COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

JOINT PUBLIC HEARING
OF THE
HOUSE VETERANS AFFAIRS &
EMERGENCY PREPAREDNESS COMMITTEE
AND
SENATE VETERANS AFFAIRS &
EMERGENCY PREPAREDNESS COMMITTEE

STATE CAPITOL
HARRISBURG, PA

IRVIS OFFICE BUILDING
ROOM 515

THURSDAY, JUNE 17, 2021
9:30 A.M.

PRESENTATION ON
VETERANS HOME CARE AND
COVID-19 MITIGATION PROTOCOLS

BEFORE:
HONORABLE KAREN BOBACK, HOUSE MAJORITY CHAIRMAN
HONORABLE MIKE ARMANINI
HONORABLE LYNDA SCHLEGEL CULVER
HONORABLE MARK M. GILLEN
HONORABLE JOE HAMM
HONORABLE ZACHARY MAKO
HONORABLE TIMOTHY J. O'NEAL
HONORABLE TRACY PENNYCUICK
HONORABLE F. TODD POLINCHOCK
HONORABLE JIM RIGBY
HONORABLE FRANCIS X. RYAN
HONORABLE CRAIG WILLIAMS

* * * * *

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BEFORE (continued):
HONORABLE CHRIS SAINATO, HOUSE DEMOCRATIC CHAIRMAN
HONORABLE CAROL HILL-EVANS
HONORABLE KRISTINE C. HOWARD
HONORABLE JENNIFER O'MARA
HONORABLE CHRISTINA D. SAPPEY
HONORABLE JOE WEBSTER
HONORABLE DAN K. WILLIAMS

HONORABLE PATRICK J. STEFANO, SENATE MAJORITY CHAIRMAN
HONORABLE CRIS DUSH
HONORABLE KATIE J. MUTH, SENATE DEMOCRATIC CHAIRMAN
HONORABLE JOHN I. KANE
HONORABLE LINDSEY M. WILLIAMS

COMMITTEE STAFF PRESENT:
RICK O'LEARY
HOUSE MAJORITY EXECUTIVE DIRECTOR
MICHAEL HILLMAN
HOUSE DEMOCRATIC EXECUTIVE DIRECTOR

NATHAN SILCOX
SENATE MAJORITY EXECUTIVE DIRECTOR
LUC MIRON
SENATE DEMOCRATIC EXECUTIVE DIRECTOR

I N D E X

TESTIFIERS

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SUBMITTED WRITTEN TESTIMONY

* * *

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P R O C E E D I N G S

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HOUSE MAJORITY CHAIRMAN BOBACK: Good morning.

The hour of 9:30 having arrived, we will now call this public hearing to order.

Please silence your cell phones, and would you all rise for the Pledge of Allegiance.

(The Pledge of Allegiance was recited.)

HOUSE MAJORITY CHAIRMAN BOBACK: Good morning.

My name is Representative Karen Boback, and I am the Majority Chairman for the Veterans Affairs & Emergency Preparedness Committee for the House of Representatives.

For housekeeping purposes, we have Members and testifiers in attendance both physically and virtually, as well as public viewing via livestream. Due to the Sunshine Law requirements, if either of these platforms experience technical difficulties, we will pause the meeting in order to correct the issues.

Chairman Stefano?

SENATE MAJORITY CHAIRMAN STEFANO: Good morning. Thank you, Chairwoman Boback.

I would like to thank the three Chairs for working with us and holding this very important hearing.

And I thank all our testifiers for being here with us today for a very frank discussion regarding some really tough topics.

The COVID-19 pandemic was unlike anything that our generation has seen, and I don't envy the Governor and his Health Secretary for the positions that they were in. Many decisions were made on the fly with new information coming in at all angles and at a furious pace, often contradicting the last piece of information that was received.

The truth is, a lot went wrong during COVID-19, and the biggest tragedies were the needless numbers of deaths that occurred in our long-term care facilities, specifically in our State veterans homes. As with any major incident, it is important that we have an after-action report to take stock, make adjustments, and move forward, ensuring that the same mistakes don't happen again.

Several investigations have taken place, and I thank the Department of Military and Veterans Affairs for being responsive to them and making a number of changes. I'm looking forward to the answers we'll receive today, and I'm sure that more questions will be asked. But I appreciate the new team that General Schindler has in place and the willingness to address those questions and

ultimately work with us to ensure that we do right by our men and women who have served our nation.

Thank you, Madam Chair.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator.

For the Members participating virtually, please mute your microphones. Please know when you speak, we all hear you. If you want to be recognized for comments, please raise the "Raise Hand" function, and after being recognized but prior to speaking, please turn on your camera and unmute your microphone. After you have completed your question, please mute your microphone.

I would like to mention that with us today we have Representatives Rigby, Williams, Armanini, Gillen, Ryan, Pennycuick, Culver, Polinchock, Hill-Evans, Hamm, Howard, and Craig Williams.

As an introduction, we are here today to examine our veterans home care and COVID-19 mitigation protocols, as was mentioned by the Senator. We have several panels of key stakeholders testifying before us today, and I want to thank them all for participating with us.

This has been an unprecedented year for the citizens of the Commonwealth and for the residents of six of our State veterans homes. Their families and loved ones were also implicated. We have many Committee Members who

requested that our committee examine the events of this past year and our State veterans home system so we can learn from this experience, but also we must seek the truth on what the residents and staff endured during the crisis and what mistakes may have been made along the way in order not to make them again.

