

The Honorable Robert Wilkie  
Secretary of Veterans Affairs

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**DWG:** Welcome to the Defense Writers Group conversation with Secretary Wilkie. Sir, thank you very much for joining us. We have a good group of journalists today. As usual, we don't have any opening statement or anything, we start with questions only I get to ask the first one. Then I'm going to go down the line of folks who have signed up and see if they have questions, and many of them will. Most of them will.

Why don't I just start though by asking you what your priorities are at this point, and in the period of COVID-19, how is the Veterans Administration handling it? What are some of the challenges that you're facing?

**Secretary Wilkie:** There's a two-pronged answer to that. One is to continue to fight this. We were the first healthcare system in the country to prepare -- I think I set up the first emergency operation center in the last week of January.

We have several missions to help veterans, and to open up our facilities for the entire country.

We have not been hit particularly hard in the broader sense in that we have about 600 beds occupied by veterans who have COVID. We lost about 1500. But the vast majority of our veterans who have contracted this have recovered. That has allowed us to increase our footprint across the country, not only to help state veterans homes, but I just came back from Arizona where we are deep into Navajo country. I just accepted a mission to move into the state mental health hospital [inaudible].

So in that sense we have shown that we are adaptable, we are

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agile, we have positions on the mental health front, from 4,000 telehealth appointments a month to over 900,000. That's the new wave in terms of mental health care.

The other side of this is that we're moving forward with reform. We've shown that the electronic health records could work. We'll be fielding it in the Pacific Northwest later in the year. DoD can talk to us, we can talk to DoD and the private sector. We can work inside our record system.

And since you and I mentioned Vietnam, certainly it was the formative experience of my life. We will close the last [inaudible] left from Vietnam later this year when we open up financial and material resources to caregivers who take care of warriors from Southeast Asia. My father being one of those, although my father passed away two years ago. He was one. But the law precluded Vietnam [inaudible] families from participating in this program. We've done away with that. It will come on-line in September.

So we have shown that we can do many things at once, and [inaudible] veterans have been voting with their feet. We set a record last year for the number of appointments within VA, [inaudible]. And we had an all-time [inaudible] that we've never seen before.

But we are also preparing in the event that this backfires on us, rebounds on us. I've been storing up equipment, medicine. I've gone back to something that you're familiar with from the national security days, the old Navy/Marine Corps depot system where you could have a one stop shop if you needed equipment or engineers or any parts. We're doing that to make sure that we're ready in the event that the supply chain is disrupted.

The VA is in a much better place than it has been. I'll say the last part of that is because the leadership here, and I'm sitting with many of them, have extensive military experience. The reason is that this is a unique culture with a unique

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[inaudible] and these are experiences that our veterans, our customers have. Their own life experiences, than anybody else in the country has. And if you can't walk in and automatically be part of that, you never know what [they're going through].

So there's a lot of stuff in what I just said and a lot of things going on. But we've, I think our people have responded well.

The last thing I'll say, this is an example of [inaudible]. We actually have nurses out in Navajo country who are learning the language so that we can deliver services better and more efficiently to that population. That's just one example of many. We're in [inaudible] states. Right now we're taking care of 9,000 civilian [inaudible] and we've actually increased that [inaudible].

**DWG:** Interesting. I hadn't realized that that was part of your mandate to --

**Secretary Wilkie:** Yes, sir. We have four main missions. The first mission is veterans health; the second is veterans benefits; and the third is memorial services. The fourth mission is a national mission. We are the foundational resource of the federal government in the event of a natural disaster or an epidemic. You usually see us deploying where hurricanes, tornadoes. The last time we a major deployment for an epidemic was when my grandmother was one, down in New Orleans when the Veterans Bureau actually manned a lot of the public health. By the way, she's surviving. This is her second epidemic in her lifetime. But that is our fourth mission.

Early on we opened up our hospitals in New York and in Brooklyn, New Jersey. We moved into the State Veterans Home in Massachusetts, New Jersey. So we are all over the country. Right now we have a thousand doctors and nurses deployed. Just in the state of Florida we're in I think 30 nursing homes helping those folks survive the crisis.

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**DWG:** Well I'm glad I asked. Thank you.

