

March 31, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

SUBJECT: COVID-19 Testing, Screening, and Communications

Dear Secretary Wilkie,

We are writing to express our grave concerns regarding what appear to be continued inadequate testing and communications related to testing for the COVID-19 virus at Department of Veterans Affairs (VA) medical facilities. These issues are above and beyond those of serious concern identified in the recent report, *OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness: March 19-24, 2020*.

From contacts with veterans around the country, we are aware that some VA medical centers are proactively communicating about COVID-19 issues with veterans in their catchment areas via emails. Others are only providing the lone or occasional tersely worded text message. However, few – if any – are providing clear information to veterans on how to get tested for the COVID-19 virus. Please see the attachment for examples.

Most serious of all, we are deeply concerned that at least some veterans screened by VA, identified as having symptoms presumed to be COVID-19, and told by VA screeners their symptoms are most likely COVID-19 are then being denied or otherwise prevented from receiving testing for the COVID-19 virus. The attachment also includes examples.

Furthermore, it is unclear why current VA outreach on COVID-19 varies wildly from VAMC to VAMC, why verbal screening questions are out of step with the current medical understanding of COVID-19, and why there is not a coordinated, clear VA message to veterans across the country that provides a clear path to COVID-19 virus testing – particularly for those whom VA screens and determines to likely be either positive for the virus or having been exposed to it.

With regards to screening, for example, veterans across the country report being asked screening questions that do not correspond with the rapidly evolving state of medical knowledge about COVID-19. One of these is a symptom-related question that is severely limited and does not correspond with current medical knowledge of multiple COVID-19 symptoms. Another is a foreign travel-related question that fails to account for the current reality of community-spread throughout much of the United States, now the epicenter of the global COVID-19 pandemic. Both questions seem likely to miss many COVID-19 cases.

While we recognize the unique challenges VA faces with this pandemic, these and related issues are deeply concerning given that millions of our nation's veterans rely on VA medical care –

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including and even more so during these difficult times. We therefore encourage you to take the steps necessary to quickly ensure a more unified national approach by VA that addresses these and related issues. Most especially, we encourage you to quickly take the necessary steps to ensure VA provides a clearly articulated and viable path for every veteran who needs testing for the COVID-19 virus, a clear response regarding those veterans who are turned away, and what specific actions VA will take to ensure that veterans who present with symptoms are immediately tested rather than turned away.

We appreciate your leadership during these difficult times and look forward to hearing the results of these necessary changes from the veterans we represent.

Sincerely,

Association of the United States Navy
Burn Pits 360
National Vietnam & Gulf War Veterans Coalition
Non Commissioned Officers Association
Sergeant Sullivan Circle
Veteran Warriors
Veterans for Common Sense

Attachment:

Examples of Concerns related to VA's COVID-19 Testing, Screening, and Communications

Cc:

Senator Jerry Moran, Chair, Senate Committee on Veterans' Affairs
Senator Jon Tester, Ranking Member, Senate Committee on Veterans' Affairs
Representative Mark Takano, Chair, House Committee on Veterans' Affairs
Representative Phil Roe, M.D., Ranking Member, House Committee on Veterans' Affairs

ATTACHMENT: Examples of Concerns related to VA's COVID-19 Testing, Screening, and Communications

Veterans from across the country are reporting that they have been unable to obtain VA testing for the COVID-19 virus. Following are several examples informing these concerns.

In all the locations noted below, public communications from numerous VA medical centers across numerous VISN's persist in ***failing to provide clear, viable direction on how veterans can in fact be tested for the COVID-19 virus.***

VISN-2. Veterans in the VA New York Harbor Healthcare System (Jamaica, Queens, New York) catchment area report receiving only brief text messages with no email updates – and no clear direction on how veterans can be tested for the COVID-19 virus.

VISN-6. Veterans in the Salem VA Medical Center (Salem, Virginia) catchment area report receiving only brief text messages with no email updates – and no clear direction on how veterans can be tested for the COVID-19 virus.