So I look forward to a very informative discussion, and I thank everyone for participating with us today.

Chairman Stefano, any opening remarks?

SENATE MAJORITY CHAIRMAN STEFANO: Well, Madam, I just did my opening remarks, but I would like to ask Chairman Muth for her opening remarks.

SENATE MINORITY CHAIRMAN MUTH: Thank you, Mr. Chairman.

I am grateful to be here today, grateful that we're finally having this hearing. I know that I want to be honest in that this is a very near and dear issue to my heart, as the Southeastern Veterans' Center is in Senate District 44.

And I look forward to hearing answers, but I want to acknowledge that the people that are here today to testify from the DMVA were not the people that were in charge. So I just want to make that clear as we start off, that I appreciate that you're here to give us a plan to

move forward. Certainly no blame to cast on the individuals that are new and are trying to bring a different approach, a more veteran-centered approach, and I appreciate you being here today.

And thank you to the House Committee for doing this. Sincere thanks. So thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator Muth.

Chairman Sainato, any opening remarks?

HOUSE MINORITY CHAIRMAN SAINATO: Thank you, Madam Chairman.

Senator Muth, Senator Stefano, and all that are here this morning, I think as you look in this room, you see so many Members of the House and Senate who know how important this is to us and to our residents of Pennsylvania. And I, too, want to thank you for being here. I want to echo the comments of the prior speakers. We need to examine what has happened, and we also need to move forward in ways that we can prevent anything from what has happened again.

I know it has been a very difficult year-plus for all of us. As Senator Stefano said, you know, a lot of decisions are made on the fly. We were in such uncharted territory, and we have to learn from mistakes. And we have to hold people accountable as well, but we learn from

mistakes so we make sure we don't repeat it.

And I look forward to the testimony here today, because, you know what, I mean, nothing is more critical, especially in our veterans homes, for those who have served and their families to make it as safe as it possibly can.

So I'm just looking forward to your testimony, and I do thank each and every one of you for being here today. This is how we as a Legislature can get to the bottom of things, and also show that we are there to help find solutions, if there are solutions out there that can help us. So thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Chairman Sainato.

Chairman Stefano.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you, Madam Chair.

I also wanted to let you know that joining us from the Senate Committee virtually are Senator Kane and Senator Lindsey Williams.

At this time, we're going to call up our first panel, who have already stepped up. We have with us Major General Mark Schindler, Acting Adjutant General, the PA Department of Military and Veterans Affairs; Colonel, U.S. Army (Retired) Maureen Hopkins Weigl, Deputy Adjutant General, Veterans Affairs, PA Department of Military and

Veterans Affairs; Ms. Patricia Derry, Deputy, Office of Administration, the PA Department of Military and Veterans Affairs; Mr. Marc Ferraro, Executive Deputy Secretary, the PA Department of Military and Veterans Affairs; Mr. Travis Davis, Director, Bureau of Veterans Homes, PA Department of Military and Veterans Affairs.

Thank you all for being here with us today, and would you please rise and raise your right hand to be sworn in:

Do you swear or affirm that the testimony you are about to give is true to the best of your knowledge, information, and belief? If so, please indicate by saying "I do."

(Testifiers responded "I do.")

SENATE MAJORITY CHAIRMAN STEFANO: Thank you very much. You may begin when you are ready.

Before you begin, I do want to recognize that Senator Dush has joined us virtually as well.

ACTING ADJUTANT GENERAL SCHINDLER: Good morning, Chairwoman Boback, Chairman Sainato, Chairman Stefano, Chairwoman Muth, and Members of the House and Senate Veterans Affairs & Emergency Preparedness Committee. Thank you for the opportunity to provide insight of our State

veterans home operations.

It has been over a year since the declaration of a public health emergency due to COVID-19. The toll COVID-19 has taken in our communities and around the country is tragic and vast. We grieve the loss of life.

The impact on the health-care systems, the economy, our families, and our daily lives is immeasurable. The entire Department of Military and Veterans Affairs, DMVA, was affected by the heartbreaking COVID-19 reports at our State veterans homes. Our soldiers and airmen answered the call to support our vulnerable citizens, residents, and communities. Like all Pennsylvania State agencies, we took significant precautions and created policies to mitigate risks and protect our veterans home residents, their families, our employees.

My philosophy is simple: We must mold and strengthen a culture of respect, trust, and accountability where all individuals look out for and care for each other. To do this, all people need to be treated with dignity and respect, regardless of age, ethnicity, or designation. We, the leadership of DMVA, will set the example for others to follow. We will be transparent in our action. We will not tolerate behaviors that support racism, sexual harassment, or toxic work environments. We will do what is morally and ethically right.

The past 16 months have been a challenging time in an ever-changing environment. We learned, adapted, and identified shortfalls. The agency is continually working to improve operations and actions. Sparked by an investigation at one of our veterans homes during the pandemic, a complete review and restructure of our Office of Veterans Affairs' policies and procedures is being studied. Changes are being implemented. We cannot undo what occurred early in the pandemic; however, we have taken immediate corrective actions. We continue to assess our practices and implement change.

On May 28th of 2020, at the request of DMVA, the Governor's Office of General Counsel engaged outside counsel to conduct an independent investigation of the COVID-19 outbreak at the Southeast Veterans' Center in Spring City and the DMVA response. The report speaks for itself as to what happened at SEVC during this timeframe.

There is pending litigation against DMVA; therefore, we are not able to answer some questions. Additionally, some of the leadership team before you is newly hired and was not present during the COVID-19 outbreak.