Now I'm going to start asking people if they have a question and I'm going to do that in the order of people who just happened to have signed up. I have a list here.

The first sign-up was Military Times, and I gather Richard Sisk is representing Military Times. Richard, do you have a question for the Secretary?

**DWG:** Yes I do. Thank you. But I'm Military.com, not Military Times.

**DWG:** I'm sorry, I apologize.

**DWG:** That's okay.

Mr. Secretary, if you could expand please, and also I apologize, I couldn't quite hear some of your earlier remarks about the VA's efforts with non-veterans. Do you have some figures on that? How many and where this has been going on?

**Secretary Wilkie:** As part of our fourth mission, we are in 46 states. The only states we're not in are Vermont, Indiana, Hawaii and Alaska. We are currently taking care of about 9,000 non-veterans in communities across the country. We are deployed in numerous state veterans homes. For instance yesterday we moved into the state veterans home in Alexandria, Louisiana. I opened up ICU beds and medical surgical beds in Texas and Florida. On Sunday we sent doctors and nurses into the state mental health hospital in Phoenix. Those are examples of what we have been doing across the country. Our initial efforts were in the metropolitan New York area and in Louisiana. The first great surge we combated was in New Orleans. It's my parents' hometown where we were hit with thousands of veterans who had been on the streets of New Orleans during the Mardi Gras season. We opened up our hospitals not just to them, but other hospitals

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in other parts of Louisiana to take care of citizens who needed our help. That was part of our fourth mission.

As I mentioned, we opened up Brooklyn, we opened up Manhattan, we opened up East Orange, New Jersey, we moved into Mt. Holyoke and Menlo Park and Paramus, veterans hospitals and veterans centers, state veterans hospitals in New Jersey. Now we're taking care of 9,000 non-veterans.

**DWG:** If I could please follow on this, Mr. Secretary, do you anticipate doing more of this with the recent surge of cases, particularly in the south/southwest?

**Secretary Wilkie:** It's a balancing act for us. Our veterans come first. When I mentioned the New York metropolitan area, we did not have a great [inaudible] of veterans cases that required hospitalization. And then we opened our doors after we made sure that veterans were taken care of.

When we look at conditions on the ground as to where to deploy, I made it a point in my time here to address the needs of native communities because that's the group that serves, they're in greater numbers per capita than any other group, and try to expand our footprint into the Indian Nations of the United States which is why we're in Navajo country, we're in the [Sandy Rock] Reservation. With the Hopi tribe, we're doing a lot there.

My goal at the end of this is for us to have a much closer relationship. I know Richard you've written about this and maybe Leo has written, I don't remember. We're experiencing an all-time budget high. The subcommittee passed out a \$250 billion budget [inaudible] and that's \$10 million more than [inaudible]. Those days have got to end. I don't know when they'll end. But as part of our comprehensive approach to integrating our system with the rest of the country we have to have a much closer relationship with DoD as well as Indian Health.

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When I was in Arizona last week I met with the leadership of Indian Health to see how we can pool our resources first to help Native American veterans but also to assist tribal governments and tribal health systems [inaudible] because we do have excess capacity.

**DWG:** Let me go now to Leo Shane of Military Times.

**DWG:** I just want to follow on that, Mr. Secretary. The number of active Coronavirus cases that you guys are following has tripled over the last month here, and I know that you're reopening, I believe last week, [inaudible] states have now reopened at least one service. Can you just explain why those two things go together? It appears we're in that second surge already. Is it safe to be reopening these places?

**Secretary Wilkie:** Let's go through those numbers, Leo. We've got 3600 active cases out of almost [9.5] million veterans who are in our health system. Of those 3600, [inaudible] are in our hospitals and we now have, we actually have more capacity in our hospitals now than we did in March. And I'll dispute the reopening because we've never closed any hospital. We're returning to normal. And we're returning to normal in places where we can see on the ground that conditions warrant that. There are still huge swaths of the country that have not impacted by this and our goal was to get veterans back into their normal routine as quickly as possible.

But we're seeing the same thing that the rest of the country is seeing now. Younger people being affected, not requiring hospitalization. We're following those folks at home. I think one of the untold stories in all of the reports is that we've got about 16,000 veterans who are fully recovered now and they are back doing their normal things. But again, it is a case by case basis in terms of where we go to resume full operations. But we're not divorced, as I mentioned, from the rest of society. We're seeing hot spots in Arizona, Texas and Florida

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in particular and we're responding to that.

