capacity
- VA OIT has implemented a plan for mid-April to have 15 high priority sites enabled for tele-ICU
- Mobile Vet Center Deployment Update (4/4/2020)
  - <u>New York, NY (Deployment Started)</u>
    Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 64 Service members over the course of the deployment. Contact has been made with 2 civilians.
  - <u>Pasadena, CA (Deployment Started)</u>
    Operation started on 1 April 2020 and ended April 3. Minimal contact, will seek a better location.
  - <u>Portland, OR (Deployment Started)</u>
    Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 40 Veterans, Service members and families over the course of the deployment. Contact has been made with 12 civilians
  - <u>Altoona, PA (Deployment Started)</u>
    MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
  - <u>Dayton, OH (Under Development)</u>

Request Mobile Vet Center at Dayton Medical Center to assist with COVID screening, will begin Monday April 6

- Medical Centers are experiencing serious PPE shortage. Several sites doing 3D printing, but it is not enough. Soon, PPE will be rationed; one surgical mask issued per week, one N95 per day. VISN 6 began mask sterilization with Berrett – 2400 mask in a 24-hour period. (4/4/2020)
- Developing requirements for Morgue Expansion Capabilities. (4/4/2020)
- Working to identify medical consumables/equipment for recently purchased Field ICU Unit. Location for deployment of Unit still under consideration. (4/4/2020)
- Developing policy on the ability of VA law enforcement personnel, with proper notice, to inspect the personal effects of employees exiting VA healthcare facilities in order to prevent the theft of personal protective equipment needed to protect health care workers during the on-going public health emergency. This is becoming an issue during the Pandemic. (4/4/2020)
- VA released a press statement extending financial, benefits and claims relief to veterans. The financial relief actions include suspending all actions on Veteran debts under the jurisdiction of the Treasury Department and suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
- **Update on Additional Mission Assignments (4/5/2020)**
  - The VA Medical Center in Boise, Idaho is providing assistance and support for diagnostic testing for the Idaho Dept. of Health and Welfare
  - VA is providing a 53-foot pharmacy trailer and one technical specialist to Detroit, Michigan for a 30 day deployment to help the city.
  - The Manchester, NH VA Medical Center is providing 20 nursing staff to assist with two Massachusetts State run Veterans Nursing homes who have been hard hit by COVID-19.
- VA sent a list of critical PPE supplies with requested quantities to RADM Polowczyk, Supply Chain Sub-Task Force Director for consideration and prioritization. (4/5/2020)
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,244 scheduled services citing COVID-19 concerns. 55 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries (4/5/2020)
- Mobile Pharmacy Mission Assignment is set up at the Convention Center in Detroit. Patients have yet to be admitted to the hospital. (4/6/2020)
- VA Supply Chain Update:
  - Order for 20M Masks (sitting at a warehouse in Chicago) was sold out from under us today from a broker in Norway. (4/6/2020)
- National Acquisition Center's (NAC) Service & Distribution Center is providing additional warehouse space for VHA ordered and FEMA provided PPE products; VHA to identify space required and delivery schedules. (4/6/2020)
- As of April 3, VBA has temporarily suspended all in-person appointments provided by VBA's contract examination vendors, where the Veteran physically reports to the medical provider's office. The contract exam vendors will continue to complete as many examinations as possible using virtual means that do not involve an in-person examination, including tele-exams and ACE. For some disabilities, in-person examinations are required and cannot be completed through an alternate method. (4/6/2020)
- VA signed a memorandum regarding the Child Care Subsidy Program that has temporarily expanded the total family income ceiling from $89,999 to the maximum limit of $144,000 for support during the COVID-19 crisis; allows eligible employees to seek reimbursement on some child-care costs. (4/6/2020)

- Veterans Health Administration guidance sent to field: (4/6/2020)
  - Grade and Pay Determinations for Nurses/Certified Registered Nurse Anesthetists (CRNA) During COVID-19
  - Homeless Program Office (HPO) Guidance on Face to Face Visits
  - On-Hand Inventory Reporting Requirements for Critical Care and Coronavirus Drugs
  - Update: Coronavirus (COVID-19) Facemask and N95 Respirator Use
  - Tip Sheet for Caregivers During COVID-19
  - VHA COVID 19 Priorities During Transition to VA's New EHRM
  - COVID-19 Employee Deployment - Special Contribution Award Guidance
- VA Public Health, Coronavirus website to provide Veterans & Staff guidance and information now active. Website visited 191,348 times with 172,253 unique visits (4/6/2020)
- VA Chief Acquisition Officer briefed House Veterans Affairs Minority Staff on procurement, supply chain, etc. (4/6/2020)

Employees and Contractors COVID-19 Confirmed Positives

as of 6 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

A/SO	Location	Facility	Total
HRA	Houston, TX	HRA/ORM	1
HRA	Salt Lake City, UT	HRA/ORM*	1
HRA	Washington, DC	HRA/OA	1
OIT	Bossier City, LA	ITOPS-Enterprise Command Operations	1
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1
OIT	New Orleans, LA	ITOPS -New Orleans	1
OIT	New York City, NY	ITOPS-Bronx	2
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1) VACO – ITOPS (4) VACO – AMO (1)	7
OM	Washington, DC	VACO – OM	1
VBA	Atlanta, GA	Atlanta RO	2
VBA	Buffalo, NY	Buffalo RO	1
VBA	Denver, CO	Denver RO	1
VBA	Detroit, MI	Detroit RO	3
VBA	Nashville, TN	VBA Central Office	1
VBA	New York City, NY	New York RO	2
VBA	Philadelphia, PA	Philadelphia RO (3) VBA Central Office / Insurance Service (1)	4
VBA	Phoenix, AZ	Phoenix RO	1
VBA	San Diego, CA	San Diego RO	1
VBA	St. Louis, MO	St. Louis RO	3
VBA	St. Petersburg, FL	St. Petersburg RO	1
VBA	Wichita, KS	Wichita RO	1
VEO	Shepherdstown, WV	White House Veterans Line	1
VHA	Albany, NY	Albany Stratton VAMC	7(+5)
VHA	Albuquerque, NM	New Mexico HCS	3
VHA	Alexandria, LA	Alexandria HCS	2(+1)
VHA	Amarillo, TX	Thomas E Creek VAMC	2(+1)
VHA	Ann Arbor, MI	Ann Arbor HCS	8 (-1)
VHA	Asheville, NC	Charles George VAMC	7(+4)
VHA	Atlanta, GA	Atlanta HCS	3
VHA	Augusta, GA	Augusta VAMC	4
VHA	Aurora, CO	Eastern Colorado Health Care System	29(+5)
VHA	Bath, NY	Bath VAMC	1(+1)
VHA	Battle Creek, MI	Battle Creek VAMC	4
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	6(+2)
VHA	Biloxi, MS	Gulf Coast HCS	4

Employees and Contractors COVID-19 Confirmed Positives

as of 6 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Birmingham, AL	Birmingham VAMC	12(+7)
VHA	Boise, ID	Boise VAMC	5
VHA	Boston, MA	Jamaica Plain VAMC	24(+10)
VHA	Buffalo, NY	Buffalo VAMC	5(+4)
VHA	Butler, PA	Butler HCS	4(+2)
VHA	Charleston, SC	Ralph H. Johnson VAMC	4
VHA	Cheyenne, WY	Cheyenne VAMC	1
VHA	Chicago, IL	Jesse Brown VAMC (15) Capt James A. Lovell VAMC (18)(+3) Edward Hines Jr VAMC (7)(+3)	40(+6)
VHA	Cincinnati, OH	Cincinnati VAMC	4(+2)
VHA	Clarksburg, WV	Louis A. Johnson VAMC	2
VHA	Cleveland, OH	Cleveland VAMC	16(+6)
VHA	Coatesville, PA	Coatesville VAMC	1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	18(+4)
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	4(+3)
VHA	Dallas, TX	Dallas VAMC	18(+1)
VHA	Dayton, OH	Dayton VAMC	9(+2)
VHA	Des Moines, IA	Central Iowa HCS	2
VHA	Detroit, MI	John D. Dingell VAMC	25(+9)
VHA	Dublin, GA	Carl Vinson VAMC	4
VHA	East Orange, NJ	New Jersey HCS	26(-9)
VHA	El Paso, TX	El Paso HCS	2(+1)
VHA	Fayetteville, AR	Veterans Health Care System of the Ozarks	1
VHA	Fayetteville, NC	Fayetteville VA Coastal Health Care System	1(+1)
VHA	Fort Meade, SD	Black Hills HCS	1
VHA	Fresno, CA	Central California HCS	2
VHA	Gainesville, FL	Malcom Randall VA Medical Center	8(+2)
VHA	Grand Junction, CO	VA Western Colorado HCS	1
VHA	Hampton, VA	Hampton VAMC	16(+1)
VHA	Honolulu, HI	Spark M. Matsunaga VAMC	1
VHA	Houston, TX	Michael E. DeBakey VAMC	28(+3)
VHA	Huntington, WV	Hershel Woody Williams VAMC	1
VHA	Indianapolis, IN	Richard L. Roudebush VAMC	56(+31)
VHA	Iowa City, IA	Iowa City HCS	7(-2)
VHA	Jackson, MS	G.V. Sonny Montgomery VAMC	7(+1)
VHA	Johnson City, TN	James H. Quillen VA HCS	1
VHA	Kansas City, MO	Kansas City VAMC	23(+2)

Employees and Contractors COVID-19 Confirmed Positives

as of 6 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Las Vegas, NV	Southern Nevada HCA	11
VHA	Lebanon, PA	Lebanon VAMC	2(+1)
VHA	Little Rock, AR	Central Arkansas Health Care System	2(+1)
VHA	Loma Linda, CA	Loma Linda HCS	4
VHA	Long Beach, CA	Long Beach HCS	10(+2)
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	7
VHA	Louisville, KY	Robley Rex VAMC	5(+1)
VHA	Madison, WI	William S. Middleton Memorial Veterans' Hospital	4
VHA	Manchester, NH	Manchester VAMC	1
VHA	Marion, IL	Marion VAMC	1(+1)
VHA	Martinsburg, WV	Martinsburg VAMC	3(+1)
VHA	Mather, CA	Sacramento VAMC	2
VHA	Memphis, TN	Memphis VAMC	3
VHA	Miami, FL	Miami VA HCS	20(+3)
VHA	Milwaukee, WI	Milwaukee VAMC	13(+4)
VHA	Minneapolis, MN	Minneapolis HCS	4
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	1
VHA	Montrose, NY	Hudson Valley HCS	34(-6)
VHA	Nashville, TN	Tennessee Valley HCS	3(+1)
VHA	New Orleans, LA	New Orleans VAMC	83(+1)
VHA	New York City, NY	James J. Peters VAMC (39)(+35) NY Harbor HCS – Manhattan Campus 35 (+29) Northport VAMC (37)(+20)	111(+84)
VHA	Northampton, MA	Central Western Massachusetts HCS	9(+4)
VHA	Oklahoma City, OK	Oklahoma City HCS	7
VHA	Omaha, NE	Nebraska Iowa HCS	1
VHA	Orlando, FL	Orlando VA HCS	18(+1)
VHA	Palo Alto, CA	Palo Alto VAMC	7
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	8(+4)
VHA	Phoenix, AZ	Phoenix Health Care System	1
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	4(+1)
VHA	Prescott, AZ	Northern Arizona VA Health Care System	2
VHA	Providence, RI	Providence VAMC	1
VHA	Reno, NV	VA Sierra Nevada Health Care System	14

Employees and Contractors COVID-19 Confirmed Positives

as of 6 Apr 2020, 1400 ET

Source: Administration / Staff Offices, VHA Health Operations Center

VHA	Richmond, VA	Hunter Holmes McGuire VAMC	2(+1)
VHA	Roseburg, OR	Roseburg Health Care System	4(+2)
VHA	Saginaw, MI	Aleda E. Lutz VAMC	1
VHA	Salem, VA	Salem VAMC	3(+2)
VHA	Salt Lake City, UT	Salt Lake City VAMC	3(-1)
VHA	San Antonio, TX	Audie L. Murphy VAMC	4(+2)
VHA	San Diego, CA	San Diego VAMC	12
VHA	San Francisco, CA	San Francisco Health Care System	8
VHA	San Juan, PR	San Juan VAMC	15(+7)
VHA	Seattle, WA	Puget Sound Health Care System	12
VHA	Shreveport, LA	Overton Brooks VA Medical Center	22(+6)
VHA	Spokane, WA	Mann-Grandstaff VAMC	1
VHA	St. Louis, MO	St Louis HCS	9
VHA	Syracuse, NY	Syracuse VAMC	5
VHA	Tampa, FL	Tampa VAMC	4(+1)
VHA	Temple, TX	Olin E. Teague VAMC	2(-1)
VHA	Tomah, WI	Tomah VAMC	2(+1)
VHA	Topeka, KS	Eastern Kansas Health Care System	5
VHA	Walla Walla, WA	Jonathan M. Wainwright Memorial VAMC	1
VHA	Washington, DC	Washington DC VAMC	19
VHA	West Haven, CT	West Haven VAMC	10(+2)
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	4(+2)
VHA	White River Junction, VT	White River Junction VAMC	3
VHA	Wilmington, DE	Wilmington VAMC	3(+1)
		Total:	**1045(+231)**

Removed places: Lexington, KY (-1)

Unable to review significant changes with VHA/HOC.