In response to the report, DMVA immediately implemented many of the recommendations suggested. Our six State veterans homes continue to follow guidelines of the

Centers for Disease Control and Prevention, the CDC; the PA Department of Health, DOH; and Centers for Medicare & Medicaid Services, CMS, guidance in order to mitigate further COVID-19 outbreaks.

Every State veterans home has ample personal protective equipment stored on site. Our staff is using the extensive education and guidance of infection control and prevention. Our State veterans homes developed ways to classify residents to control the spread of the virus.

We have minimized the virus outbreaks within our homes through frequent screening and testing of all staff and residents. COVID-positive residents are isolated from our other residents. We ensure that proper amounts of PPE are on hand and properly utilized. Additionally, we participate in the Federal Pharmacy Program for vaccinating our residents.

I will focus my remarks on the actions that were taken to address the findings of the report. The three main areas of focus are:

1. Our leadership team;
2. Oversight of the State veterans homes by DMVA; and
3. Restructuring of the Bureau of Veterans Homes.

I would like to take this time to introduce our current leadership team:

Mr. Marc Ferraro, my Executive Deputy Secretary, oversees and assists in coordinating and synchronizing the efforts of our entire department.

Brigadier General Maureen Weigl, the Deputy Adjutant General for Veterans Affairs, who oversees DMVA support of veterans throughout Pennsylvania.

Mr. Travis Davis, who is the Executive Director of Long-Term Care. Mr. Davis oversees the care of all of our residents in our State veterans homes.

Also with me is Ms. Patty Derry, my Deputy Secretary for Administration.

The leadership team will continue to provide recommendations for the Bureau of Veterans Homes restructuring. And our goal is to ensure exceptional care of our residents and strictly adhere to quality control and compliance within our six State veterans homes.

Maureen, if you could please provide an update on the six State veterans homes.

DEPUTY ADJUTANT GENERAL WEIGL: Sure. Thank you, sir.

Good morning.

Currently, all six veterans homes are admitting new residents. We started that in March, and our total

population currently is 933 residents.

All of our homes are allowing family visitation, which this is the perfect time as it is nearing Father's Day weekend. We have adequate supplies of PPE, as the General mentioned, on hand, and we continue to test our residents and employees and follow the CDC, CMS, DOH, and VA guidelines as it relates to COVID mitigation.

Travis will now share with you where we are with current cases, testing, and vaccination.

EXECUTIVE DIRECTOR DAVIS: Good morning.

I am happy to report this morning that we had zero positive resident cases in all of our six homes across the Commonwealth. We currently have two positive staff members, which I think is a great, remarkable number considering we have over 1900 staff members in total.

We have five staff members who are out with symptoms related to COVID-19. Since the COVID pandemic started, we have done over 33,000 tests on residents in our homes, and we have completed over almost 83,000 tests on our staff.

We have had a big push for vaccinations for our residents and our staff members. That started back early when the vaccine became available through the Federal Pharmacy Partnership Program, but it continues through internal measures and efforts by the DMVA to go out and to

increase awareness, education, and make vaccines very easily accessible for our staff and our residents.

So I'm happy to say today that 95 percent of all of our residents are fully vaccinated. Sixty percent of all of our staff members are vaccinated, and we expect to see that number climb. I expect as we leave this meeting today, we're going to see even more staff members, because we currently have a mobile vaccine clinic going on at our Pittsburgh Southwest Veterans' Center starting today at 9.

Thank you.

ACTING ADJUTANT GENERAL SCHINDLER: Reflecting on where we were and where we are today, I want to say how proud I am of the direct-care and support workers at our six veterans homes. They are frontline workers and are exceptional employees. DMVA's priority is to ensure we are providing the best possible care for our veteran residents. Therefore, we are reviewing our organizational structure to verify that appropriately skilled and knowledgeable staff provide the necessary oversight of our homes.

It's vital that the challenges within the DMVA structure are addressed. Therefore, an Executive Deputy Secretary within DMVA has been appointed. The EDS is responsible for oversight, synchronization, and collaboration of State-related matters. Additionally, the EDS coordinates issues involving the military side of the

Department. The EDS will coordinate support and resources throughout the Department and provide oversight from the executive level.

To date, this employee, Mr. Marc Ferraro, to my left, has significantly improved coordination and communication in order to provide transparency, not only within our organization but with our external partners to include our military and veterans partners. It is my pleasure to introduce Mr. Marc Ferraro.

EXECUTIVE DEPUTY SECRETARY FERRARO: Thank you, sir.

Good morning, ladies and gentlemen of the Committee. As General Schindler indicated, my function is really to synchronize and coordinate the efforts of all the State functions and activities within the Department, which previously we never had. And then I will also, I also coordinate with the Deputy Adjutant General - Army and Air as those functions get blended in certain activities that we do within the Department.

Prior to my arrival, there was nobody that did that to establish the priorities and focus efforts where they needed to be, whether it be with the State veterans homes or something that may have to do with the military. So we now have a regular rhythm of meetings where we are all coming together as a group, as deputies and support

staff, to ensure that the priorities are established and the effort needs to be where the focus needs to be.

Most importantly, though, is in my role of assisting General Schindler in creating the culture that is inclusive, respectful, responsive, transparent, but most of all, accountable at the senior levels.

One of the main items that was brought out in the investigation was the placement of the compliance officer, the ethics officer within the Department. Before my arrival, it sat under the Director for the Bureau of Homes. Compliance has now been moved to my office to where I will provide the oversight to ensure that there is independence of the compliance team to be able to function and perform the duties that they need to do without any outside interference.