**DWG:** The --

**Secretary Wilkie:** It all depends on the conditions on the ground.

**DWG:** But the [inaudible] almost 5,000 active cases. You said 3600. Is there some discrepancy that we're not seeing in those numbers? Can you explain that at all?

**Secretary Wilkie:** I can't hear you. What did you ask?

**DWG:** You said 3600 cases. The VA site has 4900 listed this morning. I'm just trying to figure out that difference.

**Secretary Wilkie:** I'm looking at the numbers I got last night, so I haven't pulled up numbers this morning. Last night it was 3600 active cases. Again, that's 3600 cases out of 9.5 million. The advantage that we have, and I've mentioned this to you before and I've said it in testimony, is that we have a customer that responds magnificently to the early warnings that we put out. The earliest projections, and you and I talked about this, the earliest projections were hundreds of thousands of veteran infections and tens of thousands of deaths, and I think we were able to get a handle on that.

But I will say again, I am preparing in the event that there is a major rebound. [Inaudible] what we've seen so far, that it's no [inaudible] for us to let down our [guard] particularly in those areas where we see those spikes.

**DWG:** Let's go to Steven Beynon, Stars and Stripes. Steven, if you have a question. Then after you will be Tara Copp of McClatchy.

**DWG:** [Inaudible] capacity of the amount of patients clinics can see, presumably with social distancing and everything. A couple

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of nurses have reached out saying they're having to turn away too many patients, only having seen maybe two to three a day, send people out the door with iPads, selling telehealth.

Is there a timetable when some of these clinics can start seeing more patients?

**Secretary Wilkie:** It just depends on what's going on on the ground. In some places less. Even in New England, because you've seen [inaudible] they're returning to normal operations as rapidly as they can. But let me go back to the premise of your question.

We did, we were the first ones to stop elective surgery. We were the first ones to stop wellness and regular physicals. And we had to drastically cut back on face to face mental health encounters. We've actually stressed the [inaudible] systems [inaudible]. It's just a case by case situation that we have when it comes to returning to normal operations.

**DWG:** Tara Copp, are you on? Do you have a question?

**DWG:** Yes. Last time when you spoke at the National Press Club you were [inaudible] veterans to come forward, and I [inaudible] the story and actually been hearing from [inaudible] veterans who did go to their VA clinic after you spoke, mentioned [K2] and they still had denials. There's one denial specifically where they said, the denial letter itself said the agency is [inaudible]. There's no [inaudible] for any type of injury [inaudible] service. Your claim must be denied.

So I just wanted to draw back to your attention that [K2] veterans are taking your advice but they are still being denied at their clinic. I wonder if you have some additional thoughts on this issue.

**Secretary Wilkie:** First of all, I hadn't heard that. Second, I was deadly serious when I said that. Let me use [inaudible] as

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an example of what I mean when we deal with medical issues that don't fit neatly into what the law prescribes.

On the blue water issue we were already taking care of well over I think it's 60 percent of those who would have blue water claims under the law as it changed for various medical conditions. We don't turn people around if they have cancer or they have illnesses that need to be treated.

I think what you're talking about is disability ratings as opposed to medical care. And we are working on those disability ratings and we're working with the Department of Defense on that front on the K2 issue.

But medical health care, I would, if you tell me if someone was turned away from a hospital who was sick, and that's the response I had leading up to the blue water legislation, that when people come in and tell us that they're ill, we treat them. And you may be talking about disability ratings, and I don't think that has changed yet because I do believe some of that actually has to go through the Congress but I'll check.

**DWG:** Yes, that's correct. It's getting the claim approved.

**Secretary Wilkie:** But not medical care. That, when you brought that to me that was the first, my first response is I want to know if someone is denied medical care when that veteran is sick. And I'll take you up and look at that disability issue as well. Disability rating.

**DWG:** Harrison Cramer of National Journal. Are you on and do you have a question?

Okay, Lauren Williams of FCW, are you on and do you have a question?