* Geographically separated employees
VBA Employee assigned to VBA Central Office.
HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

April 7, 2020

Veteran Cases

Veteran Status by Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**3038**	**2203**	**190**	**501**	**144**
(402) Togus ME	2	2			
(405) White River Junction VT	3	2			1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1		1	1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	6	6			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	9	8	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	7	5		2	
(502) Alexandria, LA	5	4		1	
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	35	21	8	5	1
(508) Atlanta, GA	79	61	5	11	2
(509) Augusta, GA	11	10			1
(512) Maryland HCS (Baltimore MD)	4	3	1		
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	10	8	1	1	
(518) Bedford,MA	4	4			
(520) Biloxi, MS	2	1			1
(521) Birmingham, AL	5	2	3		
(523) Boston HCS (Boston)	30	20	2	7	1
(526) Bronx, NY	190	141	15	20	14
(528) Upstate New York HCS	38	25	4	6	3
(529) Butler, PA	3	3			
(531) Boise,ID	2	1		1	
(537) Chicago (Westside), IL	93	76	8	7	2
(538) Chillicothe, OH	2	1		1	
(539) Cincinnati, OH	24	22	1	1	
(540) Clarksburg, WV	1		1		
(541) Cleveland, OH	33	21	2	9	1
(542) Coatesville, PA	2	2			
(544) Columbia, SC	48	43	3	1	1
(546) Miami, FL	51	30	2	16	3

(548) West Palm Beach, FL	13	11	2		
(549) North Texas HCS (Dallas TX)	14	7		4	3
(550) Illiana HCS (Danville IL)	1	1			
(552) Dayton, OH	4	4			
(553) Detroit, MI	112	77	7	20	8
(554) Eastern Colorado HCS (Denver CO)	82	72	3	6	1
(556) North Chicago, IL	64	61	3		
(558) Durham, NC	3	2		1	
(561) New Jersey HCS (East Orange)	165	98	5	54	8
(562) Erie, PA	1	1			
(565) Fayetteville, NC	9	9			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	11	10	1		
(575) Grand Junction, CO	1	1			
(578) Hines, IL	22	16	5		1
(580) Houston, TX	16	11	1	3	1
(581) Huntington, WV	4	1		2	1
(583) Indianapolis, IN	87	48	4	26	9
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	36	29	1	3	3
(590) Hampton, VA	33	15		18	
(593) Southern Nevada HCS (Las Vegas NV)	20	14	1	5	
(595) Lebanon, PA	10	8	2		
(596) Lexington, KY	5	4	1		
(598) Central Arkansas HCS (Little Rock AR)	9	8	1		
(600) Long Beach HCS (Long Beach CA)	25	17	2	6	
(603) Louisville, KY	16	11	5		
(605) Loma Linda, CA	13	12	1		
(607) Madison, WI	4	3			1
(610) Northern Indiana HCS (Marion, IN)	3	2		1	
(612) Northern California HCS (Martinez CA)	14	13			1
(613) Martinsburg, WV	4	3		1	
(614) Memphis, TN	10	7	1	2	
(618) Minneapolis, MN	16	12	1	1	2
(619) Central Alabama HCS (Montgomery AL)	4	3	1		
(620) Hudson Valley HCS (Castle Point, Montrose)	81	41		37	3
(621) Mountain Home, TN	7	7			
(623) Muskogee, OK	6	6			
(626) Tennessee Valley HCS (Nashville TN)	26	21	1	3	1
(629) New Orleans, LA	419	355	9	31	24

(630) New York HHS (Brooklyn)	248	137	20	70	21
(631) Northampton, MA	9	9			
(632) Northport, NY	69	44	5	16	4
(635) Oklahoma City, OK	4	3	1		
(636) Central Plains HCS (Omaha NE)	14	10	1	2	1
(637) Asheville, NC	2	1	1		
(640) Palo Alto HCS (Palo Alto CA)	18	12	1	4	1
(642) Philadelphia, PA	37	30	7		
(644) Phoenix, AZ	5	2	3		
(646) Pittsburgh HCS (Pittsburgh PA)	9	3	1	5	
(648) Portland, OR	7	4	2		1
(649) Northern Arizona HCS (Prescott AZ)	6	6			
(650) Providence, RI	3	1	2		
(652) Richmond, VA	36	31	4	1	
(653) Roseburg HCS (Roseburg OR)	2	2			
(654) Sierra Nevada HCS (Reno NV)	2	1	1		
(657) VA Heartland East (Saint Louis MO)	26	14		10	2
(658) Salem, VA	2	2			
(659) Salisbury, NC	3	3			
(660) Salt Lake City HCS (Salt Lake City UT)	6	5	1		
(662) San Francisco, CA	8	5		1	2
(663) Puget Sound HCS (Seattle WA)	34	25	7	2	
(664) San Diego HCS (San Diego CA)	22	21		1	
(667) Shreveport, LA	27	18		6	3
(668) Spokane, WA	5	3	1	1	
(671) South Texas HCS (San Antonio TX)	8	5	3		
(672) San Juan, PR	45	41	3	1	
(673) Tampa, FL	10	6	1	2	1
(674) Central Texas HCS (Temple TX)	8	8			
(675) Orlando, FL	38	34		4	
(676) Tomah, WI	3	3			
(678) Southern Arizona HCS (Tucson AZ)	10	6		4	
(688) Washington DC	83	61	6	11	5
(689) Connecticut HCS (Westhaven)	61	48	3	10	
(691) Greater Los Angeles HCS (Los Angeles CA)	35	11		22	2
(693) Wilkes-Barre, PA	6	6			
(695) Milwaukee, WI	40	24		14	2
(757) Columbus, OH	1	1			

From: Powers, Pamela
Sent: Wed, 8 Apr 2020 13:42:08 +0000
To: (b)(6) EOP/WHO;Hutton, James
Subject: RE: General Mental Health Talkers

Jim, I understand POTUS will be talking Mental Health at the Task Force Press Conference tomorrow. I think we have a great story to tell so hopefully Sec Wilkie will be participating in that press conference.

From: (b)(6) EOP/WHO (b)(6) @who.eop.gov>
Sent: Wednesday, April 8, 2020 9:20 AM
To: Hutton, James (b)(6) n@va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] General Mental Health Talkers

James,

Could you send me any latest VA mental health talking points?

Particularly if there are any numbers on Vet telemental health service usage or increase during COVID.

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395 (b)(6)
C: 202-881

From: Powers, Pamela
Sent: Wed, 8 Apr 2020 14:56:24 +0000
To: (b)(6) EOP/WHO
Subject: RE: General Mental Health Talkers
Attachments: 2020.04.07 Resource Hub Release_FINAL_FINAL.docx

Good points. The only other thing you might want to mention (because the President is all about private-public partnerships) is the VA & Industry Partnership: a coalition of the nation's leading mental health advocacy groups, the largest healthcare insurance companies, and the Department of Veterans Affairs launched the COVID-19 Mental Health Resource Hub, a package of free digital resources to help individuals and providers address mental health needs during the COVID-19 pandemic.

The Resource Hub is a collaboration among several leaders in the mental health community, including Psych Hub, the American Foundation for Suicide Prevention, American Psychological Association, Mental Health America, and the National Alliance on Mental Illness; government partners the U.S. Department of Veterans Affairs and Los Angeles County Department of Mental Health; national healthcare payors Aetna, a CVS Health company, Anthem, Inc., Beacon Health Options, Centene Corporation, Cigna, Humana, Optum, and UnitedHealthcare; and academic partners Columbia University Department of Psychiatry and UCLA Division of Population Behavioral Health.

Attached is the Press Release on it…

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Wednesday, April 8, 2020 10:48 AM
To: Hutton, James <(b)(6) @va.gov>
Cc: Powers, Pamela <(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; (b)(6) EOP/WHO <(b)(6) @who.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Subject: [EXTERNAL] RE: General Mental Health Talkers

I see this has the numbers for March for telemental health (double outreach calls and triple the number of appointments). Those are the numbers I'll use for telemental health, but if there's any April update or higher numbers, let us know.

Some rough TPs from my perspective:

Veterans

President Trump has taken the lead on fighting for Veteran mental health.

- President Trump funded VA at historic levels to focus on Vet mental health
  - Over $10 Billion budgeted for Vet mental health enabling availability of same-day mental health services at every VA health care facility.
  - Approximately 1.76 million Veterans (29 percent of all Veterans Health Administration users) received mental health services in a VHA specialty mental health setting in FY 2019. More than 540,000 Vets seen in 2019 for substance use disorders.
  - Telemental health services being provided during COVID-19.

        - VA mental health providers have doubled telephone outreach calls from normal rate (over 76,000 calls in March).
        - VA mental health providers have tripled video connect appointments (over 63,000 appointments in March).
- President Trump signed Executive Order 13861, President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) to stand up an interagency task force and implement a roadmap for the prevention of Veteran suicide at the national and community level.
    - PREVENTS is reaching out to Vets during the COVID crisis, releasing informational videos and concrete steps that Veterans and their families can take to care for their emotional well-being under the tag #MoreThanEverBefore and with the help of lead PREVENTS Ambassador Second Lady Karen Pence.
- President Trump signed Executive Order 13822, "Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life" on January 9, 2018
    - The Executive Order directs the U.S. Departments of Veterans Affairs (VA), Defense (DoD), and Homeland Security (DHS) to work together to ensure newly discharged Service members and Veterans have access to any needed mental health care for at least one year following their discharge from military service.
    - Any newly transitioned Veteran who is eligible can go to a VA medical center (VAMC), Vet Center, or community provider and start receiving mental health care right away.
    - Even former Service Members with negative discharges can receive emergent mental health care and mental health care for conditions "incurred or aggravated during active service." Fact sheet: https://www.mentalhealth.va.gov/transitioning-service/docs/FINAL_EO_Fact_Sheet_508.pdf

Resources are available TODAY for Vets who are struggling:

- Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, can call Veterans Crisis Line for confidential support 24 hours a day. Call 800-273-8255 and press 1, send a text message to 838255 or chat online at VeteransCrisisLine.net/Chat.

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: (b)(6), EOP/WHO
Sent: Wednesday, April 8, 2020 10:12 AM
To: 'Hutton, James' <(b)(6)@va.gov>
Cc: Powers, Pamela <(b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>; (b)(6) EOP/WHO <(b)(6)@who.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>
Subject: RE: General Mental Health Talkers

Received, thank you.

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Hutton, James (b)(6)@va.gov>
Sent: Wednesday, April 8, 2020 10:10 AM
To: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Cc: Powers, Pamela (b)(6)@va.gov>; Cashour, Curtis <(b)(6)@va.gov>; (b)(6) EOP/WHO <(b)(6)@who.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6)@va.gov>
Subject: RE: General Mental Health Talkers

(b)(6)

See attached.

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-(b)(6)
Email: (b)(6)va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: (b)(6) EOP/WHO <(b)(6)@who.eop.gov>
Sent: Wednesday, April 8, 2020 9:20 AM
To: Hutton, James <(b)(6)va.gov>
Cc: Powers, Pamela <(b)(6)@va.gov>
Subject: [EXTERNAL] General Mental Health Talkers

James,

Could you send me any latest VA mental health talking points?

Particularly if there are any numbers on Vet telemental health service usage or increase during COVID.

Best,

(b)(6)

Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

EMBARGOED UNTIL: APRIL 7, 6:00 AM EDT

Mental Health Leaders Unite to Release Comprehensive COVID-19 Resource Hub

Nashville, T.N. — April 7, 2020 — Today, a coalition of the nation's leading mental health advocacy groups, the largest healthcare insurance companies, and the Department of Veterans Affairs announces the launch of the COVID-19 Mental Health Resource Hub, a package of free digital resources to help individuals and providers address mental health needs during the COVID-19 pandemic.

The Resource Hub is a collaboration among several leaders in the mental health community, including Psych Hub, the American Foundation for Suicide Prevention, American Psychological Association, Mental Health America, and the National Alliance on Mental Illness; government partners the U.S. Department of Veterans Affairs and Los Angeles County Department of Mental Health; national healthcare payors Aetna, a CVS Health company, Anthem, Inc., Beacon Health Options, Centene Corporation, Cigna, Humana, Optum, and UnitedHealthcare; and academic partners Columbia University Department of Psychiatry and UCLA Division of Population Behavioral Health.

The online collection comprises a number of video resources produced by Psych Hub. It also includes written and visual resources developed by each partner organization for maintaining one's wellbeing and coping with mental health concerns during a global pandemic.

"The COVID-19 pandemic is impacting the mental health of every American," said former U.S. Representative Patrick J. Kennedy, co-founder of Psych Hub and founder of The Kennedy Forum. "We hope that by pushing these free tools out as widely as possible, we can empower individuals, families, and health providers to prioritize mental health and take necessary actions when needed. Connectedness and support for one another will get us through this."

The novel coronavirus is already having a detrimental impact on mental health: 63 percent of respondents to a recent McKinsey survey reported feeling anxious or depressed in the past week, and 80 percent of respondents reported experiencing moderate to high distress related to COVID-19. Suicide hotlines are fielding more and more calls every day. Additionally, a recent survey from China showed that over 70% of their health care workforce was experiencing some form of psychological distress. Amid this fear and uncertainty, the partners of the COVID-19 Mental Health Resource Hub have made a careful effort to curate information to show we aren't in this fight alone.

"Health care providers and support staff are at the vanguard of this fight and may feel strained by the needs of those who rely on their care," said Arthur C. Evans Jr., Ph.D., CEO of the American Psychological Association. "The COVID-19 Mental Health Resource Hub was designed for them as well as for individuals. We have worked to ensure that our resources include

information to support the mental wellness of health care professionals and others working on the front lines in communities across the country."

Additionally, the coalition has compiled a glossary of terms to help those at the front lines understand the layers of support required to respond to the pandemic. The glossary is a collective effort to ensure the country has the tools it needs to help manage and nurture resilience, emotional well-being, and mental health.

"The coalition we've built is unprecedented — never before have nonprofit advocacy and professional groups, the nation's leading healthcare payors, academic medical institutions, and a government agency come together so quickly to address an urgent mental health need such as caused by the COVID-19 pandemic," said Jeffrey A. Lieberman, MD, Chairman of the Department of Psychiatry at Columbia University. "We're gratified to see so many key stakeholders in the mental health field unite to answer the call. Mental health care services are and will be essential to provide to the public and also the health care providers and allied support personnel on the front lines during the crisis but also in the months and years thereafter."