So they're going out and visiting the homes, doing the audits that they are required to do. As complaints come in, they will investigate those complaints, making sure that we're enforcing the standards and complying by the standards of the Department of Health, CMS, the Department of Human Services, and also the Federal Veterans Administration.

Prior to the pandemic, we had one employee for the entire department in compliance. We're in the process of hiring three more. We have one on board already, for a

total of two now, and we're in the process of doing interviews for the other two, to bring a full team of four compliance personnel within this section.

Their responsibilities will include reviewing current policies as they relate to the homes, oversee our resident-care standards, integrate employee input into the quality of care, and enhance each home's crisis management plan to include standardizing communication and information sharing.

And I look forward to working with everybody either on the Committee or with our State Veterans Commission and our partners there to ensure that we're doing the right things to take care of our veterans.

Thank you.

ACTING ADJUTANT GENERAL SCHINDLER: The report indicated that the DMVA and the Bureau of Veterans Homes was overwhelmed and did not have the requisite experience on staff to handle issues that developed during the pandemic. To address these shortcomings, we are implementing major organizational restructuring moves within BVH. They include:

1. Increasing the number of licensed nursing home administrators to support and advise the homes.

2. Establishing better oversight, communication, and collaboration both within BVH and to and from the homes.

We created an Executive Director of Long-Term Care in which the Chief Medical Officer will directly report to. We implemented a dedicated Director for the State veterans homes and are in the process of formalizing a Medical Advisory Committee, which will advise the executive staff on clinical policies and procedures within the homes.

Brigadier General Maureen Weigl, Deputy Adjutant General for Veterans Affairs, will elaborate on the new organizational structure.

DEPUTY ADJUTANT GENERAL WEIGL: Thank you.

As the General and Marc mentioned, the new positions will reduce the span of control of the previous organization and allows us more focused attention in specific areas and provides flexibility in times of need.

The past job description of the Director of the State homes was very broad. The individual had oversight of not only the daily operational and clinical operations of six long-term care facilities throughout the Commonwealth, they had to deal with the headquarters staff, the administrative staff, the oversight of the revenue

budget, the budget, and the maintenance and care of all of those facilities. It was a very broad and large scope of work.

Creating the Executive Director position allows us not only to have another licensed administrator in our facility, but it allows the Director of Homes now to concentrate on those six facilities and does not have the oversight of the budget, the revenue, and the facilities.

So the Executive Director, Travis Davis, will now have oversight of the Bureau of Veterans Homes. We will have a separate Director of Homes, who specifically will manage the day-to-day operations and the clinical operations with the Director of Nursing and the six commandants of each home. We believe this will provide more oversight and allow the Director of Homes to focus on clinical and daily operations.

The Director of Homes and the Director of Nursing will work with the commandants and the Director of Nursing in each facility, again adding to the oversight and management and having more licensed administrators to be able to support those homes, and in cases of times of need, we can move people and adjust as needed.

The Behavioral Health Director of Nursing and the Deputy of Homes will report to the Executive Director, and the Executive Director will also work directly with the

Chief Medical Officer. The Chief Medical Officer will also have a medical action committee or advisory committee, and that committee will also provide insight and report to the Executive Director.

So at this time, I will let Travis explain in more detail what the Chief Medical Officer and this new Medical Advisory Committee will do.

EXECUTIVE DIRECTOR DAVIS: Thank you.

The report also found concerns that the Chief Medical Officer's guidance and input were not followed uniformly throughout all six homes. This created confusion. It created poor judgment and allowed mistakes to happen, which impacted the homes and ultimately the safety of some of our veterans.

The Executive Director of Long-Term Care, which is my current role, will now supervise the CMO. However, that CMO will have an informal relationship to all of my counterparts to the left of me. So the CMO will also report to DMVA, to TAG, and to the Executive Deputy Secretary on the medical and clinical status and response for all six of our homes.

Additionally, the CMO, the Chief Medical Officer, will advise our newly developed Medical Advisory Committee. This committee will provide expertise needed to monitor staff training as well as quality of care. It will help us

with changing guidelines in future pandemics.

The committee is going to be comprised of myself, an infectious disease physician, a behavioral health physician, leadership from nursing, leadership from administration, a representative from compliance as well as quality, and ultimately we feel as though this committee would have been something that would have had a major impact if we had it during the pandemic. We think that their advice and direction to DMVA and our six State veterans homes regarding the best clinical practices for operating our State homes will enable us to maintain the highest quality of care and safety for our veterans.

Thank you.

ACTING ADJUTANT GENERAL SCHINDLER: The DMVA continues to consider and implement additional recommendations. These include crisis management, communications, and infection control procedures; business operations; and strategies to improve our veterans', residents', and employees' quality of care.

Currently, we are at nearly 99 percent of our budgeted complement for staffing, but we still must utilize staffing agencies and VA nurses to supplement our staff due to COVID absences. We expect that to level off and decline over the next few months. We are also seeking funding to increase our complement to the full authorization and fill

all vacant positions.

In addition, the Federal VA was also used to provide clinical assistance to the Southeastern Veterans' Center, Southwest Veterans' Center, and the Pennsylvania Soldiers' and Sailors' Home.

DMVA, working in cooperation with the Office of Administration, created a successful recruitment campaign to assist in filling personnel shortages. We'll continue to work together to bridge the gap to ensure we are hiring the best qualified candidates to fill our critical positions.