**DWG:** Yes. Thank you, Secretary, for doing this.

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I'm interested in getting your thoughts on the recent legislation that was passed that allows the VA Secretary to [inaudible] pay caps for certain high level employees. I'm interested in how the VA plans on implementing this new --

**Secretary Wilkie:** You're talking about added compensation.

**DWG:** Yes.

**Secretary Wilkie:** That's something that we have wanted for many years. We don't exist in a vacuum. We have to attract doctors and nurses who we are competing with the private sector on. So yes, we've tried a couple of things. We found a way to [book] on hiring, and let me give you an example. In the last seven weeks we've hired over 18,000 [inaudible]. Ninety percent of those are permanent. Almost 5,000 are nurses. We're asking people to come and join us. We've [inaudible] with a process that required almost a year of on-boarding for doctors and nurses and we've got it down to several days. It's all part of the same issue that you raised. The old OPM ways of doing business based on an industrial age model does not suit us and I could not be happier with the pace at which we have been hiring doctors and nurses and other healthcare workers.

But we have to be realistic. There are certain medical skills that we can't attract unless we have the ability to compensate those professionals. We're different. This is not the Department of Labor or the Department of Commerce. No aspersions on them. We exist in a very different world and that is something that we wanted to have in addition to us reforming the way we hire, I think it's going to make VA much healthier and I would also note that in terms of retention, we have the highest retention rates of any healthcare system [in the country]. The average vacancy rate in private sector healthcare systems just for nurses is between 18 and 22 percent. Ours is nine. So people come here to the mission. We're very proud of that.

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But yes, we needed it. I'm glad we have it.

**DWG:** Thank you, sir.

**DWG:** Ellen Mitchell of TheHill, are you on?

Okay, Courtney Kube of NBC News, are you on?

**Secretary Wilkie:** These are people I know. I don't know if they're sending me a message.

**DWG:** I don't know. Please don't take it personally. This is difficult keeping the system up, and people are juggling several things often.

How about Ben Kesling of the Wall Street Journal?

**DWG:** Hi, yes, I'm here. Hi, Secretary.

Does the VA have adequate stocks of PPE including N95 masks if CDC [inaudible] guidelines as they're talking about to do airborne precautions? And what does the VA need to do to ensure that it has stocks in case CDC revises that, that you all won't have to operate at emergency guidelines, you'll be able to operate at standard CDC guidelines if that happens.

**Secretary Wilkie:** I don't know if you heard what I said at the beginning of the presentation when I was asked about priorities. The first priority was stockpiling, getting around traditional supply chains, creating depots across the country.

We have extensive supply. We have months of supplies in reserve now. We were the first ones to [inaudible] emergency procedures when it came to wearing masks, preventing people from going into [inaudible] who did not need to be there. Sadly, stopping visitors and families from visiting veterans.

But we're in a good spot right now with supplies. I'll just see

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what they come up with, but we are stockpiled well.

**DWG:** But Secretary, at the beginning of all this the VA had shortages, that it was, that [inaudible] did not disclose initially with PPE. How are we to trust that there is an actual stockpile this time and that it's not just --

**Secretary Wilkie:** I'll reject the premise of your question. What we said was that because our supply chains were disrupted that we had to go to procedures whereby not every VA [inaudible] would be given [inaudible] equipment. And you know that in the COVID wards and in our oncology wards and in our cardiology wards, in our emergency centers, our employees, the lowest infection rate of any healthcare system probably in the world.

So the people on the front lines were protected. I know there's anecdotes and stories out there about crises. You know as well as I do that we never ran out of equipment and that we never had a crisis on the front lines.

Now was everybody given several changes of PPE who were not in contact with the patients? No. But that's because our normal systems [inaudible] because this was not a VA-centric epidemic [inaudible] the entire country.

So I will keep my eye on it because right now I don't see any hiccup when it comes to supplies. We're in a good spot.

**DWG:** But you're prepared [inaudible] emergency --

**Secretary Wilkie:** And I think our records [inaudible] even in a time when we were disrupted.

**DWG:** And what's going on with testing at the VA? How extensive is testing? The last time we spoke there wasn't full testing underway at places like community living centers and what not. Are you testing even for asymptomatic cases at this point? And how do we know that number that are being reported are accurate?