To access the free COVID-19 Mental Health Resource Hub, please visit https://psychhub.com/covid-19/.

##

About Psych Hub

Co-founded by former U.S. Rep. Patrick J. Kennedy and Marjorie Morrison, Psych Hub was created to address the desperate need for quality and engaging online education on mental health, substance use, and suicide prevention topics. With options for every audience, Psych Hub has one of the world's largest online platform of digital education on these issues. Psych Hub's free micro-video library hosts over 100 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care. These videos are distributed through a robust, free partner program with over 400 partners ranging from large corporations to small nonprofits. For more information, visit psychhub.com.

Media Contact

(b)(6)
(b)(6)@curastrategies.com
703-479-(b)(6)

From: Powers, Pamela
Sent: Wed, 8 Apr 2020 20:59:08 +0000
To: (b)(6)
EOP/OMB; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB; (b)(6)
EOP/OMB (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OVP;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6)
EOP/WHO;Mashburn, John K.
Subject: RE: Agency Report - VA
Attachments: VA_4.8.20_COVID19 Daily Report.docx, VA Veteran COVID Cases 4-8-2020.docx, VA Employee COVID Cases 4-8-2020.pdf

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- VA has SERIOUS concerns with our supply chain of critical PPE. VA supply chain vendors continue to diminish or cancel orders due to: DPA priority list (VA no longer on it); lack of Advanced Procurement Authority; and vendors selling to the highest bidder. We continue to work with FEMA for inclusion in the Air Bridge and are working with DHS to get VA back on the DPA priority list. (Ongoing)

- To date there have been 7 employee deaths: 1 in Ann Arbor, 1 in Detroit, 1 in Indianapolis. New employee deaths since yesterday include 2 in Reno, 1 in Shreveport, and 1 in Houston.

- Tele-mental health services being provided during COVID-19:

    - VA mental health providers have doubled telephone outreach calls from normal rate (over 76,000 calls in March)
    - VA mental health providers have tripled video connect appointments (over 63,000 appointments in March).

Pam

Pamela Powers
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) VA.gov

Choose VA

COVID-19 – Agency Response
4/8/2020
Department of Veterans Affairs

Administrative Actions, Waivers, and Other Programmatic Changes that Impact Agency Provision of Service or Mission Delivery (Externally Facing)

- Update on Humanitarian (Civilian) Efforts regarding VA Mission Assignments:
  - VA NY Harbor: 49 Patients, 3 deaths
  - VA New Jersey: 12 patients, no deaths
  - VA San Francisco: 1 patient (New)
  - VA Miami: 1 patient (New)
  - VA Ann Arbor: 4 patients (New)
  - Four critical patients from Navajo Nation to be transferred down to the Albuquerque VA. FEMA and VA drafting Mission Order.
  - Three COVID-19 patients on ventilators and one on a converted anesthesia machine at Gallup Indian Medical Center (federal IHS facility) will be moved to Albuquerque VA.
- VA developing "live" map journal to model next VA "hot spots" for our healthcare system
- **VA has SERIOUS concerns about our supply chain. We continue to work with FEMA for inclusion in the Air Bridge and are working with DHS to get VA on the DPA priority list. VA supply chain vendors continue to diminish or cancel orders due to VA not being on the DPA priority, lack of Advanced Procurement Authority, as well as vendors selling to the highest bidder. (Ongoing)**
- Received approval from DOD to use MilAir, when aircraft and pilots are available, to deploy medical staff due to challenges with booking commercial flights (Awaiting first assignment)
- VA is working with Dept of Treasury on a solution to ensure that Veterans and Survivors who do not file tax returns and rely solely on VA benefits for income still receive stimulus checks via the CARES Act (Ongoing).
  - We have an agreement in principle that IRS will be able to use the data we currently have to make the $1,200 Economic Impact Payments.
  - There are still some outstanding administrative questions that need to be addressed (e.g. data sharing agreements and file sharing protocols, etc.), but we have the right people engaged to work those details and will meet with IRS again Friday to discuss appropriate resolutions.
  - As for the $500 payments for dependents, the legislation requires IRS to capture citizenship and certain dependent support information that we currently do not collect. We intend to share what data fields we do have, and IRS will work with their OGC to determine if it is enough information to make payments, or if they will require the claimants to provide additional information.
- 120 (+33 from yesterday) COVID-19 Interments have taken place or are scheduled at VA National Cemeteries (54 completed; 66 pending). Since the pandemic first started impacting the U.S (as of 3/5), **families have postponed 2,244 scheduled services citing COVID-19 concerns**.
- To Date, there are 89 virtual hearings scheduled for the week of April 6. **To date, the board has successfully completed 404 virtual hearings**.
- PREVENTS is reaching out to Vets during the COVID crisis, releasing informational videos and concrete steps that Veterans and their families can take to care for their emotional well-being under

the tag #MoreThanEverBefore and with the help of lead PREVENTS Ambassador Second Lady Karen Pence.

- **Telemental health services being provided during COVID-19:**
  - **VA mental health providers have doubled telephone outreach calls from normal rate (over 76,000 calls in March)**
  - **VA mental health providers have tripled video connect appointments (over 63,000 appointments in March).**
- As of close of business on April 7, 2020, VBA contract vendors had reported a cumulative total of **65,200** unique Veterans whose contract examinations have been impacted by the pandemic.

[NEW] CARES ACT IMPLEMENTATION – KEY ACTIVITIES AND MILESTONES
(Please also include activities related to the implementation of other COVID-related supplementary funding legislation, including P.L. 116-127 and P.L. 116-123)

- Finalizing internal controls including reporting requirements for obligations, expenditures, and planned activities) for CARES Act Supplemental funding.
- OMB approved CARES Act Supplemental funding apportionments for VHA, VBA, Gen Ad, OIG, and Grants for Construction of State Extended Care Facilities.
- CARES Act, Section 4022. Foreclosure Moratorium and Consumer Right to Request Forbearance: notified OMB's Veterans Affairs and Defense Health Branch of interpretation concerns to ensure that all federal housing agencies impacted by these sections are consistent in implementing the new law, as requested by OMB.
- OIT will complete circuit installs at all four gateways by April 3rd, doubling network bandwidth to 160GBs
- OIT has approved 31 COVID-19 Memos valued at $371.02M
- Working with VHA, VBA, OIT to prepare spend plans and regular reporting templates for CARES Act funding.
- VBA Received $13M in GOE supplemental funding for COVID-19 related issues such as purchase of equipment and supplies to support telework posture and employee health and safety as well as scheduled deep cleaning of buildings/offices occupied by VBA personnel
- Office of Information Technology CARES Act Supplemental Funding apportionment ($2.15B) approved by OMB. Funds are available for execution.
- VHA to begin initial distribution to the Healthcare Networks of $5.3 billion (from the total $14.4 billion) in Medical Services funding from the CARES Act Supplemental based upon:
  - FY 2020 Veterans Equitable Resource Allocation (VERA) Model
  - VHA's Bed Management System
  - VHA's Managerial Cost Accounting (MCA) system
- Office of Information Technology has used funding to double network bandwidth across all gateways to improve telehealth and telework capabilities. Also placing equipment orders for our Veterans Health Administration
- As of 6 April 2020, VA reported $768.1 million in total COVID -19 obligations, an increase of $371 million from 2 April 2020.

Major upcoming decisions that require POTUS or Task Force-level decisions (only the biggest, most sensitive items should be included here, many agencies may not have anything to report in this section)

- Secretary Wilkie sent a memo to the President requesting Advanced Payment Authority to add increased flexibility in procurement of critical medical supplies to aid in VA's response to COVID-19. While other agencies already have this flexibility, the Department of Veterans Affairs is NOT covered. VA OGC working with WHCO on draft memo. (Ongoing)

Guidance, Communication and Outreach with Stakeholders

- SECVA Media
  - Sec. Wilkie was interviewed by Bernie and Sid in the Morning (NYC radio).
  - Sec. Wilkie was interviewed by Tom Jordan and Roberta Jasina (Detroit radio).
- VA Public Health, Coronavirus website has been visited 209,040 (+4,734) times with 187,762 (+4,131) unique visits.
- #LiveWholeHealth-Self Care Resources campaign for Veterans during Coronavirus crisis just launched.
  - The first Vantage and first Facebook post of a self-care resource blog went out. A blog post will be going out every day with an associated Facebook post.
  - https://www.blogs.va.gov/VAntage/73363/live-whole-health-self-care-episode-1/
- Human Resources and Administration office briefed House Veterans Affairs and Senate Veteran's Affairs Committee staff on workforce challenges during COVID-19. The briefing covered 1) what VA is doing to recruit/hire nurses and staff; 2) how VA is keeping staff safe; 3) how VA is incorporating feedback from union leaders and safety officers during this COVID-19 response.
- USB hosted a Tele-Townhall for Veterans in Pennsylvania on Tuesday, April 7, focused on COVID-19 response and VBA Program updates. The event reached over 30,000 participants.
- VA released the following press statements:
  - CARES Act helping VA boost protections for Veterans - The U.S. Department of Veterans Affairs (VA) has begun implementing the Coronavirus Aid, Relief and Economic Security Act or CARES Act, signed into law March 27, to protect America's Veterans. (Approved by TF) (4/8/20)
  - VA appeals production at all time high - The U.S. Department of Veterans Affairs' (VA) VA Board of Veterans' Appeals (Board) hit a production milestone, April 1, at the fiscal year (FY) 2020 halfway point issuing more than 52,000 decisions which is approximately 15% more than the previous year. (4/8/20)

- **Other Notable Responses**

  - **3,265 Positive Veteran COVID-19 Cases**

    - This is an increase of 227 cases from yesterday's numbers
    - 691 Veterans are in inpatient care (190 in ICU, 501 in Acute Care)
    - 2,404 are in outpatient care and are quarantined at home
    - 438 of these veterans are in New Orleans, which remains a hot spot for VA
    - 656 cases are in greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn)
    - Other areas with 50 or more cases include Connecticut (74), Indianapolis (88), New Jersey (184), Aurora/Denver (95), Chicago (161), Atlanta (81), Detroit (120), Washington, DC (85), Miami (54), Columbia, SC (53)
    - Veteran Deaths: 167 veterans have died from COVID-19 (+23 from yesterday)
      ***Note**: See attached document (VA Veteran COVID Cases 4-8-2020) for complete breakdown

- **1,174 VA Positive Employee cases**

    - This is an increase of 123 cases since our last report
    - Similar to the Veteran data above, there are a large cluster of employee cases in New Orleans with 92 employees testing positive
    - Similar to the Veteran data above the Greater New York City Area (Bronx, Hudson Valley, Northport, Brooklyn) have 167 employees testing positive
    - Other employee hot spots include Aurora (29), Chicago (40), Houston (29), Indianapolis (57), Kansas City (29), Miami (22), Washington, DC (23), New Jersey (29), Shreveport (27), Boston (25), Orlando (22)
    - **To date there have been 7 employee deaths: 1 in Ann Arbor, 1 in Detroit, 1 in Indianapolis. New employee deaths since yesterday include 2 in Reno, 1 in Shreveport, and 1 in Houston**
    - ***Note:** See attached document (VA Employee Cases 4-8-2020) for complete breakdown

Historical Inputs:

- Within a day of the first confirmed US case, VA began planning for COVID-19 by establishing screening and triage, isolation and quarantine, and infection control strategy and plans.
- Activated Veterans Health Administration (VHA) Emergency Management Coordination Cell (EMCC) to Level 1 on January 20, 2020 and it remains activated.
- Screening points established at every major VHA Healthcare Facility (170 hospitals that serve nearly 9 million veterans across the country) (March 10, 2020)
- Limited admissions to Spinal Cord Injury Units - 24 major centers; 24,000 Veterans (March 10, 2020)
- Restricted admission to VA Community Living Centers (CLC) (134 nationwide nursing homes supporting 41,000 Veterans) (March 10, 2020)
- Daily crisis action team meetings at 3pm to discuss updates and remain in sync internally and with other federal guidance. (3/9/2020)
- All VA Regional Benefit Offices (ROs) are closed to the public. Benefits are still being processed virtually.
- Provided HR Emergency Preparedness Guide to employees and managers to answer questions on a wide-range of human capital topics (e.g., travel, leave, telework, employee relations, labor relations, compensation, staffing, reasonable accommodation); continue to update based on new guidance.
- Released system-wide policy released directing curtailment of routine appointments and elective surgeries at all VA facilities (3/17/20)
- Released guidance for Geriatrics & Extended Care Home & Community Based Services Programs to protect Veterans and staff including strict limitations on visitors in geriatric facilities, increasing the use of virtual modalities for clinical care, and screening all essential visitors or residents of a Veterans home prior to initiating contact.
- Released Chaplain guidance related to COVID-19 transmitted to the field (3/17/20) that continues to provide spiritual support to Veterans while using appropriate PPE or and utilizing virtual modalities for worship services. Any large-scale chaplain events have been cancelled.
- Implementation of an Episodic Special Patient Icon in Bed Management Solution sent to the field
    - VA recently launched an Episodic Patient Icon to identify inpatient Veterans who are presumptive or confirmed positive cases during epidemics. These icons can also be used to

identify negative pressure rooms which allows for real-time bed capacity across the enterprise.

