

United States Senate

WASHINGTON, DC 20510

April 20, 2020

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

Dear Secretary Wilkie:

We write to request information about the use of personal protective equipment (PPE) by Department of Veterans Affairs (VA) employees at hospitals, clinics, and other facilities, and whether the VA's guidance to its employees, based on guidelines from the Centers for Disease Control and Prevention (CDC), is sufficiently robust in safeguarding staff. With more than 1,600 positive COVID-19 cases among VA staff nationwide, and more than a dozen employee deaths, the Department must take every possible action to protect staff and veterans.

We understand from media reports, as well as discussions with VA employees and leadership, that the VA is adhering to CDC guidelines, which allows for the reuse of single-use masks for multiple days, disinfecting and reusing masks, and no masks for some staff who are not interacting directly with COVID-19 patients. VA leadership has asserted that they have enough PPE at their facilities and that their employees have access to the necessary PPE, given these guidelines. We are concerned that this guidance may be driven not by best practices for VA staff and patients, but by PPE shortages throughout the system.

The *Wall Street Journal* reports that VA internal memos caution that a "serious shortage" of PPE masks exists and rationing may be reduced to one mask per day for providers. Additional *Wall Street Journal* reporting suggests that the Department has only a two-week PPE supply and workers must use the same mask as they move from patient to patient.^[1] We have also heard from a number of our constituents who are employees at VA facilities, who think they are not being provided adequate PPE in their jobs and fear for their personal health and safety. Employees report being asked to use one N95 mask for up to a week, which manufacturers recommend be changed each shift at a minimum. These employees report that they are being asked to store surgical or procedural masks in paper bags, and that some masks begin disintegrating after too many days of use.

In addition, *Government Executive* recently reported that some VA medical facility staff are not permitted to wear masks. A medical support assistant was placed on absent without leave status when she stayed home with symptoms consistent with COVID-19 while waiting several weeks for test results. Upon being able to return to work she was prohibited from wearing a mask until the VA later provided one mask per week.^[2]

^[1] Ben Kesling, "Veterans Affairs Hospitals Will Give Masks Only to Some Employees, Memos Show," *Wall Street Journal*, April 11, 2020, <https://www.wsj.com/articles/veterans-affairs-hospitals-will-give-masks-only-to-some-employees-memos-show-11586628576>

^[2] Eric Katz, "VA Instructs Coronavirus-Exposed Staff to Continue Working, Places Those Who Don't in AWOL Status," *Government Executive*, April 17, 2020, <https://www.govexec.com/workforce/2020/04/va-instructs-coronavirus-exposed-staff-continue-working-places-those-who-dont-awol-status/164693>

Ensuring that VA medical facility staff, as well as clinical and administrative employees, have the appropriate PPE to protect their health and the health of the veterans they serve is essential to countering the pandemic. Additionally, when staff take the appropriate steps to self-quarantine, VA should provide them with administrative leave and not require them to deplete their own sick leave bank.

To ensure VA staff are protected and that transparent information is available about PPE supplies, we ask that you provide a response to the following questions:

- Are VA healthcare providers using the same PPE for multiple encounters with patients, even though these devices are not approved by the Food and Drug Administration for reuse?
- How many medical facilities have instituted PPE rationing processes that require providers to use single-use PPE for multiple patients?
- How often are employees being provided new PPE, including masks, at these facilities?
- Are VA facilities relying on CDC guidance regarding the extended use of PPE to modify standards, ration equipment, or determine that adequate PPE supplies exist?
- If single-use masks are used for multiple patients, what procedures are in place to protect both provider and patient health?
- What is the maximum number of patients that providers are permitted to care for while using the same single-use PPE?
- If sufficient essential supplies are present, do providers need to reuse single-use PPE or use PPE for extended periods?
- If single-use PPE must be reused, what methods for decontamination and reuse are being followed?
- Of the \$14.4 billion included in the CARES Act for PPE, please provide us with a breakdown of how much the VA has spent on PPE supplies and equipment. And if additional funding is required, has Congress been explicitly notified of this need?
- Have multiple-use face masks or other alternatives designed for routine decontamination been considered instead of single-use PPE?
- If PPE levels are not sufficient, what is the VA's plan to ensure large-scale national-level PPE purchases and distribution to facilities in-need?

We ask that you take all necessary steps to ensure that VA employees have the resources and guidance required for their safety and the safety of our veterans. We stand ready to help and appreciate your candor and consideration.

Sincerely,

/s/Mark R. Warner
United States Senator

/s/Tim Kaine
United States Senator

/s/Michael F. Bennet
United States Senator

/s/Sherrod Brown
United States Senator

/s/Jack Reed
United States Senator