My Deputy for Administration, Ms. Patty Derry, will provide remarks on our staffing and other related actions.

Patty.

DEPUTY DERRY: Good morning.

We all know that the shortage of long-term care workers is a part of the overall long-term care issue, and this is going to continue to grow as we move forward and the population continues to age in the baby boomer era, which is all of us, I assume.

The DMVA has created a partnership with the Office of Administration, and we had some really successful recruitment programs in the last few years. In fact, we have increased the number of filled nursing positions from

875 in 2016 to 956 in January 2021 throughout our homes. We continue to explore hiring and educational incentives and other enticements to hire the critical skills that we need.

One of the things we did was a kickoff. I kicked off a joint enterprise recruitment advertising contract. That ran from April '20 to April 2021. It just ended. The results of that were 40 million digital impressions and nearly, or 9 ½ million videos viewed. So we believe we got good results from that campaign.

We also have outreach efforts for CNA positions. We used prior social media announcements. We have contracts with statewide organizations, military groups, schools, and colleges. We basically do anything that we can that is free, that is no cost.

At this time, we are looking for support in obtaining incentive programs for health-care employees. Educational incentives, performance incentives, would really help us in hiring additional health-care workers. We would also like to discuss with you what incentive programs that we would like to see.

Thanks.

ACTING ADJUTANT GENERAL SCHINDLER: Thank you, Patty.

The Department of Military and Veterans Affairs,

like many agencies and businesses, is in the process of safely reopening and finding our way to a new normal. In doing so, we will never forget our veterans and their families who have endured the hardships of loss and separation.

I also want to recognize the hard work and dedication of the health-care employees and staff who work tirelessly to take care of our veterans in these unprecedented times. These individuals are truly unsung heroes, having served on the front lines throughout the pandemic.

In closing, you have our pledge that DMVA will continue to make improvements to ensure the best possible services and health care are provided to our veterans, residents, and families.

I want to thank the Committee for the opportunity to present our testimony today. As a result of Governor Wolf and his administration's commitment to our veterans, we are confident that we can build a stronger Pennsylvania that proudly honors and supports our veterans and their families.

I am continually inspired and amazed by the commitment, the compassion, and the dedication of the entire DMVA team. It's an honor and privilege to represent selfless individuals who embody the Department of Military

and Veterans Affairs.

Thank you very much.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, sir, and thank you to the very impressive panel.

I will start the questions, if I may.

Senator? No?

And I am thrilled with your incentives going forward. They are very, again, very impressive. But I would like to know in regard to the Southeast Veterans' Center, did the leadership of the home fail to or perhaps ignore the directives or guidance provided by the DMVA? Can anyone explain that?

ACTING ADJUTANT GENERAL SCHINDLER: I think that having not been there and all I can really do is read the report on the Southeast Veterans' Home, I can say that I think there was confusion in what guidance to follow at the time because of the many different agencies that were providing guidance, from the DOH to us to--- So there was a lot of confusion on who could address that guidance and which one they should follow.

Travis, do you want to elaborate any more on that?

EXECUTIVE DIRECTOR DAVIS: As guidance was coming out and changing, the Veterans Home Bureau up at our headquarters was standardizing procedures for all six homes

to follow. Different communities had different things going on in terms of outbreaks and population rates, so I do think that there were mistakes made by the leadership at SEVC in regards to following some of the policies that the BVH had put out to be followed by all six homes.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you. Thank you for your response.

Senator Stefano.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you, Madam Chair.

I have a quick question, and then I'll pass on to a couple of my Members.

Listening to your testimony today, and some of the things that I have read, your CMOs in the beginning of the outbreak back in March and April, from my understanding, were getting frustrated because they were trying to present information that they felt needed to be addressed and it wasn't getting addressed, and I hear that you have a new structure now. Can you elaborate on how that improvement will then take their input and make it more relevant to changes in the homes to protect the residents?

ACTING ADJUTANT GENERAL SCHINDLER: Yes, we can, Senator. Travis can explain that in detail.

EXECUTIVE DIRECTOR DAVIS: Yes. Thanks for the

question.

So with our previous structure was the Chief Medical Officer directing the six homes, and then inside each home you had a medical director, some employed by the State, some contracted out. Again, different county health departments, different guidance coming out, and different things happening in communities where our homes were located created some confusion and some urgency at different times, and then also some conflicting judgments with clinical and medical judgment on what we should be doing.

I think that the previous structure did their best to talk out some of these issues as regulations changed and guidance was updated, but I feel as though this committee is something that is going to meet routinely and then ad hoc whenever needed. But we're going to have both our internal team, whether they are a contracted position or an employed medical director, as well as outside experts in infectious disease and behavioral health where we can hash out some of these concerns, because the setting that we see out in Erie, Pennsylvania, might be a lot different than what we see in southeastern Philadelphia.

So I think that this committee gives us the opportunity to come together as leadership with the medical and clinical expertise of multiple parties, hash out our

thoughts, our concerns, and come to an agreement and move forward communally with one direction, and that's where we lost our focus in the past.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you. That does elaborate on that, your shift, and I appreciate your changing that direction. That sounds like that will address the issues of our residents much more.

I will now call on Senator Muth for a question.

SENATE MINORITY CHAIRMAN MUTH: Thank you, Mr. Chairman.

In the report, I can say just from months of my life spent talking to employees and family that the report lacks significant detail about what really happened, and that's not any one fault here, and I say that.