- Insurance services extended premium payment grace periods; reinstatement deadlines; and Service-Disabled Veterans Insurance (S-DVI) application deadlines. (3/17/20)
- Board of Veterans Appeals suspended all travel board, video, and central office hearings and is prepared to provide virtual hearings where possible if Veterans and the Representative are willing and have the necessary equipment. (3/17/20)
- Submitted Task Order to HHS to receive an additional 250K masks in Martinsburg; 1.5M masks at the SDC in Hines, IL
- VA is experiencing a reduction in surgical case load due to delaying non-emergent care; down from 1,900 per day to 1,300 per day. Additionally, there has been a 5% drop in ER visits; increased bed capacity by 1/3 across the VA. (3/16/20)
- Converting all ICU beds to negative airflow beds with a goal of reengineering by 3/30.
- VA's Loan Guaranty Service issued program guidance for VA's Real Estate Owned and Portfolio Servicing Contract (RPSC) contractor, placing a moratorium on evictions for VA-owned properties for 60 days due to COVID-19.
- VA's Debt Management Center, through coordination with the Veterans Benefits Administration and Veterans Service Organizations, implemented a 60-day COVID-19 debt relief plan to provide temporary financial relief in accordance with Veterans' request.
- Issuing proposed COVID-19 Interim Suitability & Fingerprint Guidance to comply with social distancing recommendations; guidance includes temporarily suspension of an initial fingerprint check (SAC) prior to new employees and contractor's entry-on-duty (EOD); VA continuing other investigatory measures such as initiation of e-Quip.
- Finalized a response to various union demands to bargain implementation of measures and precautions being put in place by the Department to protect people and property during the COVID-19 public health emergency. The general response denies immediate negotiations while advising any impact and implementation bargaining will occur post-implementation when the pandemic ceases. The Department is willing to meet all of its legal obligations, including negotiating with unions representing VA employees, but must also focus on providing care to our Veterans while protecting the safety and security of our facilities and the health of all in them.
- VetResources emails, providing Coronavirus information and prevention guidance, were sent to 10.8 million subscribers. (February 5 and February 26)
- A VA Acquisition Insider alert is being distributed to the VA Acquisition community concerning possible fraudulent vendor/merchant activity. Some of this activity might include instances of price gouging.
- VAntage blog published January 31 and continually updated since: https://www.blogs.va.gov/VAntage/70999/cdc-coronavirus-information-and-resources/
- Sent letter to governors regarding VA's Fourth Mission to improve the nation's preparedness and be a "safety net" for response to war, terrorism, national emergencies, and natural disasters. (March 17, 2020)
- CAO and VA's Director of Operations and Emergency Management communicated with HHS to ensure VA's Personal Protective Equipment (PPE) needs are prioritized. HHS has agreed to release a stop gap quantity of N95 protective masks to VA this week. (March 16, 2020)
- Notified GI Bill Beneficiaries and school officials through email and social media. If schools change modality of training to online classes for the current term, VA will continue to pay benefit payments.
- VA is pausing attendance at hearings involving the Secretary and his Undersecretaries for the remainder of March, at the guidance of OMB. One Senate hearing on the 2021 VA Budget proposal

and a House hearing on Sexual Assault Prevention will not be attended by senior leaders. Subcommittee attendance from VA witnesses will continue on a case by case basis.

- Secretary Wilkie sent a message to all VA employees expressing appreciation for their support during the COVID-19 pandemic, assuring them that their health and safety and that of our patients is critical, and offering resources to promote employee wellness during this time. (March 16, 2020)
- Implemented VEText outreach to 8,858,481 Veterans to receive COVID-19 information and updates via text. Texts began at 1200EST on 3/17/2020.
- Facilitated a briefing to Senate and House Authorizing committee staffers on VA's Emergency Management Disaster Plan for COVID-19.
- Partnering with Facebook and the American Red Cross Military Veteran Caregiver Network to support Veterans and their families/caregivers in their homes through use of 7,488 free Facebook Portal devices.
- Partnering with Amazon, to purchase 500 tablets to enable access for Veterans, families and caregivers via VHA Telehealth Service to help ensure medical access and reduce possible exposure estimated launch (3/30/2020).
- Deployed 16 Nursing Assistants to assist with screening of AMCITs repatriated (all have been demobilized)
- Deployed 5 Area Emergency Managers to assist Health and Human Services (HHS) Incident Management Teams at each repatriation site
- Deployed a Liaison Officer to the HHS Secretary's Operations Center (SOC) to assist with response coordination
- Conducted analysis of VA Medical facilities contingency data to identify locations for potential COVID-19 dedicated facilities
- Manilla, Philippines Embassy will close in the next two weeks, in which case our VA clinic will close. Eight employees will be returned to the US (1 VHA and 7 VBA) and this will impact 6,000 veterans who receive care from that clinic.
- OIT created a new Veteran-facing FAQ page, which is with OPIA to obtain final (i.e. White House) clearance.
- Issued guidance memorandum authorizing waiver of the biweekly pay limitation on premium pay for workers performing duties in response to COVID-19, permitting overtime and premium pay for eligible workers up to the annual limitation.
- OPM signed dual-compensation waiver to allow hiring of reemployed annuitants (i.e. retired employees) during COVID-19 by streamlining current delegations of authority for waiver of salary offset; VA Comms team is working with WH Comms on a Press Release.
- Coordinating with OM on procedures for authorizing Hazard Pay if regulatory criteria met
- **Employee Assistance Program (EAP):** Prepared to increase scope of the EAP contract with FOH for COVID-19 counselling if needed.
- Now sending daily detailed updates to both House and Senate Veterans Affairs Committees
- VHA has detailed four personnel to FEMA HQ to support the operations: Dr. John Areno, VISN16 Chief Medical Officer & Pulmonary/Critical Care physician; Mary Mather, IPEC/National Program Manager for LTC; Andrew Centineo, PL&O; Michael Forgy, OEM
- Secretary Wilkie joined President Trump on a stakeholder call with leaders of Veterans Service organizations to update them on the government wide response to COVID-19 (3/21/20)
- VA's Financial Services Center established an Emergency Buyers sub-group of 13,000 Government Purchase Cardholders within VA's Amazon Business Account providing special access to select vendors for critically needed supplies in accordance with the Chief Acquisition Officer's COVID-19 supply chain efforts

- VA Office of Information and Technology (OIT) has concluded testing of its network. Based on stress testing this week, OIT believes we can support 175,000-200,000 CAG connections, in addition to 300,000 RESCUE connections (3/21/2020)
- Future deployment of the Mobile Vet Center to New Orleans, LA will start week of 23 Mar 2020. VA reviewing locations for additional deployments. VA to set up Vet Center Community Access Point to provide direct counseling to Veterans receiving treatment through the HHS location.
- Effective Monday, March 23, 2020, committal services and the rendering of military funeral honors will not be conducted until further notice at VA national cemeteries. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. Currently, approximately 1174 families have postponed scheduled services citing COVID-19 concerns. This is up significantly from yesterday.
- VA will receive 20,000 testing swabs tomorrow 3/23
- Davita and Fresenius Dialysis companies establishing joint cohorting sites for individual markets where COVID 19 dialysis patients can be treated in isolation.
- On Saturday, March 21, 2020, the President signed into law S. 3503, which clarifies how the Department of Veterans Affairs should treat in-person courses of study that convert to distance learning formats due to health-related situations and other emergencies. https://www.whitehouse.gov/briefings-statements/bill-announcement-89/
- VA announced the policy change that allows for a dual compensation waiver for retired annuitants (retired VA employees) to be hired back to VA to meet the increased need of healthcare workers during COVID-19
- Packaged 50,000 masks today for shipment tomorrow to Denver and Brooklyn (3/23/2020)
- All Area Emergency Managers are in place at each FEMA region.
- VA working with OPM to expedite blanket requests from VA to exceed the limits on recruitment, relocation, and retention incentives for Title 5 employees to help provide necessary staff
- VA is concerned with the national ventilator shortage and is working with FEMA Task Force (TF) to find other sources of supply. VA will receive 25 ventilators this week and an additional 25 next week.
- Working to purchase facepiece elastomeric respirators based on CDC Guidance for managing COVID-19 patients; It is recommended that elastomeric respirators be used in order to conserve Surgical 95 and N95 filtering facepieces for high risk procedures that require a sterile field. (3/24/2020)
- VA experiencing a high reduction (20%) in urgent care utilization showing Veterans are heeding advice to stay home (3/24/2020)
- 20k hand sanitizer bottles have been received and will be deployed to the facilities starting tomorrow. (3/24/2020)
- Coordinated with DOD to identify approximately 8581 employees who are reserve/guard members and 669 are currently activated – 122 nurses and 24 doctors included in this number.
- During the COVID-19 emergency, private sector entities have offered to donate equipment and supplies needed to protect personnel from contracting COVID-19. VA OGC worked a delegation of approval to VISN Directors to ensure efficient approval of donated gifts.
- Effective immediately, the Board of Veterans Appeals will advance on docket (AOD) appeals for Veterans diagnosed with COVID-19. (3/24/2020)
- The Board of Veterans Appeals will accept AMA Notices of Disagreement (NOD) with a typed signature in lieu of a wet signature. (3/24/2020)
- Construction projects in Massachusetts, California, New York, Pennsylvania and Puerto Rico have been ether stopped completely or activities severly curtailed by this national emergency and shelter in place orders.

- Effective COB March 24, 2020 the National Personnel Records Center will be closing its facility in accordance with local St. Louis municipal guidance. Critical VA personnel will remain behind to continue to process priority records requests.
- MyVA311 call center (located in Salt Lake City) successfully started handling VISN 22 general COVID calls last night and VISN20 is scheduled for tonight; this effort was to free up hospital call centers for local issues.
- In consultation with DoD, NCA has discontinued disinterment efforts with the Defense POW/MIA Accountability Agency (DoD) at the National Memorial Cemetery of the Pacific (Punchbowl) effective immediately and until further notice in order to focus NCA resources on essential burial operations.
- Sent 541 letters to Members of Congress and Committees clarifying the process for requests from states and localities for VA to activate it's 4th MISSION (3/24/2020)
- Internal bulletin being drafted to implement new OPM guidance on flexible on-boarding this coming pay period and as needed during COVID to minimize physical proximity (such as the oath of office, the form I-9, fingerprinting, orientation, physical examinations, drug testing).
- Secretary Wilkie hosted a call with State and Local Government Stakeholders to provide them an update on VA's response to COVID-19.
- US Army Corps of Engineers will visit the former Denver medical facility to assess the building's viability for FEMA/HHS use.
- Penn Medicine submitted a request for a Mission Assignment for the transfer of COVID-19 non-Veteran patients to the Philadelphia VAMC.
- VA activating DEMPS for New Orleans (160 Clinical Staff) and New York (50 Nurses). We will begin moving people there starting today.
- Preparing to create a Federal Medical Shelter (FMS) in the Pacific NW (Location to be determined) with 160 personnel. Waiting for official FEMA tasking.
- Five Eyes Conference Ministerial Veterans Summit (scheduled for May 2020) has been postponed due to COVID-19.
- Submitted to OPM: (1) request for dual comp waiver to cover 2210 (IT Specialists) series occupations, and (2) direct hire authority for VBA positions-- Veteran Service Representative, Rating Veterans Service Representative, and Legal Administrative Specialist.
- On March 24th, CAO reported to VA OIG a vendor in Louisiana who is offering medical supplies and equipment up to 1000% above average cost and likely does not meet FDA guidelines.
- SECVA had the following phone interviews with press:
  - Jeff "Goldy" Goldberg, WFNC Radio (3/24/20)
  - NBC 4 w/ Scott MacFarlane (3/24/20)
  - Jim Blythe, Alliance 4 the Brave (Dallas) (3/24/20)
  - Kirsti Marohn, Minnesota Public Radio (3/24/20)
  - Ware Morning Show (Radio), San Antonio (3/25/20)
  - Fox News Rundown (Taped) (3/25/20)
  - Wake Up Tucson, AZ (3/25/20)
  - Fred Thys, WBUR Radio (NPR Boston) (3/25/20)
  - Sec. Wilkie was interviewed by the Moon Griffon Show (LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by Leo Shane of Military Times (print). (3/26/20)
  - Sec. Wilkie was interviewed by Pensacola's Morning News (FL radio). (3/26/20)
  - Sec. Wilkie was interviewed by WWL Radio (New Orleans, LA radio). (3/26/20)
  - Sec. Wilkie was interviewed by The Drive with Lee Matthews (Oklahoma City, OK radio). (3/27/20)
  - Sec. Wilkie was interviewed by Kevin Miller in the Morning (Boise, ID radio). (3/27/20)

- Sec. Wilkie was interviewed by The Marc Cox morning Show (St Louis, MO radio). (3/27/20)
- Sec. Wilkie was interviewed by Larry O'Connor, WMAL (DC/CA radio). (3/27/20)
- Sec. Wilkie was interviewed by KOAN Radio (Anchorage, AK). (3/27/20)
- Sec. Wilkie was interviewed by Montana Talks Radio. (3/30/20)
- Sec. Wilkie was interviewed by the Ross Kaminsky Show (CO radio). (3/30/20)
- Sec. Wilkie was interviewed by Lisa Rein, The Washington Post. (3/30/20)
- Sec. Wilkie was interviewed by The Conservative Circus (Phoenix radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Bob Rose Show (FL radio). (3/31/2020)
- Sec. Wilkie was interviewed by the Charlie James Show (SC radio). (3/31/2020)
- Sec. Wilkie was interviewed by Mobile Mornings (AL radio). (3/31/2020)
- Sec. Wilkie was interviewed by The Mark Sterling Show (NC radio). (4/1/2020)
- Sec. Wilkie was interviewed by Fox Across America (Fox News Radio). (4/1/2020)
- Sec. Wilkie interviewed by Richmond's Morning News (VA radio). (4/2/2020)
- Sec. Wilkie interviewed by Ringside Politics (LA radio/tv). (4/2/2020)
- Sec. Wilkie interviewed by The Erick Erickson Show (GA radio). (4/2/2020)
- Sec. Wilkie interviewed on The Sam Malone Show (Houston, TX Radio) (4/3/2020)
- Sec. Wilkie interviewed on The Dale Jackson Show (Huntsville, AL Radio) (4/3/2020)
- Sec. Wilkie was interviewed by AM Tampa Bay Radio (4/6/2020)
- Sec. Wilkie was interviewed by The John Fredericks Radio Show. (4/6/2020)
- Sec. Wilkie was interviewed by The Matt and Aunie Show (AL radio). (4/6/2020)
- Sec. Wilkie was interviewed by The Schilling Show (VA radio). (4/7/2020)
- Sec. Wilkie was interviewed by The Annie Frey Show (St. Louis radio). (4/7/2020)
- Sec. Wilkie was interviewed by The Wilkow Majority on Sirius XM radio. (4/7/2020)
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- SECVA had the following studio interviews:
  - COX Media w/ Samantha Manning; held in VACO Broadcast Studio (3/25/20)
- Guidance sent to HR offices of a temporary postponement of pre-employment applicant drug testing for testing designated positions (TDP) for up to 180 days.
- Authority to Approve Weather & Safety Leave for Employees
- Guidance for Elective Gastroenterology and Hepatology Procedures – COVID-19
- Guidance for VHA Eye Care Operations During the COVID-19 Pandemic
- OCHCO Bulletin – Temporary Authorization to Delay Pre-Placement and Recurring Physical Exams
- Guidance for VHA Emergency Child Care Center Operations
- Changes to In-Person Identity Verification for the My HealtheVet Website
- Dual Compensation Waiver Guidance for VHA
- Guidance on Safeguards for Military Environmental Registry Exams to Protect Veterans
- Guidance on Patient Specimen Shipments - UPS shipping
- Guidance on Preparedness for Mechanical Ventilation of COVID-19 patients during Pandemic
- VA met with OIRA and OMB on MISSION Act considerations. VA is not pausing the MISSION Act. The department is ensuring the best medical interests of Veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak.
- VA is no longer considering issuing a temporary waiver of the >90% bed hold requirement and the 75% Veteran bed requirement for State Veterans Homes to help ensure they remain solvent during this crisis. After further review, OGC advised that VA has no authority to waive the regulatory requirement. In addition, we were asked to review draft legislative language that would waive the

above requirement. The State Homes have a hotline to Congress so we assume this is something they asked for and we will support.