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**Secretary Wilkie:** Let me stop you there. We were the first system to test [inaudible] in a community living center, Ben. I don't know if you reported that. We were the first system to test every employee in a nursing home.

**DWG:** [Inaudible].

**Secretary Wilkie:** Let me finish. Because we were that active, we were the ones who provided the manual on how to do this to every nursing home in the country. We released that report the second week of March. If you look at our numbers last night we had 22 patients out of 7500 in our nursing homes who had an active infection. Now most of those are patients we've taken in from state veterans homes and put them into special rooms. But the testing in our community living centers has been extensive, it's ongoing.

We still have the same guidelines. If someone feels sick, if they have the symptoms, call us, we'll get you those tests. We've done hundreds of thousands of tests so far. But you mentioned if people are asymptomatic. Well, something like that will fall through. But we need those test on the front line and in the community centers. We're getting them. When the veterans report that they have a question, we get them those tests as well. And we've actually taken over several state testing operations as well -- Idaho, Arkansas. I can't remember the others.

**DWG:** Ellen Milhiser of Synopsis, are you on?

**DWG:** Secretary Wilkie, I understand that the VA system has more than [inaudible] acupuncturists on staff. Given the role that acupuncture plays in your --

**Secretary Wilkie:** I can't --

**DWG:** -- hear you. I can take a guess at what she asked.

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**DWG:** I'm asking about how many acupuncturists you have in [inaudible].

**Secretary Wilkie:** Acupuncture is an extensive, is a very important part of our whole health approach, and let me expand on that. And I'll give you a personal example.

My father was terribly wounded in the invasion of Cambodia. Had issues because of that the rest of his life. In his day the thought of acupuncture and tai chi would have been unthinkable. It would not have been part of the ethos. But acupuncture is a vital part of our whole health approach. When veterans want it we will get it to them. We recruit acupuncture specialists and many of our doctors are trained in that.

I think, David, that's what she was asking.

**DWG:** Right. I believe so.

Alex Whitten of the Washington Post, are you on?

**DWG:** Yes. I think in the media we [inaudible] positive good news stories. A couple of [inaudible] you and public affairs has [inaudible] the last few weeks and months that we haven't got any details on. The first is low [rank] of infections [inaudible] systems. When I asked [inaudible] about this, bout is there a breakdown between front line workers and general VHA workers, she told me it was all VHA workers which means high ranking officials who haven't spent any time [inaudible] in a hospital are included in that count as well as other folks who have little to do with patient care.

So is there a breakdown of numbers associated with people who are on [inaudible] rates?

**Secretary Wilkie:** Just take my case. I'm in the hospitals. Just this week I was in Tucson, Phoenix, Kansas City, I'm in

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Battle Creek, Ann Arbor and Detroit next week. I'm in five VA centers in Pennsylvania and New York the week after that. So I'm out there in the hospitals as well as going to North Carolina. I'll see if we've got that.

**DWG:** Yeah, like a breakdown.

[Inaudible], right? I mean you're talking about the entirety of VHA which not the entire system has anything to do with being in hospitals.

**Secretary Wilkie:** And I was also, I will also note that our Headquarters VHA staff has been reduced considerably as people have gone out and I think that's a very good thing.

**DWG:** Right.

The second one is [inaudible] survivability of minority veterans. We know generally in the U.S. population Hispanics and Black Americans are dying at much higher rates than Whites. But I'm curious [inaudible] when you guys said that the survivability for those veterans [inaudible] cohorts, which I would think would speak to something of a [inaudible] of access to care for veterans compared to non-veteran minorities.

When I asked the press secretary about this I didn't receive any information about this. [Inaudible] comfortable saying these things on the record. But when we ask to speak to folks who can speak to [inaudible] or give us much greater detail we are not met with any favor. If you have more information about that particular issue.

**Secretary Wilkie:** I'll get it to you. I can tell you that all the information that I've seen points to that. And you just mentioned, you've worked here, you know, that a veteran, I'll give you an example from the family, my parents' home town where the vast majority, not the vast majority, but the civilian population in New Orleans, those who passed away who were

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African Americans, I think 7 out of 10 had diabetes. But the problem there was a lack of continuing care.