And do you have any knowledge whatsoever that the Chief Medical Officer met regularly with all of the physicians at the six homes throughout COVID and said, here's the protocol, here is the standard of care, here is the infection control plan? And that in my head, even though it's a pandemic and there were unknowns, it would seem to me that there would be regular meetings, you know, to have those conversations, even including maybe the infection control nurses, and to my knowledge, that never occurred. Can you verify that that did occur or didn't occur?

ACTING ADJUTANT GENERAL SCHINDLER: Senator, I cannot. I do not know if they occurred or not.

SENATE MINORITY CHAIRMAN MUTH: And I didn't read it in the report either.

ACTING ADJUTANT GENERAL SCHINDLER: Right.

SENATE MINORITY CHAIRMAN MUTH: And I know from what I was told, but, you know, again, a report, I wanted to clarify that I understand that what I'm told is from people that work there. And, yeah, I think that's something.

And also, the Medical Advisory Committee, is there staff from the homes that are going to be on it or a way for all staff to provide feedback to the Medical Advisory Committee and that that is documented and accessible to the public?

EXECUTIVE DIRECTOR DAVIS: Yes. So there will be representation from facilities. There will be minutes from all of our meetings that are going to be distributed and shared amongst all staff members.

And we have also increased some of the open-floor communication within the homes. Not only are we trying to have more of an open-door policy where people feel free to come to us with concerns, ideas, suggestions, but we also have some town halls that have been implemented, specifically at Southeast that have, I think, been very

well received by staff, where they can come to a forum held regularly and come to us with ideas, concerns.

So we're opening different ways for them to communicate how they feel comfortable, and I think that it has been going very well.

SENATE MINORITY CHAIRMAN MUTH: Are those regularly scheduled---

EXECUTIVE DIRECTOR DAVIS: Yes.

SENATE MINORITY CHAIRMAN MUTH: ---or do you plan to have, like, every home could have the town halls on the next day and then the Medical Advisory Committee, like that schedule?

My point is that I think the public needs to see when you're doing this and the families need to see when you're doing this, and it needs to be as transparent as possible, because one of the biggest missing pieces of this debacle was transparency, despite me finally getting information about what was happening there and going to the former Adjutant General and literally being told everything is fine, we just needed more masks.

And so I say that, and I want residents, I want our veterans, I want staff, everyone involved to see that you have these things scheduled out, planned out as a means, you know, to increase transparency and improve care. And then I have one final question.

The compliance officers, you said you have two and you plan on hiring two more. That will be four. Why don't you want six so that there's one at every home?

EXECUTIVE DEPUTY SECRETARY FERRARO: The compliance office is centrally located. They are not physically in the homes. The homes have the quality people dedicated, well, the compliance person in the home. So headquarters staff is going to be broken up by varying functions that they'll be responsible for and then coordinating with those compliance and quality people that are in the home and doing those audits to ensure that they're in compliance.

We're in the process, I think the person we're hiring right now, this person has got to have an investigations background. We're looking for somebody specifically with a background that conducts investigations within a medical environment so that we have somebody in a health-care background and investigation background.

DEPUTY DERRY: An investigation background. So we're trying to have an expert team.

SENATE MINORITY CHAIRMAN MUTH: And would those audits be available to the public?

EXECUTIVE DEPUTY SECRETARY FERRARO: They would probably be available under Right-to-Know.

SENATE MINORITY CHAIRMAN MUTH: I would encourage

you, and I don't call the shots in the State of Pennsylvania, but if you could make them available to the public, because the Right-to-Know process is incredibly long.

EXECUTIVE DEPUTY SECRETARY FERRARO: Right. Yes, ma'am.

SENATE MINORITY CHAIRMAN MUTH: Yeah. I'm glad it's in place, but for this, I think, again, being as transparent as possible is essential.

ACTING ADJUTANT GENERAL SCHINDLER: Absolutely, Senator.

SENATE MINORITY CHAIRMAN MUTH: And the budget, what, did you make your budget ask for increased staff? Because I think the Commonwealth, the people of Pennsylvania would agree that our veterans homes need to be fully staffed. Is that budget request going to be fulfilled so that you can hire everyone?

DEPUTY DERRY: We have our authorized complement funded as is, and we have a commitment from the Governor's Budget Office that they will increase our complement as we are able to hire additional health-care staff.

SENATE MINORITY CHAIRMAN MUTH: So is it more of a person issue than it is a financial issue?

DEPUTY DERRY: Yes, it is. We need to be able to find the people to fill the positions, and we always carry

vacancies in there because of the turnover. But if and when we hit our full complement, the Governor's Budget Office has committed to increasing our positions.

ACTING ADJUTANT GENERAL SCHINDLER: And all the restructuring that we spoke about earlier, Senator, that's all coming from within our current complement, too. So we're not adding or taking from somewhere else. It's all just a matter of, hey, this was a position that did A; it's now going to do B, and B located under a different place. So if that helps at all.

SENATE MINORITY CHAIRMAN MUTH: And if those needs, you have issues with that, I would encourage you to tell both of these committees so that we can advocate for you, because this shouldn't be a dollar issue in what we can do.

Thank you, Mr. Chairman.

ACTING ADJUTANT GENERAL SCHINDLER: Yes, Senator.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you.

The next question from Representative Ryan.

REPRESENTATIVE RYAN: Madam Chair, thank you so much, and again, thank you for holding this hearing.

As the staff know, I have been trying to do this since literally 2019 on this type of a topic, even before the pandemic.

General, you had mentioned that there is

currently litigation undergoing. Was any of the testimony that you provided tempered because of the fact that there's ongoing litigation?