- A total of 631 Transition Assistance events have been cancelled to date due to installation restrictions. We are offering these transition related courses virtually (via eLearning) to all Servicemembers and their families.
- VBA continues to exceed output targets for some benefits during the pandemic
  - Last week, Veterans filing claims for Education benefits continued to receive decisions on original claims in 15 days and on supplemental claims in under seven days, well below target levels of 28 days for original claims and 14 days for supplemental claims.
  - Nearly 100 percent of Veterans seeking a loan guaranty certificate of eligibility received it within the goal of 5 days, and approximately 90 percent were delivered within one day.
  - Call Centers are exceeding targets for service delivery—last week, Veterans needing to discuss their claims or benefits with a call center agent waited an average of one minute to speak to an agent, with 88 percent of callers reaching an agent within our target of two minutes.
  - VBA is maximizing its use of alternatives to in-person appointments including the use of phone and video capabilities.
- Conducted a "Lunch and Learn" a virtual online meeting to provide Veteran Service Organizations and community partners access to VA resources including COVID-19 response resources.
- Published VETResources to a total of 10.7M Veterans via email (25 March 2020).
- Acting PDUSH met with NYC Emergency Management Commissioner to discuss need for HHS tasking, sharing of data, and the process for referral of COVID positive and negative patients, preferably Veterans, to be admitted at VA facilities.
- Disaster Emergency Medical Personnel System (DEMPS) activation memo issued and recruitment initiated for New Orleans and Manhattan
- Area Emergency Managers supporting repatriation centers:
    - Travis and Lackland demobilizing today (3/26/2020)
    - Dobbins and Miramar will demobilize tomorrow (3/27/2020)
- VA working with various vendors for purchase of Chloroquine Phosphate and ventilators.
- Collaborating with Peace Corps who has 7,000 volunteers ready to work (due to evacuations); working with them on open position advertising and employment opportunities to support VA's mission during this national emergency and beyond.
- VA identified a potential shortage of 1K nurses in certain hotspots of the nation and is working a combination of solutions to include:
    - Rehire of retired nurses
    - Hire of new employees through special hiring authorities and waivers
    - DEMPS moves from other non-stressed areas in VA
    - Use of the new Open Opportunities, a governmentwide platform offering professional development opportunities to current federal employees, as a central location for federal agencies to post details, microdetails, and/or temporary assignments.
- Collaborating with DOL and DHS/USCIS on a waiver of labor market review for non-citizens.
- Examining with OPM on a waiver or use of existing interchange agreements to detail excepted to competitive positions
- Activating enhanced Tele-ICU hub
- Growing the roster for Disaster Emergency Medical Personnel System (DEMPS) volunteers for deployment to New York City and New Orleans.
- To support volunteerism, VHA is authorizing Special Contribution Awards up to the limit and asking OPM for authority to go above $10,000 but under $25,000 where needed and also making an

exception to policy (VA Directive 5007) to allow per regulation recruitment, relocation and retention bonuses for any appointment at least 6 months in duration.

- Received shipment of N-95 masks, swabs and test kits for distribution (3/27/2020)
- With support from our Center for Strategic Partnerships, Office of Research and Development is establishing agreements with two commercial Institutional Review Boards (IRBs) that has allowed four of our medical centers to join in ongoing COVID-19 clinical trials and positions us to be ready for any future trials using these IRBs. VA opened trials in Palo Alto, Atlanta, New Orleans and Denver, where VA is seeing a surge of COVID patients.
- Issued joint guidance with Pension & Fiduciary Service and Appeals Management Office that the COVID-19 pandemic qualifies as "good cause" for granting extension requests. Specifically, if a claimant requests an extension to file forms or documents because the COVID-19 pandemic affected their ability to meet such deadlines, VBA will grant the requested extension, provided the time period expired on or after March 13, 2020 (the date the President issued a national emergency).
- Collaborating with the National Active and Retired Federal Employees Association to let that community participate in helping VA fill its openings.
- Certain VA national cemeteries, located on active military installations, are being impacted by changes in base access (Fort Richardson, AK; Leavenworth, KS). Due to a change in base operating status, the general public is restricted from accessing the cemetery located on the base. NCA has coordinated with base authorities to ensure funeral homes are able to access the cemetery so direct casket/cremation interment operations are still available (without the option to "witness"). (3/27/2020)
- Currently supporting approximately 2,500 concurrent telehealth appointments, with a goal of 10,000 concurrent appointments (3/27/2020)
- VA OGC partnered with the VA Voluntary Service to create a universal gift form for distribution within VA listing general departmental needs during the COVID-19 emergency. Each VAMC Director can solicit and accept the listed donations pursuant to VHA Directive 4721, VHA General Post Fund – Gifts and Donations. (3/27/2020)
- VA send new (coordinated) guidance to the field on MISSION Act considerations (3/27/20).
- VA released the VHA COVID-19 Response Plan which provides guidance to the field. The operations plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19. (3/27/20)
- VA Veterans Health Administration sent the following guidance to the field (3/27/2020)
  - Delegation of Authority – Group Recruitment and Retention Incentives for Title 38 Employees
  - Recruitment, Hiring and Organizational Changes During COVID-19
  - COVID-19 VHACO Clinician Request
  - Postponement of Long-Term Care Surveys
  - Establishment of New Hire Processing Timeline
  - Office of Nursing Services Recruitment – Retired Annuitants and Travel Nurse Corps
- Developing language for HHS sub-task on FEMA Mission Assignment to VHA for $1.5M in pharmaceutical support to Javits shelter in NYC.
- Assisting Homeless Program on development of Assessment and Recovery Center.
- Executing Mission Assignment as directed by and in coordination with FEMA in support of the New York State request. VHA will provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment of civilian (non-veteran) patients from city hospitals as required. (3/28/2020)
- Recommending OMP delay Federal Employee Viewpoint Survey (FEVS) by 3 months. VA is considering delay of VA's annual All Employee Survey (AES) to September.

- OPM approved direct hire authority for the following VBA positions: Veterans Service Representative; Rating Veterans Service Representative; Legal Administrative Specialist.
- Since the pandemic first started impacting the U.S (as of 3/5), approximately 1,626 families have postponed scheduled services citing COVID-19 concerns.
- For the past week, overall interments/inurnments are down in national cemeteries compared to last year by nearly 40% (2020: 1,219 interments/inurnments vs. 2019: 1,970 interments)
- Modifying Bulletin on waiving physical examinations during COVID-19 to address stress on Employee Occupational Health (EOH) offices who are focused on COVID-19 screening.
- NY Harbor VA Hospital received four civilian patients from Elmhurst Hospital. One was in respiratory failure and admitted to the ICU. Information about the other three is pending. (3/29/2020)
  - Four to five additional patients are expected overnight from Elmhurst Hospital.
  - The five patients that were to be transferred from Lincoln Hospital have not arrived yet.
- VA Office of Information and Technology (OIT) will complete circuit installs at all four gateways by April 3rd doubling bandwidth to 160GBs. We have also upgraded the number of concurrent Skype sessions in Gateway East, North and South, with Gateway West pending. The number of sessions increasing to 5000 at each gateway. These upgrades will allow for greater bandwidth, increased telework and increased telehealth to aid in our COVID-19 response. (3/29/2020)
- Working modifications to HRSmart to support mass hiring to support deployable medical personnel. 3/29/2020)
- Submitting request to OPM for broad authority to approve Special Contribution Awards (SCA) above the $10K agency limit; drafting changes to current policy (VAH 5017) to delegate from SECVA to EIC authority to approve SCAs up to $10K.
- VA OGC provided legal support for several important research projects in furtherance of efforts to develop a therapy for the COVID-19 infection. OGC is negotiating on an expedited basis a Cooperative Research and Development Agreement (CRADA) between Regeneron Pharmaceuticals, Inc. and the Atlanta VA Health Care System to assess the efficacy and safety of a drug approved by the Food & Drug Administration (FDA) for another use on Veterans hospitalized with COVID-19.
- VA working an Agreement with Reliance for the use of Advarra as the commercial IRB of record for a COVID-19 study using Gilead's Remdesvir at the Palo Alto VA Medical Center.
- VA OGC negotiated to allow the VA James J. Peters Medical Center, Bronx, New York to partner with Genentech/Roche and participate in study to evaluate the safety and efficacy of Tocilizumab (Actemra) in patients with severe COVID-19 pneumonia in the hope that that drug can interrupt a serious inflammatory response that can occur as a complication of some infections. The drug has been cleared by the FDA as a treatment for several forms of arthritis and also as a cancer therapy.
- On March 30th, the Denver Logistics Center (DLC) will receive a shipment of 500 iPads for the VA Video Connect (VVC) Community. These iPads are designed to allow "skype" type appointments between the Veteran patient and the Care Provider. The DLC will prepare the iPads for immediate shipment to fulfill backorders.
- VA received a new Mission Assignment to provide 20 (5 ICU and 15 Med Surge) beds for non-veteran patients in East Orange, NJ.
- Coordinated with FEMA/HHS Region IX, Arizona State officials, and Navajo Nation officials regarding cluster of cases in Tuba City, AZ and potential impacts to Veterans and VA facility.
- As of close of business on Sunday, March 29, 2020, VBA contract vendors had reported a cumulative total of **33,379** unique Veterans whose contract examinations have been impacted by the pandemic.
- Since the pandemic first started impacting the U.S., families have postponed **1,940** scheduled funeral services citing COVID-19 concerns. (3/30

- Notified HR offices on COVID-19 Excepted Service Hiring Authority for Schedule A approved by OPM. this allows us to quickly hire any Title 5 positions that are in direct response COVID-19. VA may use this to fill positions on a temporary basis for up to one year as needed in response to, or as a result of COVID-19. (3/30/2020)
- Deployed a second VEText based message to our Veterans that have a mobile phone number registered with VA at 1200 EST today (3/30/2020);
  - The text will reach approximately 7.1 million Veterans and take 8 hours to send to all recipients.
  - The message: "Dept of Veterans Affairs COVID-19 update: Stay home, stay safe, stay connected. VA has online tools for your appointments, prescriptions, and more. https://go.usa.gov/xdJkp
- Developed a COVID-19 quick start guide (QSG) to be posted as part of the VA welcome kit and broadly distributed to Veterans. This distribution includes:
  - All MOU partners (corporate partners), Veteran Service Organizations (VSO), posted on social media pages (Twitter, Facebook, etc.), VA Program Offices for sharing across their partner networks, National Association of State Directors of Veterans Affairs (NASDVA). (3/30/2020)
- VHA Executive In Charge, Richard Stone and Assistant Secretary from Management Jon Rychalski briefed HVAC Chairman Takano on the $19.6 Billion received in the supplemental funding bill (3/30/2020)
- VA conducted 3,094 concurrent telehealth appointments yesterday, a new high-water mark (3/31/2020)
- Coordinated with Department of Treasury to suspend the collection of all debt owed to VA until May 31, 2020 for any Veterans seeking debt assistance due to COVID-19. This includes suspending referrals to the Treasury Offset (TOP) and Cross Servicing (CS) processes.
- OPM sending VA job opportunities to over 1M retirees.
- VA All Employee Survey postponed until September 2020.
- Notified Human Resources (HR) offices of the Federal employee leave provisions under the Families First Coronavirus Response Act and the requirement to post the Families First Coronavirus Response Act Notice at VA facilities.
- In accordance with OMB and VA COVID-19 guidance, National Diversity Internship Program (NDIP) FY 20 summer session has been cancelled.
- VHA New Guidance to the field (3/31/2020):
  - Leveraging Capacity to Support Surges in Demand for COVID-19
  - Credentialing and Privileging COVID-19 (Reduced credentialing process for providers in order to expedite onboarding of critical medical staff)
  - Resilience Rehabilitation Treatment Programs (RRTP) Hardening Guidance (Details guidance on efforts to protect staff and patients in our Domiciliary Units)
  - Supplemental Information - Radiology and Nuclear Scheduling and Orders Management During the COVID-19 Pandemic
  - Coronavirus (COVID-19) – Guidance for Urgent and Emergent Surgical Procedures
  - Guidance on Access Standards in response to Coronavirus (COVID-19) Updated (coordinated with OMB)
- Invocation of the Defense Production Act (DPA) resulted in confusion in the commercial sector as to how to prioritize orders, resulting in delays and cancellations on orders and deliveries to VA. Under the DPA, the FEMA Task Force, used its authority to divert materiel originally offered to VA for delivery to the SNS.
  - VA orders for masks, gowns, gloves, and PARP have been cancelled by our vendors. This is high risk for not only our enterprise, but for the Administration as our hospitals will be without supplies starting late this week.