That's not the case with veterans who are in our system. As you know, there is ongoing treatment and communication with those veterans and we have seen, my year and ten months, there is a leveling in terms of the impact. And that is because people get regular treatment with VA that they would not get in any other place.

But I'll dig deep and talk with the public affairs people.

**DWG:** Thank you.

James Clark of Task and Purpose? Do you have a question?

**DWG:** I do. Mr. Secretary, thank you for making time to chat.

My question is, it's my understanding the VA won't test non-veteran employees for COVID-19 at the hospital where they work and it's due to federal law. Can you explain the rationale for that? Whether there's been any attempt to --

**Secretary Wilkie:** You'll have to ask the Congress. That's in statute. I don't know why they did it. I guess they did it at a time of scarce resources. We do as much as we can to make sure that there's some way of testing folks. Certainly our employees who are on the front lines get those tests, our medical people. But there are things in statute that I can't [change].

**DWG:** Have you made any attempt to kind of push for that? Is that something you want to see changed?

**Secretary Wilkie:** [Inaudible] in response to a [inaudible] question. I'll have to go back and look at the record.

**DWG:** Okay. If I could ask one more question. You mentioned

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veterans, stay at home veterans homes recently, the soldier's home in Holyoke where there was a massive outbreak a bit ago. What is the VA's level of responsibility? At that facility and others. If you can explain that.

**Secretary Wilkie:** We have the same responsibility that the Joint Commission has for evaluating hospitals. The Joint Commission evaluates all the hospitals in America from a federal level. We conduct surveys. The statute is very clear that we cannot control, maintain or operate any state-run facility.

So let me take a step back and tell you why Congress did that. There are many, there are two different responsibilities that we have. One is ours. Our patients tend to be much sicker, they tend to be older. State veterans homes, in fact on the frailty scale, the average veteran on the frailty scale in our nursing homes out of 10, out of 0 to 10 on that scale, is 7.8. In the state veterans nursing homes it's 3.4. many of those veterans don't qualify for federal nursing home residence which is why those state veterans homes were set up. There are 155 of them. We have [135]. We conduct surveys and we report to the state health authority as to things that we see.

In Holyoke we delivered a report on infection control the last day of January, first day of February. And we had those recommendations to the commonwealth. The same applies in New Jersey.

In New Jersey, the governor recognized the shortcomings and asked us to come in. We have an excellent relationship with him. We're there to cooperate. There is that separation. We do advise states on abatements in terms of [inaudible] of those homes, but we do as much as we can in terms of providing that kind of support for the state.

**DWG:** Thank you. Nicole Ogrysko of Federal News, are you on?

**DWG:** Hi, Secretary. Thanks for making time.

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I know that the VA drastically increased its telework capacity during the pandemic. I'm wondering if you think that's something that might continue? Do you feel that your employees are perhaps more productive now? And do you think that's something that could continue past the pandemic?

**Secretary Wilkie:** Yes. At two levels. One is the workforce. And we'll be taking account of employee satisfaction with telework. What I have seen is that people have been very happy for the most part with telework. We have not seen any drawdown in terms of productivity. I think in many cases it's gone up. That will be one of the things we look at when we return to normal operations.

On the medical front there's no question in my mind that this is the wave of the future, particularly in mental health, and particularly in ways of expanding our footprint in the most rural areas of the country.

I mentioned at the beginning that we went on a mental health [inaudible] from 40,000 mental telehealth appointment a month to over 900,000. We have now an agreement with Walmart to start putting these telehealth clinics in Walmart stores all across the country to get into places that we don't normally go. So both for employees and for our patients. Telework, telehealth is the wave of the future as I see it, and I'll have more data after this emergency ratchets down. But it's very important and I think the rest of the government should take a look at what we've been doing as well as private companies.

**DWG:** [Takashe Wantanabe] of [Ason Shinbon], are you on the line?

**DWG:** Hello, Secretary. I [inaudible]. Many [inaudible] are [inaudible] in the U.S. military to [inaudible] focus or [inaudible]. I was wondering if Department of Veterans Affairs sees reaction from veterans about the issue.

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**Secretary Wilkie:** Well, I haven't seen anything from our veteran population along those lines. Right now our focus is health and the emergency. You won't find too many veterans, at least in my experience and I have experience both here and as Under Secretary of Defense, that's just not an issue that we would be dealing with.