ACTING ADJUTANT GENERAL SCHINDLER: Not what I provided here today, Representative.

REPRESENTATIVE RYAN: Okay. Is there anything -- can you disclose whether or not it's criminal or civil?

ACTING ADJUTANT GENERAL SCHINDLER: It's civil, Representative.

REPRESENTATIVE RYAN: Okay. Fantastic. Thank you. And again, I apologize for asking you some of the questions, but that can be important in determining the level of specificity that we can ask relative to the questions.

You know, as a retired Marine, and bureaucracy sometimes can be a problem, do you feel that, we would call it in the Marine Corps tooth-to-tail ratio where the number of people who are actually providing the direct care versus the size of the team necessary to bring that direct care is sufficient to ensure that the veterans are receiving the appropriate level of care and it can be responsive enough, the change in dynamics that would happen in medicine, that the needs of the veterans and their families can be taken care of?

EXECUTIVE DIRECTOR DAVIS: Having spent the

greater amount of my career in the long-term care industry in the private sector, I was pleased to see the staffing levels across all of our six homes. You know, we average a 4.1 PPE for anyone who is familiar with what our State requires. I mean, those numbers are great. I think staffing numbers directly correlate to the quality that you get in the home. So I'm satisfied with where we are today.

We know that we are seeing higher acuity in the veterans that we admit. Some people are coming in sicker with more medical complex needs, behavioral needs. So we are going to continue to require staffing and increases in staffing, and I think that some of our other sister agencies in the State are going to be advocates for pushing those numbers, those State minimums up, and we certainly would follow that and would greatly appreciate the support to bring more staff in the future to our veterans homes.

ACTING ADJUTANT GENERAL SCHINDLER: Yes, Representative. Many of our challenges arrive in getting staff and then trying to retain that staff that we have, because highly skilled employees like that are constantly, you know, looking for other opportunities, and they are competing with other homes across the State of Pennsylvania. So, you know, it's our goal to try to get talented people and retain those talented people within our organizations, and that's a challenge, and especially

during a pandemic when, you know, you had people, you know, getting sick that were workers also. So constantly trying to make up that difference was definitely a struggle.

REPRESENTATIVE RYAN: And again, I can only imagine the difficulty.

And you mentioned the acuity. I was on a hospital board of directors for 28 years and we had a senior-care facility, and it is difficult. When people are not feeling well, it can be a difficult population to treat as well, and then they may or may not have family members that are active in their care as well, which complicates it even more.

But you mentioned the behavioral health aspect of it, and now that we're coming out of the pandemic aspects of it, I would imagine we're starting to see the impact of some of the behavioral health issues of the prolonged lockdowns. Are you monitoring that, and are you comfortable that we have enough feedback to ensure that the behavioral aspects of the total health component of this, not just the medical-care aspect but the total health aspect of this, is being properly looked at, so that as a lessons-learned issue, we can preclude another potential problem on the behavioral health side now that COVID-19 might be somewhat mitigated?

EXECUTIVE DIRECTOR DAVIS: I think that as we all

are aware, behavioral health is an issue that is increasing around the nation. We know that there's a shortage of providers out there to address the growing need, specifically in the long-term care industry. You know, it's not a typical environment that you would see a lot of behavioral health physicians rounding to see patients, but we know it's a need. It's a big piece of our Medical Advisory Committee. That's why we specifically honed in on infectious control and behavioral health, because we do need guidance for what the future is going to present and what some of the issues are right now that maybe are being handled by a social worker or a medical director within the facility.

So presently I will say that, you know, we have had veterans who have been isolated for quite a bit. We're starting to see that relief now where you're seeing a veteran meeting their great-grandchild who they haven't seen in a year face to face, you know, celebrating. We're seeing tears of joy.

So I think we're seeing a lot of the positives right now as things start to open up, but we're by no means ignoring the pandemic of behavioral health in the challenges that we face, not only with the current population but what's going to come 5, 10, 15 years down the road.

REPRESENTATIVE RYAN: And kind of the last comment and the last commentary.

I am the Subcommittee Chair of Veterans Facilities on the House side, and one of the things that we had wanted to do before is just look at the entire approach and the cost, the cost structure, the staffing, and I would welcome being able to do that. General, your predecessor and I were just in the process of getting that done when this whole thing happened.

I'm going to echo what Senator Muth said. One of the dangers that happens when there's litigation that's going on, there's a tendency at times to be less transparent upon the advice of counsel. My experience is, it's better to pull the Band-Aid off and be as transparent as possible. I know there are HIPAA issues that you have to deal with, but that can be redacted so that names can be protected.

But my experience is that only by -- and the VA nationwide, I happen to live in an area where we have an outstanding VA, some other areas don't, and the health-care workers were having struggles, and sometimes we need to let them vent as well so that they can tell us the difficulty and the complexity of the care. And these can be painful discussions to have, but I'm going to agree with Senator Muth on this. The more transparent we can be, the better

off we're going to be, or we're not going to solve this problem. This won't get better with time.

Thank you very much.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you, Representative.

Next, we have Senator Lindsey Williams.

SENATOR WILLIAMS: Thank you, Mr. Chairman, and thank you, General Schindler and team, for your testimony today.

I wanted to talk a little bit about the culture that has occurred in our veterans homes. So during the pandemic, I talked to employees and former employees at the Southeastern Veterans' Home, but I also talked to about 10 of them in the Southwestern Veterans' Home, which is in my district, and while their individual stories, what they were talking about were different, they all had a pattern of long-term harassment, long term where they were raising issues and not getting a response or feeling like they were being retaliated against for raising the issues regarding care, lack of training, things like that.