- FEMA and HHS have been made aware; VA is awaiting resolution from them. *Issue has since been resolved

- Disaster Emergency Medical Personnel System Deployments (Various Specialties) (4/1/2020)
  - (27) Personnel being processed for deployment.
  - (14) Personnel deployed/on the ground at various locations.
  - (2) VISNS requested personnel deployed through DEMPS
- Mobile Vet Center Update as of 4/1/2020:
  - New Orleans, LA Mobile Vet Center Deployment Ended. Vet Center staff connected with 100 Veterans, Servicemembers and families over the course of the deployment. Contact has been made with 71 civilians. Deployment ended 30 Mar 2020. One deployed employee is currently under investigation with symptoms and awaiting test results. As a precaution, all deployed staff (4 total individuals) will telework for 14 days monitoring for symptoms before returning to work at their respective Vet Centers.
  - Pasadena, CA operations started on 31 Mar 2020.
  - Portland, OR operations started on 31 Mar 2020.
  - New York, NY operations started on March 31, 2020. There will be no physical Mobile Vet Center but counselors and outreach staff will be at the Javits Center to provide direct counseling to Veterans, Servicemembers, and their families.
- VA OGC advised that the Veterans Health Administration (VHA) has the authority during the COVID-19 global pandemic emergency to procure lodging for employees working at their local worksite (e.g., if staff have a need to stay away from their homes/family members and continue to work (e.g. Emergency Department physicians), or a need to stay close by for faster response time, if VHA documents in writing why it has concluded that this event at all or some facilities involves imminent danger to human life and why paying for employee meals and lodging is necessary to combat that imminent danger.
- VA Acquisition Office is working with the VHA's Care in the Community Program Office to establish a Global Nurse Advice Line contract to support increased phone consults for Veteran care in support of Coronavirus.
- VA Acquisition Office is working with VHA to contract with Battelle for use of their Critical Care Decontamination Systems (CCDS) that can sanitize 80K N95 masks per day. There are two units in operation – New York and Camp Murray, WA.
- Assistant Secretary HRA/OSP and Assistant Secretary OIT co-signed a memorandum dated March 31 outlining temporary procedures for personnel security vetting and appointment of new employees and alternative PIV credentials for eligible users during Coronavirus 2019 National Emergency; this guidance implements direction issued to executive departments and agencies from the Office of Management and Budget and the Office of Personnel Management.
- VHA Guidance Issued to the Field: (4/1/2020)
  - COVID-19 Definitions of Bed Categories
  - Suspension of Registered Nurse Transition to Practice Residency Program
  - COVID - Clinical Resource Hub Guidance
  - Guidance for the Hiring Compensation and Utilization of Alternate Nurse and Unlicensed Assistive Personnel
  - COVID-19 - Process for Cancellation of Non-urgent Operating Room Procedures
- SECVA hosted a phone call with VSO leaders to provide them with an update on VA's response to the COVID 19 Pandemic. This will be a weekly call going forward. (4/1/2020)
- Published public blog with guidance for Veterans/Caregivers seeking access to DoD facilities. (4/1/2020)

- Provided guidance on March 26 to field claims processors and the public on good cause for extending claims filing deadlines based on COVID-19. (4/1/2020)
    - Specifically, under existing VA regulations, if the time limits within which claimants or beneficiaries are required to act in order to perfect a claim, file an appeal, or challenge an adverse VA decision expired, the time may be extended for "good cause" shown.
    - Accordingly, claimants impacted by COVID-19 may request an extension for filing based on good cause. VBA regional office claims processors will grant the extension request, provided the time limit in question expired on or after March 13, 2020.
- **FEMA Mission Assignments Update:** 4 signed (4/2/2020)
    1. Resource Request: National Level Activation – Activate VA to locations identified by FEMA.
        - Status: Complete. 10 VHA Office of Emergency Management Liaisons deployed to each FEMA Regional Response Coordination Center (RRCC)
    2. Resource Request: VHA Pharmaceutical and medication supply to support ESF8 response operations
        - Status: In progress. Validating actual requirements. VA will meet Veteran needs first.
    3. Resource Request: NYS requests VHA provide 15 Intensive Care Unit (ICU) and 35 Acute Care beds at the Manhattan/Brooklyn VAMC for immediate and short-term medical treatment for non-veteran patients.
        - Status: In progress; 22 of the 50 beds are filled by non-veterans and many of the patients arrive in critical condition. <u>One civilian death at the Brooklyn VAMC.</u>
    4. Resource Request: VHA will provide 5 Intensive Care Unit (ICU) and 15 Acute Care beds at the East Orange VAMC for non-veteran patients.
        - Status: In progress; status of beds unknown
- VA resolved the issue with FEMA and HHS regarding contracts under the DPA; working with FEMA to ensure VA is included in the National Supply Chain Priorities List. (4/2/2020)
- Regional response coordination center liaison officers receiving multiple inquiries regarding the pharmaceutical MA and PPE and medical supplies for state VA nursing homes under the supplemental appropriation
- JAVITS NY Medical Station and USNS Comfort Transfer guidance received
- VA processed 156,438 disability compensation and pension rating claims in March 2020, besting the prior record of 135,324, set in March 2014 (16% increase over prior best March output). This is significant evidence that VA is still providing world class service to Veterans during the COVID-19 Pandemic.
    - VBA is maintaining all phases of full business operations as we are maximizing telework (96% of employees) and continuing to reach veterans via phone and video appointments.
    - Veterans seeking assistance with claims may reach us via phone or email and may file claims through va.gov or via mail.
    - If a Veteran or claimant requests an extension for filing based on the COVID-19 pandemic, VBA will grant the extension under the good cause provision.
- Per HHS guidance, Office of Information Technology (OIT) has suspended privacy restrictions and will allow doctors to use technologies such as FaceTime and Google Hangouts for telehealth appointments. (4/2/2020)
- Notified HR offices of the Federal employee leave provisions under the <u>Families First Coronavirus Response Act</u> and the requirement to post the Families First Coronavirus Response Act notice at VA facilities. This provides up to two weeks (up to 80 hours) of emergency paid sick leave to all federal civil service employees if they are unable to work (or telework) under specified circumstances related to COVID-19 – unless they are in an exempted category.

- Direct Hire Authority allowed by OPM for certain additional positions in NCA and VHA.
- The Board of Veterans Appeals has scheduled 61 virtual hearings the week on March 30. To date, the Board has successfully completed 361 virtual hearings.
- Conducted a "Lunch and Learn" virtual online meeting to provide Veteran Service Organizations and community partners information on VA Mental Health resources and highlight the Cohen Veterans Network (CVN) mental health initiatives.
    - The recorded session is here: http://va-eerc-ees.adobeconnect.com/veocvebllcohen/
- White House VA Hotline and MyVA311 Call centers remain fully operational.
    - 3035 Total Covid-19 calls have been answered by the MyVA311 call center.
- Under Secretary for VBA Paul Lawrence and Executive in Charge for VHA Richard Stone briefed Rep. Takano, Rep. Roe, Sen. Tester and Sen. Moran on COVID-19 Responses for Health and Benefits. (4/2/2020)
- Sec. Wilkie briefed Sen. Boozman on Appropriations related issues. (4/2/2020)
- VA announced today a number of actions to provide Veterans with financial, benefits and claims help amid the COVID-19 pandemic. The financial relief actions include the following until further notice: (4/3/2020)
    - Suspending all actions on Veteran debts under the jurisdiction of the Treasury Department.
    - Suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
    - For Veterans who have been diagnosed with COVID-19 and need immediate action on their appeals, as opposed to a filing extension, the Board of Veterans' Appeals will Advance their appeal on Docket (AOD). Click here to find out how to file for AOD and what documentation is required.
- Secretary briefed the FEMA Task Force today. VA is prepared to open 1500 beds across our system to help relieve the pressure on states and localities. Each Veterans Affairs network has put in place contingency plans to expand the number of beds available, first for veterans and then our fellow citizens. (4/3/2020)
- VA contracted with Battelle for use of their Critical Care Decontamination Systems (CCDS) to sanitize N95 masks for Brooklyn, Manhattan, and East Orange, NY medical centers. Great partnership with HHS and FDA led to the approval to reuse masks 20x after sanitization. (4/3/2020)
- VA has administered more than 18,900 tests and has more than 3,000 additional tests on hand. (4/3/2020)
- Contract awarded for Alternate Care Sites-Four (4) 125 bed, soft-sided, portable medical structure. Awaiting delivery and selection of sites. (4/3/2020)
- Contract awarded for Mobile Field Hospital. Awaiting delivery and selection of site. (4/3/2020)
- Starting Thursday, April 9, 2020, NCA will no longer provide the option for families to witness interments at Calverton National Cemetery to help improve workload efficiency and increase the capacity of interment operations at this cemetery, which is located in the NYC epicenter. This change is being communicated to funeral homes in NY and families with interments scheduled on this date and beyond.
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,077 scheduled services citing COVID-19 concerns. 8 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries
- Increased enrollment and turnover of patients into the Home Telehealth (HT) program is overloading the ability of logistics to acquire the HT items. Primary shortages are thermometers and pulse-oximeters. Home Telehealth's new COVID-19 requirements to monitor COVID-19 higher risk patients have increased the burden on the supply chain. Program Offices are notifying the HT Care

Coordinators to return these shortage items to the Denver Logistics Center for refurbishment and re-issue.

- OPM has authorized VA Direct Hire Authority for one year for the following positions at all grade levels nationwide for the duration of the COVID-19 emergency: Industrial Hygienist, GS-0690 Plumber, WG-4206 Maintenance Worker, WG-4749 Supervisory Engineer, GS-0801 Specialty Engineer, GS-0800 Laborer, WG-3502 Cook, WG-7404 Cemetery Caretaker, WG-4754. OPM has also authorized DHA for the following occupation and at this specific grade level: Human Resources Specialist, GS-0201-12.
- Veterans Group Life Insurance: Prudential has extended grace periods by 90-days for premium payments and reinstatements, including the time allowed to submit the Attending Physician Statement (APS) required for some medical underwriting applications.
- VHA Executive in Charge Richard Stone briefed House Veterans Affairs, Senate Veterans Affairs and Appropriation Committee staff members on COVID-19 response.
- Under Secretary for Benefits Paul Lawrence hosted a Tele-Townhall for Veterans in Michigan on Thursday, April 2 focused on COVID-19 response and VBA Program updates, reaching 31,582 participants.
- **VHA Guidance to the field:**
  - Changes to In-Person Identity Verification for the My HealtheVet Website
  - COVID-19 Bed Expansion Planning Signed
  - Move! Weight Management Program Guidance for COVID-19 Pandemic Response
  - EIC Memorandum Authorization to pay for Lodging and Meals
  - Contracted Outpatient Sites of Care COVID-19 Virtual Care Information and Updates
- VA has increased telehealth capacity by 15% to 11,000 max concurrent user call capacity
- VA OIT has implemented a plan for mid-April to have 15 high priority sites enabled for tele-ICU
- Mobile Vet Center Deployment Update (4/4/2020)
  - <u>New York, NY (Deployment Started)</u>
    Operation Gotham at the Javits Center in New York City began to receive patients on the afternoon of 31 March 2020. Vet Center staff connected with 64 Service members over the course of the deployment. Contact has been made with 2 civilians.
  - <u>Pasadena, CA (Deployment Started)</u>
    Operation started on 1 April 2020 and ended April 3. Minimal contact, will seek a better location.
  - <u>Portland, OR (Deployment Started)</u>
    Operation started on 31 March 2020 and staff are located in a shopping center in Portland, OR. Vet Center staff connected with 40 Veterans, Service members and families over the course of the deployment. Contact has been made with 12 civilians
  - <u>Altoona, PA (Deployment Started)</u>
    MVC stationed at VAMC to assist with screening. Veteran Outreach Program Specialist on site.
  - <u>Dayton, OH (Under Development)</u>
    Request Mobile Vet Center at Dayton Medical Center to assist with COVID screening, will begin Monday April 6
- Medical Centers are experiencing serious PPE shortage. Several sites doing 3D printing, but it is not enough. Soon, PPE will be rationed; one surgical mask issued per week, one N95 per day. VISN 6 began mask sterilization with Berrett – 2400 mask in a 24-hour period. (4/4/2020)
- Developing requirements for Morgue Expansion Capabilities. (4/4/2020)
- Working to identify medical consumables/equipment for recently purchased Field ICU Unit. Location for deployment of Unit still under consideration. (4/4/2020)

