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COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED SIXTEENTH CONGRESS

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<http://veterans.house.gov>

May 28, 2020

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Mr. Secretary:

We appreciate your commitment to ensure the Department of Veterans Affairs (VA) provides daily updates to the Committee on the Veterans Health Administration's (VHA) response to and preparedness for the Novel Coronavirus 2019 (COVID-19) pandemic. I write today asking that you begin to include additional data points on the impact of COVID-19 on the veteran population with regard to age, race, ethnicity, gender, tribal affiliation, and spoken language.

While the world's understanding of the coronavirus, SARS-CoV-2, evolves every day, the data from civilian patient outcomes so far portend a disproportionate and catastrophic impact on racial, ethnic, language minority communities, and tribal nations.^{1,2} Congress must be made aware of when increased positive cases and negative outcomes are experienced by veteran cohorts so we can better enable VA to protect and treat those veterans at heightened risk during this pandemic.³ Similarly, civilian men appear more likely than women to die from COVID-19.⁴ The degree to which these trends are similarly felt among VHA patients is unknown. We need to know what early trends the largest integrated healthcare system in the United States is seeing in its patient data and what is needed to address disparities.

Additionally, my Committee staff and I have requested copies of all Spanish language COVID-19 guidance and veteran-facing education materials on at least eleven occasions since February 28, 2020. Three months later, we still have not received these documents.

¹ "COVID-19 in Racial and Ethnic Minority Groups," Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified April 22, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.

² Linda Villarosa, "A Terrible Price: The Deadly Racial Disparities of Covid-19 in America," *The New York Times*, April 29, 2020, <https://www.nytimes.com/2020/04/29/magazine/racial-disparities-covid-19.html>.

³ *Achieving Health Equity for America's Minority Veterans: Hearing before the Subcommittee on Health, Committee on Veterans' Affairs, U.S. House of Representatives*, 116th Cong. 2, (2020) <https://veterans.house.gov/events/hearings/subcommittee-on-health-oversight-hearing-achieving-health-equity-for-americas-minority-veterans>.

⁴ Jin J-M, Bai P, He W, Wu F, Liu X-F, Han D-M, Liu S and Yang J-K (2020) Gender Differences in Patients With COVID-19: Focus on Severity and Mortality. *Front. Public Health* 8:152. doi: 10.3389/fpubh.2020.00152, <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00152/full>.

We know that patients for whom English is not their first language fare worse in receiving timely care and treatment.⁵ The Committee received complaints in late March from veterans in Puerto Rico that VA's COVID-19 telephone line did not provide any Spanish-speaking options. VA corrected this on April 1, nearly three weeks into the emergency. Unfortunately, as of May 28, 2020, VA still has not provided public-facing communications on its websites, or mailed information to veterans in their spoken language, despite English being a second language for hundreds of thousands of veterans and their caregivers and VA having facilities in locations where Spanish and Tagalog are primary languages.

Therefore, we request you include the following data points in the daily updates to the Committee on Veterans' Affairs:


- COVID-19 cases by age,
- COVID-19 cases by race,
- COVID-19 cases by ethnicity,
- COVID-19 cases by gender,
- COVID-19 cases by tribal affiliation, and
- COVID-19 cases by spoken language.

We also request you provide a written analysis on all COVID-19 cases treated by VHA to date, and what trends of significance (if any) VHA observes, specifically with regard to:

- COVID-19 deaths by age, race, ethnicity, gender;
- COVID-19 convalescence by age, race, ethnicity, gender;
- COVID-19 patients quarantined at home by age, race, ethnicity, gender; and
- Any impact language fluency has had on patient care and outcomes.

Please include the information requested above in your daily updates to the Committee starting Monday, June 1, 2020. Please provide Spanish language materials by Monday, June 1, 2020. Please provide the written trend analysis by June 30, 2020. If you have any questions or need to provide additional information, please contact Ray Kelley, Majority Staff Director, at (202) 225-9756.

Sincerely,



Mark Takano
Chairman
Committee on Veterans' Affairs



Judy Chu
Chair
Congressional Asian Pacific American Caucus



Joaquin Castro
Chair
Congressional Hispanic Caucus



Karen Bass
Chair
Congressional Black Caucus

⁵ Joshua Kaplan, "Hospitals Have Left Many COVID-19 Patients Who Don't Speak English Alone, Confused and Without Proper Care," *ProPublica*, March 31, 2020, <https://www.propublica.org/article/hospitals-have-left-many-covid19-patients-who-dont-speak-english-alone-confused-and-without-proper-care>.