That's a political issue and an issue for those retirees. But it's really not an occasion for veterans to express that to me when healthcare and benefits are most on their minds. I certainly haven't heard a thing about that, and I've been in 47 states now, plus all the territories in the Pacific. Those kinds of political discussions I can't remember it once ever coming up in talking to veterans. And I just did a townhall in Phoenix with veterans and tribal leaders from across Arizona and those kinds of questions don't come up.

**DWG:** Thank you.

Jennifer Benitz of U.S. Army, you write for them. I know you're on. Do you have a question by chance?

**DWG:** No question for me, thank you.

**DWG:** Okay. Thank you.

Mr. Secretary, as you look forward with the increases in infections in the southwest right now and some of the other developments that you're seeing. Obviously you're tracking a lot of data on COVID. What are your concerns? What keeps you up at night in terms of your responsibilities?

**Secretary Wilkie:** That's certainly one. Where is the major outbreak? Where is it coming?

We've been able to respond as a quasi-military organization. Let me give you an example from the southeast and southwest.

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When the first wave hit, and the first wave for us didn't happen in Manhattan, it happened in New Orleans. Thousands of veterans were infected. If you look at the New Orleans numbers they're still about as high as metropolitan New York in terms of deaths and in terms of numbers of infected [inaudible].

What we have to do there is distribute the effort. We sent non-COVID veterans to Biloxi, Mississippi; to Houston; to Jackson, Mississippi; to Shreveport, Louisiana; to distribute the burden across various medical centers. We do the same thing, and Ben was talking about supplies, and he's been talking about PPE for months now. The same thing with [pods]. He's a Marine so I'll use a Marine term. We've become very efficient at [inaudible], which means in a case like New Orleans we were able to bring in supplies from Oklahoma City and from Little Rock. Because these hot spots have broken out as one-offs since this epidemic, we've been able to move people in but also take veterans to other places for their care.

In the meantime we have expanded our capacity. We've expanded our bed capacity by maybe 2000 beds across the country, and this is not a topic for this discussion, and I think we as a nation have to have a [serious discussion] about this trend that has occurred in American medicine where we eliminate wholesale of the number of beds available to the public and we've [reaped] a whirlwind from that. I'm not a medical professional I'm a military professional. But that's a conversation we need to have.

**DWG:** We just have a few more minutes with the Secretary. I'm going to take a bit of risk here because we're on a system that the sound of which seems to work well sometimes and not others. But I'm going to take the chance of saying does anyone have a burning question they'd like to try and speak up and ask? And don't all speak up at once. But you will, of course.

**DWG:** This is Matt Fowler with ABC. Thank you, Secretary.

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When we interviewed you in late May one of the big topics was the VA's use of Hydroxychloroquine which you'd used in several cases, something like 130 [inaudible]. I know since we last spoke that Lancet study which was a source of a lot of worry was retracted and there's a Henry Ford Hospital study on the drug that seems to show maybe some positive signs.

But I was curious if your usage of it has changed. Has it increased or gone down? Or have you had any kind of data or results or any data you've gained in the mean time?

**Secretary Wilkie:** Thank you. At the time I did the interview, I think you're talking about the [Martha Radison] review [inaudible].

**DWG:** Yeah.

**Secretary Wilkie:** We were [inaudible] just a few patients who had requested Hydroxy. We're taking a [clear look at] the study coming out of Michigan and we'll adjust with that. But all along we've followed the guidelines from CDC and FDA. And I mentioned in that interview that this is a treatment that is not unknown to our population. We use thousands of doses every day for other things. Those of us who've served, we've taken it. And I was very serious when I told her that we were doing things in line with accepted medical practice. But also if a veteran wanted hope, and that's what we did. But if the veteran's not asking for it and the doctor doesn't feel that pursuing it is beneficial, then that's where the discussion ends.

We have very few now, back, as I said when I talked to Martha, [inaudible].

**DWG:** Is there anyone else who hasn't asked a question and who would like to who's on the line?

**DWG:** Yes. [Inaudible] with Stars and Stripes.

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Mr. Secretary, you mentioned telehealth centers at Walmart. Is there any more detail on that? When that's starting? If that's kicked off?