- Developing policy on the ability of VA law enforcement personnel, with proper notice, to inspect the personal effects of employees exiting VA healthcare facilities in order to prevent the theft of personal protective equipment needed to protect health care workers during the on-going public health emergency. This is becoming an issue during the Pandemic. (4/4/2020)
- VA released a press statement extending financial, benefits and claims relief to veterans. The financial relief actions include suspending all actions on Veteran debts under the jurisdiction of the Treasury Department and suspending collection action or extending repayment terms on preexisting VA debts, as the Veteran prefers.
- **Update on Additional Mission Assignments (4/5/2020)**
  - The VA Medical Center in Boise, Idaho is providing assistance and support for diagnostic testing for the Idaho Dept. of Health and Welfare
  - VA is providing a 53-foot pharmacy trailer and one technical specialist to Detroit, Michigan for a 30 day deployment to help the city.
  - The Manchester, NH VA Medical Center is providing 20 nursing staff to assist with two Massachusetts State run Veterans Nursing homes who have been hard hit by COVID-19.
- VA sent a list of critical PPE supplies with requested quantities to RADM Polowczyk, Supply Chain Sub-Task Force Director for consideration and prioritization. (4/5/2020)
- Since the pandemic first started impacting the U.S (as of 3/5), families have postponed 2,244 scheduled services citing COVID-19 concerns. 55 COVID-19 Interments have taken place or are scheduled at VA National Cemeteries (4/5/2020)
- Mobile Pharmacy Mission Assignment is set up at the Convention Center in Detroit. Patients have yet to be admitted to the hospital. (4/6/2020)
- VA Supply Chain Update:
  - Order for 20M Masks (sitting at a warehouse in Chicago) was sold out from under us today from a broker in Norway. (4/6/2020)
- National Acquisition Center's (NAC) Service & Distribution Center is providing additional warehouse space for VHA ordered and FEMA provided PPE products; VHA to identify space required and delivery schedules. (4/6/2020)
- As of April 3, VBA has temporarily suspended all in-person appointments provided by VBA's contract examination vendors, where the Veteran physically reports to the medical provider's office. The contract exam vendors will continue to complete as many examinations as possible using virtual means that do not involve an in-person examination, including tele-exams and ACE. For some disabilities, in-person examinations are required and cannot be completed through an alternate method. (4/6/2020)
- VA signed a memorandum regarding the Child Care Subsidy Program that has temporarily expanded the total family income ceiling from $89,999 to the maximum limit of $144,000 for support during the COVID-19 crisis; allows eligible employees to seek reimbursement on some child-care costs. (4/6/2020)
- Veterans Health Administration guidance sent to field: (4/6/2020)
  - Grade and Pay Determinations for Nurses/Certified Registered Nurse Anesthetists (CRNA) During COVID-19
  - Homeless Program Office (HPO) Guidance on Face to Face Visits
  - On-Hand Inventory Reporting Requirements for Critical Care and Coronavirus Drugs
  - Update: Coronavirus (COVID-19) Facemask and N95 Respirator Use
  - Tip Sheet for Caregivers During COVID-19
  - VHA COVID 19 Priorities During Transition to VA's New EHRM

- COVID-19 Employee Deployment - Special Contribution Award Guidance
- VA Public Health, Coronavirus website to provide Veterans & Staff guidance and information now active. Website visited 191,348 times with 172,253 unique visits (4/6/2020)
- VA Chief Acquisition Officer briefed House Veterans Affairs Minority Staff on procurement, supply chain, etc. (4/6/2020)
- New Mission Assignment: Deployment of a 53-foot mobile pharmacy truck to Chicago, IL will be completed today (4/7/2020)
- Mobile Vet Center (MVC) Update: (4/7/2020)
  - Altoona, PA (Deployment Started). MVC stationed at VAMC to assist with COVID-19 screening. Veteran Outreach Program Specialist on site.
  - Dayton, OH (Deployment Under Development). Request for MVC stationed at VAMC to assist with COVID-19 screening.
  - New York, NY (Deployment Paused). Vet Center staff have connected with 99 service members over the course of the deployment. Contact has been made with 2 civilians
  - Pasadena, CA and Portland, OR deployments ended
- Identified a total of 20 tribal governments that have Emergency Declarations
- Continuing to roster DEMPS volunteers for deployments (Various Specialties) (4/8/2020)
  - Total Volunteers: 1406
  - (199) Personnel in process
  - (45) Personnel deployed on the ground
- The Board of Veterans Appeals has 67 virtual hearings scheduled for the week on April 6th. To date, the Board has successfully completed 376 virtual hearings. Through April 5th, the Board has signed 54,298 decisions. (4/7/2020)
- Boston Regional Benefits Office – Implemented two-week suspension of local mail processing effective April 7, 2020, ending April 21, 2020 during the anticipated peak in COVID-19 infections in the Boston community. Employees will not be authorized to access any of the three Boston, Manchester, White River Junction (BMW) facilities without prior approval as determined by the Director or Assistant Director on a case-by-case basis. (4/7/2020)
- Calverton National Cemetery (closest to NYC Epicenter) is seeing an increase in internment rates. On average, Calverton performs 20 interments daily. Yesterday, the cemetery performed 31 interments – 9 were COVID related. For the remainder of the week, the cemetery has over 30 interments scheduled each day. NCA is building capacity (personnel and contract support) to handle 40 per day by next week. (4/7/2020)
- Published policy revision updates to VA Handbook 5005 to remove the requirement for Professional Standards Boards for the following occupations listed in 38 U.S.C. § 7401 (3), which will reduce the time to hire for these positions by streamlining the process: physical therapy assistant; occupational therapy assistant; marriage family therapist; therapeutic radiologic technologist; kinesiotherapist; orthotist and prosthetist; medical records administration; blind rehabilitation specialist; blind rehabilitation outpatient specialist; licensed professional mental health counselor, prosthetic representative; nuclear medicine technologist; occupational therapist; physical therapist; dietitian and nutritionist; medical records technician; and therapeutic medical physicist. (4/7/2020)
- VA has decided to defer the Leadership VA (LVA) FY20 Class until FY21 and increase the size from 80 to 100 to make up for some of the leadership development throughput lost from postponing the current cohort. (4/7/2020)
- Veterans Health Administration Guidance to the Field: (4/7/2020)
  - COVID-19 VHA Guidance for Tuberculosis Testing of New Employees

  - Clinical Laboratory Improvement Amendments (CLIA) Compliance Inspection During the COVID-19 Pandemic and Accreditation Contract Delayed
  - 2020 US Census Participation for Veterans in VA Residential Settings
  - Continuity in Mental Health Services and Suicide Prevention Activities During COVID-19
  - COVID-19 Temporary/Expedited Appointment Credentialing Process
  - Release of Updated Fiscal Year (FY) 2020 and New FY 2021 Basic and Prevailing State Home Per Diem Rates for State Veteran Homes
  - Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation Process during Presidential Declared State of Emergency – COVID-19
  - Guidance on Anticoagulation Use and Monitoring for Veterans Health Administration Anticoagulation Programs During VHA's COVID-19 Emergency Response
  - Contact Center Script and Screening (COVID-19) Updated
- The COVID Quick Start Guide (QSG) is now posted on https://www.va.gov/welcome-kit/ (4/7/2020)
- Advertising Campaign for VHA recruiting begins broadcasting this week in select markets and outlets. (4/7/2020)
- VA/VHA CFOs briefed HAC and SAC staffers (4 Corners) on VHA's Supplemental Funding distribution plan for the Families First and CARES Acts. (4/7/2020)

April 8, 2020

Veteran Cases

Veteran Status by Location	Total	VA Outpatient	VA Inpatient, ICU	VA Inpatient, Acute	Deceased
Total	**3265**	**2404**	**185**	**509**	**167**
(402) Togus ME	2	2			
(405) White River Junction VT	4	2		1	1
(436) Montana HCS (Fort Harrison MT)	1	1			
(437) Fargo, ND	3	1		1	1
(438) Sioux Falls SD	2	2			
(442) Cheyenne WY	6	6			
(459) VA Pacific Islands HCS (Honolulu HI)	1	1			
(460) Wilmington DE	9	8	1		
(463) Alaska VAHSRO (Anchorage AK)	2	2			
(501) New Mexico HCS (Albuquerque NM)	7	5		2	
(502) Alexandria, LA	5	4		1	
(504) Amarillo HCS (Amarillo TX)	1		1		
(506) Ann Arbor, MI	37	24	7	5	1
(508) Atlanta, GA	81	62	5	12	2
(509) Augusta, GA	11	10			1
(512) Maryland HCS (Baltimore MD)	4	3	1		
(515) Battle Creek, MI	1	1			
(516) Bay Pines,FL	10	8	1	1	
(518) Bedford,MA	11	11			
(520) Biloxi, MS	2	1			1
(521) Birmingham, AL	5	2	3		
(523) Boston HCS (Boston)	32	24	2	3	3
(526) Bronx, NY	224	163	13	33	15
(528) Upstate New York HCS	41	27	3	6	5
(529) Butler, PA	3	3			
(531) Boise,ID	2	1		1	
(537) Chicago (Westside), IL	104	82	8	10	4
(538) Chillicothe, OH	2	1		1	
(539) Cincinnati, OH	24	23	1		
(540) Clarksburg, WV	1		1		
(541) Cleveland, OH	32	19	3	9	1
(542) Coatesville, PA	2	2			
(544) Columbia, SC	53	47	3	1	2

(546) Miami, FL	54	33	2	16	3
(548) West Palm Beach, FL	13	11	2		
(549) North Texas HCS (Dallas TX)	15	8		4	3
(550) Illiana HCS (Danville IL)	1	1			
(552) Dayton, OH	4	4			
(553) Detroit, MI	120	85	8	17	10
(554) Eastern Colorado HCS (Denver CO)	95	83	3	8	1
(556) North Chicago, IL	57	54	3		
(558) Durham, NC	5	3		2	
(561) New Jersey HCS (East Orange)	184	114	4	55	11
(562) Erie, PA	1	1			
(565) Fayetteville, NC	9	9			
(568) Black Hills HCS (Fort Meade SD)	1	1			
(570) Central California HCS (Fresno CA)	2	2			
(573) N. Florida/S. Georgia HCS (Gainesville FL)	12	11	1		
(575) Grand Junction, CO	1	1			
(578) Hines, IL	24	18	5		1
(580) Houston, TX	16	12	1	2	1
(581) Huntington, WV	4	1		2	1
(583) Indianapolis, IN	88	57	4	17	10
(586) Jackson, MS	3	3			
(589) VA Heartland West (Kansas City MO)	37	30	1	3	3
(590) Hampton, VA	34	17		17	
(593) Southern Nevada HCS (Las Vegas NV)	20	16	1	3	
(595) Lebanon, PA	12	10	2		
(596) Lexington, KY	5	4	1		
(598) Central Arkansas HCS (Little Rock AR)	9	8	1		
(600) Long Beach HCS (Long Beach CA)	28	18	2	8	
(603) Louisville, KY	17	12	5		
(605) Loma Linda, CA	14	13	1		
(607) Madison, WI	5	3		1	1
(610) Northern Indiana HCS (Marion, IN)	3	1		2	
(612) Northern California HCS (Martinez CA)	16	13	1	1	1
(613) Martinsburg, WV	4	3		1	
(614) Memphis, TN	10	7	1	2	
(618) Minneapolis, MN	17	11	1	3	2

(619) Central Alabama HCS (Montgomery AL)	5	4	1		
(620) Hudson Valley HCS (Castle Point, Montrose)	81	43		35	3
(621) Mountain Home, TN	7	7			
(623) Muskogee, OK	6	6			
(626) Tennessee Valley HCS (Nashville TN)	26	21	1	3	1
(629) New Orleans, LA	438	376	8	29	25
(630) New York HHS (Brooklyn)	268	163	19	63	23
(631) Northampton, MA	9	9			
(632) Northport, NY	83	49	8	21	5
(635) Oklahoma City, OK	4	3	1		
(636) Central Plains HCS (Omaha NE)	15	12	1	1	1
(637) Asheville, NC	2	1	1		
(640) Palo Alto HCS (Palo Alto CA)	20	13	1	5	1
(642) Philadelphia, PA	47	36	7	3	1
(644) Phoenix, AZ	6	2	3	1	
(646) Pittsburgh HCS (Pittsburgh PA)	9	3	1	5	
(648) Portland, OR	7	4	2		1
(649) Northern Arizona HCS (Prescott AZ)	6	6			
(650) Providence, RI	3	1	2		
(652) Richmond, VA	40	36	2	1	1
(653) Roseburg HCS (Roseburg OR)	2	2			
(654) Sierra Nevada HCS (Reno NV)	3	2			1
(657) VA Heartland East (Saint Louis MO)	29	18		8	3
(658) Salem, VA	2	2			
(659) Salisbury, NC	3	3			
(660) Salt Lake City HCS (Salt Lake City UT)	7	6	1		
(662) San Francisco, CA	8	5		1	2
(663) Puget Sound HCS (Seattle WA)	34	25	6	3	
(664) San Diego HCS (San Diego CA)	22	20		2	
(667) Shreveport, LA	27	19		5	3
(668) Spokane, WA	5	3	1	1	
(671) South Texas HCS (San Antonio TX)	8	5	3		
(672) San Juan, PR	47	41	3	3	
(673) Tampa, FL	10	7	1	1	1
(674) Central Texas HCS (Temple TX)	10	10			
(675) Orlando, FL	38	34		4	
(676) Tomah, WI	3	3			

(678) Southern Arizona HCS (Tucson AZ)	11	7		3	1
(688) Washington DC	85	62	6	12	5
(689) Connecticut HCS (Westhaven)	74	61	3	10	
(691) Greater Los Angeles HCS (Los Angeles CA)	39	14		23	2
(693) Wilkes-Barre, PA	6	6			
(695) Milwaukee, WI	44	27		15	2
(757) Columbus, OH	1	1			