Veterans in the Durham VA Medical Center (Durham, North Carolina) catchment area report receiving many email updates and communications related to COVID-19 – but no specifics on how to get tested.

VISN-8. Veterans in multiple instances across Veterans Integrated Service Network Eight (VISN-8) have shared their experiences that they have screened positive for COVID-19 at VISN-8 facilities but have subsequently been turned away without testing.

Information on how to get tested has been absent from public email communications, including in a March 30 email, “An Open Letter from the Directors of the Bay Pines VA Healthcare System in Bay Pines and the James A. Haley Veterans’ Hospital in Tampa” (Bay Pines/St. Petersburg and Tampa, Florida).

Public communications from the Bay Pines VA Health Care System (Bay Pines/St. Petersburg, Florida) persist in their failure to clearly explain, if at all, how veterans can be tested for the COVID-19 virus. In another March 30 email, “Bay Pines VA Healthcare System Update,” veterans were told, “Veterans who are concerned they may have symptoms of COVID-19 (Coronavirus), flu or cold should contact the VISN 8 Clinical Contact Center at 1-877-741-3400 (toll free) before coming to a VA facility. Clinical staff are available to provide 24/7 virtual care and support... [emphasis added].”

VISN-16. Veterans in the Central Arkansas Veterans Healthcare System (Little Rock, AR) catchment area report receiving only brief text messages with no email updates – and no clear direction on how veterans can be tested for the COVID-19 virus.

VISN-19. In a particularly egregious example, a very ill veteran reports having contacted the national COVID-19 call-in number on March 28, based on the veteran’s responses was told COVID-19 was presumed, and was referred to the Oklahoma City VA Health Care System (Oklahoma City, Oklahoma), **which did not result in providing a path for the veteran to get tested**; as of the writing of this letter, the veteran remains severely ill at home, is self-treating, and was finally tested this afternoon.

Veterans in the VA Eastern Colorado Health Care System (ECHCS) (Aurora/Denver, Colorado) catchment area report receiving no email updates relative to COVID-19 and no proactive communications on how to get tested.

Veterans in the Oklahoma City VA Health Care System (Oklahoma City, Oklahoma) catchment area report receiving no email updates relative to COVID-19 and no proactive communications on how to get tested.

VISN-20. In another especially egregious case, a veteran with severe shortness of breath and other unremitting respiratory and other symptoms was turned away from the Portland VA Health Care System (Portland, Oregon) without being provided needed medical care on the basis that the veteran has a service dog and irrespective of the fact the service dog meets ADA service dog requirements. VA-Portland’s unacceptable refusal of this Gulf War veteran’s care persisted despite valiant efforts to engage VA-Portland leadership by the Director, Pre-9/11 Era Environmental Health Program, Office of Patient Care Services/Public Health, Veterans Health Administration. Ultimately, a veteran advocate was able to help this veteran secure care outside the VA at a MISSION Act-approved private sector urgent care facility, where the veteran was promptly given appropriate medical care including testing for the COVID-19 virus, reportedly at the private medical provider’s urging.

VISN-21. Veterans were informed in a March 30, 2020 email update from the San Francisco VA Medical Center (San Francisco, California), in a paragraph encompassing COVID-19 and entitled “Stay Home and Phone”: “VA’s telehealth providers can evaluate your symptoms and provide a diagnosis and comprehensive care, so you do not have to leave your home or office.” No clear guidance on how to actually get tested for the COVID-19 virus was provided.

VISN-23. Veterans in the Minneapolis VA Health Care System (Minneapolis, Minnesota) report being asked outdated questions on screening, including a single symptom-related question that does not correspond with current medical knowledge of COVID-19 symptoms, and a foreign travel-related question not reflective of the current state of understanding of widely dispersed community-spread throughout much of the United States, now the epicenter of the global pandemic.