**Secretary Wilkie:** That's a great question and I usually don't say great question because I don't want to sound patronizing. But this is the wave of the future. I came up with the very first one in Asheboro, North Carolina. One of my colleagues went out and opened a similar telehealth actually not in a Walmart, but in a VFW Hall up on the Montana/Canadian border.

So when the epidemic winds down, it's Walmart's intent to start moving more of these facilities, particularly in rural America. And Asheboro, North Carolina is equidistant from Ashville and Winston-Salem. And the roads there are not straight in any of those places, but it has a huge rural veterans population.

So I was going to actually talk more about this at a Chamber event this week, but that was canceled. But Walmart has plans to move more rapidly once this epidemic is over.

Maybe we can let you go see the one in North Carolina if you want to do that. It looks like a living room. You can go and talk to a doctor from Duke University or Chapel Hill. They can do routine things. [Inaudible], basic hearing and eye tests and things like that. But I see it as the wave of the future for mental health. This puts veterans in a comfortable setting. It doesn't force them or their families to travel long distances. And it doesn't force them into what could be in many cases an unfriendly, large clinic setting.

But get in touch with us and we can work that out and let you go see it.

**DWG:** Anyone got a final question?

**DWG:** Richard Sisk from Military.com.

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I'd like to go back to what you said towards the beginning on preparing in the event that there's a major rebound. Can you tell us what the preparations are? Dr. Stone a couple of weeks ago said he had a 30-day supply. He was really wanting 90 days or even six months. And aren't we in a major rebound right now?

**Secretary Wilkie:** Well, the major rebound would be for me a repeat of the progression of infections and the number of fatalities that we saw at the beginning. Right now we're not seeing those fatalities and we're not seeing the hospitalization. So that's one difference.

What I'm thinking about is a resurgence of that wave that washed over New York, Detroit, Chicago,. Those parts of the country with the fatality totals in the thousands.

So I mentioned at the beginning we're reinstating the old Navy/Marine Corps depot program. We're stocking up. We are doing what any good military organization does, we are reviewing lessons learned. We think many of the precautions that we put [in place] worked, particularly with our assisted living centers. So that is what I had in mind with a major rebound, where the civilian section of the country is overwhelmed as it was in the northeast, and those are the parameters. And we are stockpiling as [inaudible] as we speak.

**DWG:** Thank you very much, Mr. Secretary.

It just occurs to me, and I hope this isn't going to be awkward, but I'm curious. You're a Cabinet member. What sort of interactions do you have with the President of the United States? And what's that like?

**Secretary Wilkie:** Well, it's interesting. You and I talked at the beginning and I'll go back to that discussion. I'm from a military family. I still serve in the Reserves. The awakening that I had was during the 1970s, first seeing my father come

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back terribly wounded after a year in an Army hospital. And then recover and go to the All American Division and not being allowed to wear his uniform. So the treatment of American veterans.

I will say of the President, everything I have asked for to go in the budget he has agreed to. He asks a lot of questions about veterans. I think that is a sea-change in terms of the executives' attention, and I mean that [inaudible], the executives' attention to this institution. I've seen it when there wasn't. And I've had nothing but support.

And I would also argue that you have to really dig to find the last candidate who ever made veterans the centerpiece of his campaign.

But let me finish on [inaudible]. That is 2016, 2014 was a terrible time. In an organization this bid [inaudible] still have hiccups, but the numbers that we're seeing, the approval ratings, the number of appointments, the retention of our own people, and I think a general acceptance by the American people about the special place we have. That's a sea change from what you saw when you were covering the Carter White House, and Mrs. Carter was a lone voice. I've said this in testimony, I can never thank her enough. She was 50 years ahead of her time both with mental health and veterans. We've come a long way from that.

I'll say VA's in a better place now.

**DWG:** On that note, thank you very much again for taking time with us this morning. Given that there is a health crisis, perhaps we might try to organize another conversation later in the year, early next year. I hope that will be possible.

**Secretary Wilkie:** I'd be happy to. And I thank you for putting this together. It's worthwhile.

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**DWG:** Thank you. With that we'll come to a close. Folks, there will be a transcript up on our web site in about 24 hours, maybe less. But in the meantime it's all yours. Thank you.

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