Employees and Contractors COVID-19 Confirmed Positives

as of 7 Apr 2020, 1600 ET

Source: Administration / Staff Offices, VHA Healthcare Operations Center

A/SO	Location	Facility	Total
HRA	Houston, TX	HRA/ORM	1
HRA	Salt Lake City, UT	HRA/ORM*	1
HRA	Washington, DC	HRA/OA	1
HRA	Washington, DC	HRA/MPA	1
HRA	Martinsburg, WV	HRA/OSP	1
HRA	Washington, DC	HRA/OSP	1
OIG	Los Angeles, CA	OIG	1
OIT	Bossier City, LA	ITOPS-Enterprise Command Operations	2
OIT	Columbia, SC	ITOPS-Wm. Jennings VAMC	1
OIT	New Orleans, LA	ITOPS -New Orleans	1
OIT	New York City, NY	ITOPS-Bronx	2
OIT	Washington, DC	VACO – OIT/EPMO (1) VACO – OIT/ITRM (1) VACO – ITOPS (4) VACO – AMO (1)	7
OIT	Hines, IL	ITOPS-End User Operation	1
OM	Washington, DC	VACO – OM	1
VBA	Atlanta, GA	Atlanta RO	2
VBA	Buffalo, NY	Buffalo RO	1
VBA	Denver, CO	Denver RO	1
VBA	Detroit, MI	Detroit RO	3
VBA	Nashville, TN	VBA Central Office	1
VBA	New York City, NY	New York RO	2
VBA	Philadelphia, PA	Philadelphia RO (3) VBA Central Office / Insurance Service (1)	4
VBA	Phoenix, AZ	Phoenix RO	1
VBA	San Diego, CA	San Diego RO	1
VBA	St. Louis, MO	St. Louis RO	3
VBA	St. Petersburg, FL	St. Petersburg RO	1
VBA	Wichita, KS	Wichita RO	1
VEO	Shepherdstown, WV	White House Veterans Line	1
VHA	Albany, NY	Albany Stratton VAMC	7
VHA	Albuquerque, NM	New Mexico HCS	3
VHA	Alexandria, LA	Alexandria HCS	2
VHA	Amarillo, TX	Thomas E Creek VAMC	2
VHA	Ann Arbor, MI	Ann Arbor HCS	15(+7)
VHA	Asheville, NC	Charles George VAMC	3
VHA	Atlanta, GA	Atlanta HCS	5(+2)
VHA	Augusta, ME	Togus VAMC	1(+1)
VHA	Augusta, GA	Augusta VAMC	4

Employees and Contractors COVID-19 Confirmed Positives

as of 7 Apr 2020, 1600 ET

Source: Administration / Staff Offices, VHA Healthcare Operations Center

VHA	Aurora, CO	Eastern Colorado Health Care System	29
VHA	Bath, NY	Bath VAMC	1
VHA	Battle Creek, MI	Battle Creek VAMC	5(+1)
VHA	Bedford, MA	Edith Nourse Rogers Memorial VAMC	6
VHA	Biloxi, MS	Gulf Coast HCS	4
VHA	Birmingham, AL	Birmingham VAMC	15(+3)
VHA	Boise, ID	Boise VAMC	5
VHA	Boston, MA	Jamaica Plain VAMC	25(+1)
VHA	Buffalo, NY	Buffalo VAMC	7(+2)
VHA	Butler, PA	Butler HCS	5(+1)
VHA	Charleston, SC	Ralph H. Johnson VAMC	4
VHA	Cheyenne, WY	Cheyenne VAMC	2(+1)
VHA	Chicago, IL	Jesse Brown VAMC (15) Capt James A. Lovell VAMC (18) Edward Hines Jr VAMC (7)	40
VHA	Cincinnati, OH	Cincinnati VAMC	8(+4)
VHA	Clarksburg, WV	Louis A. Johnson VAMC	2
VHA	Cleveland, OH	Cleveland VAMC	17(+1)
VHA	Coatesville, PA	Coatesville VAMC	1
VHA	Columbia, SC	Wm. Jennings Bryan Dorn VAMC	19(+1)
VHA	Columbus, OH	Chalmers P. Wylie VA Ambulatory Care Center	4
VHA	Dallas, TX	Dallas VAMC	19(+1)
VHA	Dayton, OH	Dayton VAMC	9
VHA	Des Moines, IA	Central Iowa HCS	2
VHA	Detroit, MI	John D. Dingell VAMC	25
VHA	Dublin, GA	Carl Vinson VAMC	5(+1)
VHA	East Orange, NJ	New Jersey HCS	29(+3)
VHA	El Paso, TX	El Paso HCS	2
VHA	Fayetteville, AR	Veterans Health Care System of the Ozarks	1
VHA	Fayetteville, NC	Fayetteville VA Coastal Health Care System	1
VHA	Fort Meade, SD	Black Hills HCS	1
VHA	Fresno, CA	Central California HCS	2
VHA	Gainesville, FL	Malcom Randall VA Medical Center	8
VHA	Grand Junction, CO	VA Western Colorado HCS	1
VHA	Hampton, VA	Hampton VAMC	17(+1)
VHA	Honolulu, HI	Spark M. Matsunaga VAMC	2(+1)
VHA	Houston, TX	Michael E. DeBakey VAMC	29(+1)
VHA	Huntington, WV	Hershel Woody Williams VAMC	2(+1)

Employees and Contractors COVID-19 Confirmed Positives

as of 7 Apr 2020, 1600 ET

Source: Administration / Staff Offices, VHA Healthcare Operations Center

VHA	Indianapolis, IN	Richard L. Roudebush VAMC	57(+1)
VHA	Iowa City, IA	Iowa City HCS	9
VHA	Jackson, MS	G.V. Sonny Montgomery VAMC	10(+3)
VHA	Johnson City, TN	James H. Quillen VA HCS	1
VHA	Kansas City, MO	Kansas City VAMC	29(+6)
VHA	Las Vegas, NV	Southern Nevada HCA	13(+2)
VHA	Lebanon, PA	Lebanon VAMC	3(+1)
VHA	Little Rock, AR	Central Arkansas Health Care System	2
VHA	Loma Linda, CA	Loma Linda HCS	4
VHA	Long Beach, CA	Long Beach HCS	9(-1)
VHA	Los Angeles, CA	Greater Los Angeles Health Care System	7
VHA	Louisville, KY	Robley Rex VAMC	5
VHA	Madison, WI	William S. Middleton Memorial Veterans' Hospital	4
VHA	Manchester, NH	Manchester VAMC	1
VHA	Marion, IL	Marion VAMC	1
VHA	Martinsburg, WV	Martinsburg VAMC	3
VHA	Mather, CA	Sacramento VAMC	2
VHA	Memphis, TN	Memphis VAMC	2(-1)
VHA	Miami, FL	Miami VA HCS	22(+2)
VHA	Milwaukee, WI	Milwaukee VAMC	13
VHA	Minneapolis, MN	Minneapolis HCS	4
VHA	Montgomery, AL	Central Alabama Veterans Health Care System (CAVHCS)- West Campus	1
VHA	Montrose, NY	Hudson Valley HCS	37(+3)
VHA	Nashville, TN	Tennessee Valley HCS	4(+1)
VHA	New Orleans, LA	New Orleans VAMC	92(+9)
VHA	New York City, NY	James J. Peters VAMC (55)(+16) NY Harbor HCS – Manhattan Campus 36 (+1) Northport VAMC (39)(+2)	130(+19)
VHA	Northampton, MA	Central Western Massachusetts HCS	10(+1)
VHA	Oklahoma City, OK	Oklahoma City HCS	7
VHA	Omaha, NE	Nebraska Iowa HCS	2(+1)
VHA	Orlando, FL	Orlando VA HCS	22(+4)
VHA	Palo Alto, CA	Palo Alto VAMC	7
VHA	Philadelphia, PA	Corporal Michael J. Crescenz VAMC	13(+5)
VHA	Phoenix, AZ	Phoenix Health Care System	1
VHA	Pittsburgh, PA	Pittsburgh VA Medical Center-University Drive	6(+2)

Employees and Contractors COVID-19 Confirmed Positives

as of 7 Apr 2020, 1600 ET

Source: Administration / Staff Offices, VHA Healthcare Operations Center

VHA	Prescott, AZ	Northern Arizona VA Health Care System	2
VHA	Providence, RI	Providence VAMC	3(+2)
VHA	Reno, NV	VA Sierra Nevada Health Care System	15(+1)
VHA	Richmond, VA	Hunter Holmes McGuire VAMC	3(+1)
VHA	Roseburg, OR	Roseburg Health Care System	3(-1)
VHA	Saginaw, MI	Aleda E. Lutz VAMC	2(+1)
VHA	Salem, VA	Salem VAMC	3
VHA	Salt Lake City, UT	Salt Lake City VAMC	3
VHA	San Antonio, TX	Audie L. Murphy VAMC	5(+1)
VHA	San Diego, CA	San Diego VAMC	12
VHA	San Francisco, CA	San Francisco Health Care System	8
VHA	San Juan, PR	San Juan VAMC	18(+3)
VHA	Seattle, WA	Puget Sound Health Care System	12
VHA	Shreveport, LA	Overton Brooks VA Medical Center	27(+5)
VHA	Spokane, WA	Mann-Grandstaff VAMC	4(+3)
VHA	St. Louis, MO	St Louis HCS	10(+1)
VHA	Syracuse, NY	Syracuse VAMC	5
VHA	Tampa, FL	Tampa VAMC	4
VHA	Temple, TX	Olin E. Teague VAMC	3(+2)
VHA	Tomah, WI	Tomah VAMC	2
VHA	Topeka, KS	Eastern Kansas Health Care System	5
VHA	Walla Walla, WA	Jonathan M. Wainwright Memorial VAMC	1
VHA	Washington, DC	Washington DC VAMC	23(+4)
VHA	West Haven, CT	West Haven VAMC	10
VHA	West Palm Beach, FL	West Palm Beach VA Medical Center	4
VHA	White City, OR	White City VAMC	8(+8)
VHA	White River Junction, VT	White River Junction VAMC	3
VHA	Wilmington, DE	Wilmington VAMC	3
		Total:	**1174 (+123)**

* Geographically separated employees

VBA Employee assigned to VBA Central Office.

HRA Employee works for HRA/ORM but lives in Salt Lake City, UT

From: Powers, Pamela
Sent: Wed, 8 Apr 2020 21:37:00 +0000
To: (b)(6) EOP/WHO
Subject: RE: Agency Report - VA

Thanks James. Kristen Nevins is on it…

From: (b)(6) EOP/WHO <(b)(6) @who.eop.gov>
Sent: Wednesday, April 8, 2020 5:16 PM
To: Powers, Pamela (b)(6) va.gov>
Subject: [EXTERNAL] RE: Agency Report - VA

Let me know if there's anything more I can do to help on supply chain issues.

Best,

(b)(6)
Special Assistant to the President
Domestic Policy Council
O: 202-395-(b)(6)
C: 202-881-

From: Powers, Pamela <(b)(6) @va.gov>
Sent: Wednesday, April 8, 2020 4:59 PM
To: (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; DL OMB Dir Office OMB_COVID19OPS (b)(6) @omb.eop.gov>
Cc: (b)(6) @va.gov>; (b)(6) EOP/OMB (b)(6) @omb.eop.gov>; W (b)(6) EOP/OMB <(b)(6) @omb.eop.gov>; (b)(6) L. EOP/OMB <(b)(6) @omb.eop.gov>; Kinneen, Kelly A. EOP/OMB (b)(6) @omb.eop.gov>; (b)(6) . EOP/OVP <(b)(6) @ovp.eop.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; (b)(6) EOP/WHO (b)(6) who.eop.gov>; (b)(6) @va.gov>; (b)(6) EOP/WHO @who.eop.gov>; Cashour, Curtis (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Nevins, Kristan K. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) S. EOP/WHO <(b)(6) @who.eop.gov>; (b)(6) . EOP/WHO (b)(6) @who.eop.gov>; Mashburn, John K. <(b)(6) @va.gov>
Subject: RE: Agency Report - VA

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

- VA has SERIOUS concerns with our supply chain of critical PPE. VA supply chain vendors continue to diminish or cancel orders due to: DPA priority list (VA no longer on it); lack of Advanced Procurement Authority; and vendors selling to the highest bidder. We continue to

work with FEMA for inclusion in the Air Bridge and are working with DHS to get VA back on the DPA priority list. (Ongoing)

- To date there have been 7 employee deaths: 1 in Ann Arbor, 1 in Detroit, 1 in Indianapolis. New employee deaths since yesterday include 2 in Reno, 1 in Shreveport, and 1 in Houston.

- Tele-mental health services being provided during COVID-19:

    - VA mental health providers have doubled telephone outreach calls from normal rate (over 76,000 calls in March)
    - VA mental health providers have tripled video connect appointments (over 63,000 appointments in March).

Pam

Pamela Powers
Office: 202-461-(b)(6)
Cell: 202-430-(b)(6)
(b)(6) VA.gov

From: Powers, Pamela
Sent: Thu, 9 Apr 2020 20:16:06 +0000
To: (b)(6) EOP/WHO
Subject: RE: State Run Vets Homes

Sorry….when I said we "shut them down"….I meant to vi (b)(5)

(b)(5)

More to follow…
Pam

From: (b)(6) EOP/WHO <(b)(6) who.eop.gov>
Sent: Thursday, April 9, 2020 3:43 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [EXTERNAL] State Run Vets Homes

Pam,

Thanks for talking this morning.

As discussed, can you provide any additional insight into the state Vets homes and where we might expect future hotspots/areas of concern?

Can you clarify what we did with our community living centers? I understand we shut them down… what happened to the Vets in those homes?

Best,

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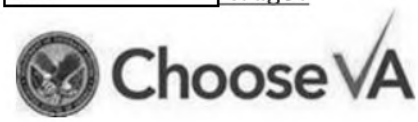
C: 202-881-

From: Powers, Pamela
Sent: Thu, 9 Apr 2020 20:25:09 +0000
To: (b)(6) EOP/OMB; (b)(6) @omb.eop.gov
Cc: (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OMB; (b)(6) EOP/OVP;Syrek, Christopher D. (Chris); (b)(6) EOP/WHO; (b)(6) EOP/WHO;Cashour, Curtis;Tucker, Brooks;Nevins, Kristan K. EOP/WHO; (b)(6) EOP/WHO;Mashburn, John K.
Subject: RE: Agency Report - VA
Attachments: VA_4.9.20_COVID19 Daily Report.docx, VA Veteran COVID Cases 4-9-2020.docx, VA Employee COVID Cases 4-9-2020.pdf

Attached is the daily report for the Department of Veterans Affairs on our response to COVID-19. Of note:

• VA received one new Mission Assignment for 35 beds in Michigan for civilian use. 10 of those will be ICU beds.

• To date there have been 8 employee deaths but only 2 of them were healthcare workers in direct contact with veterans.

Pam

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