I know, General, you mentioned in your testimony that the staff was overwhelmed and didn't have the requisite experience. And there were people that were, for years, trying to raise those issues.

Now, today I heard about the independence of the

compliance teams, which I think is a great step forward. You know, Mr. Davis talked about an open-door policy. But I think that we have to do more than that, because there's a lack of trust, and we can do all we can to recruit new nursing staff, but if we don't have a culture to retain those staff, that decreases the care for all of our veterans.

So can you talk a little bit about what you are going to do to protect and encourage people to step forward. And then, if something happens where a supervisor is retaliating against that worker, what is the process for holding those responsible and really changing the culture from the top down?

ACTING ADJUTANT GENERAL SCHINDLER: Yes, I can, Senator, and thank you very much for the question.

It has been a priority of mine, and as I said in my testimony, too, to ensure that our culture is inclusive and that everybody is treated the same. And there should not be a fear of retaliation for someone that feels that they have a complaint or they have a problem, for people to come forward and speak that problem and be heard without being retaliated against. That's unacceptable, it won't be tolerated, and we're working on that. And I think we have been working on that in some of the moves that we are making and some of the reorganization we are doing within

the organization to show that we won't tolerate it, and we're making those reorganizational moves now to do that.

So through training, through some of the outreach that we're doing to our homes, that we're starting to do some of the town hall meetings that were discussed, Senator, I think those are what we have started to do. I don't think they're the end. I think they're the beginning. But we need to make sure that that trust permeates and becomes our culture. That's the only way I know how to do it, is to keep educating, keep listening, and keep listening to that feedback and then acting on that feedback.

So I hope that we have begun with the right steps, and we're going to continue moving forward until we're sure that we have got the right culture in place at all of our homes and within the Department itself.

Anything you want to add, Maureen?

DEPUTY ADJUTANT GENERAL WEIGL: Ma'am, I would like to also say that since Travis and I came on board, we did recognize that that's an issue. And as you all know, trust takes time and you have to build those relationships. So we have made it our priority to visit each home, and when we are at the homes, we don't only sit with the residents and look at the staff and look at the quality control and their mitigation strategies, but we have taken

the time to sit and talk to staff.

So we have had some instances in the past 60 to 90 days that we have been here where staff has raised concerns and issues about some of their supervisors, and we took those seriously and we went physically to those locations. We sat down with the individuals that were making the complaints and the individuals that were, you know, being accused about alleged abuse, or, you know, harassment, or, you know, a toxic work environment, and we take those seriously, and we sat down with everybody.

It's going to take time. We have to continue to build the relationships. We're making it our priority to know all of our staff as well as all of the residents so they can tell us this and they don't feel that there will be retaliation. So we're working on that.

We have some command climate surveys that we're going to push out to the homes to get some anonymous feedback from them so that they know they can have these approaches, and then we can work with the commandants on a way ahead to fix their culture.

SENATOR WILLIAMS: Thank you. Thank you for that. I'm glad to hear that. I know that culture change takes time and to rebuild that trust, so I appreciate that.

I have just one final question. For the retention rates, will you be tracking those, and do you do

an exit survey that when people are leaving, that you know the reason why they left and whether it's, you know, a culture issue or whether it's pay, like what you can do moving forward to increase those, to improve the retention rates?

DEPUTY DERRY: Hi. Yes, we do offer exit interviews. Sometimes they are reviewed and sometimes they're not. We are now, more recently, trying to look at retention rates, turnover rates, and we're trying to look at those by home and by department. We're gathering that data.

So, for example, you have dietary, a dietary department in one home that has constant turnover. That's a clue for us to go look not just at the home but let's look at the dietary department in that home.

So I think in the next few weeks -- we have been working on this for a few months -- that we should be able to have some reports that help us identify these types of issues.

SENATOR WILLIAMS: Thank you very much, and thank you, Mr. Chairman.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator.

Next, Representative Pennycuick.

REPRESENTATIVE PENNYCUICK: Thank you,

Madam Chair.

Before I ask my question, we have danced around a lot about the Southeast Veterans' Home, and for the families that are watching this testimony today, I would like to offer my condolences to those that lost family members during the pandemic. It has got to be incredibly stressful to sit through and listen to this hearing and not have anyone talk about the fact that veterans died alone and in a veterans home, the place where we were supposed to honor and cherish them and honor their service every day, and I don't think we did that. I think we have let them down.

So my first question to the panel is, our veterans in the veterans home usually have comorbidities -- Agent Orange, ischemic heart -- yet we gave them hydroxychloroquine without an EKG before treatment or after treatment. They are not guinea pigs; they are veterans that served our country. I don't know who made that order and I don't know if you know that, but that person should be criminally liable.

And I'm sorry, Madam Chair, if I'm emotional. I had three veterans who died in that hospital. I helped get them in to that hospital. I promised them that they would get the care they deserved, and instead they died alone because someone thought it would be a great idea to give

them a drug without consent, without the information, without an EKG, and without their family knowing about it. Let's call it what it is: We failed. There is no way around that.

And I'm sorry that I'm passionate. I'm passionate about veterans, but we failed. And the time for more staff and headquarters, we're over that. We're the nurses on the bottom level of the rung making it happen. We're the nurses one-on-one with those patients as they die alone. I don't care that you have got one more medical whatever. The bottom line was, we failed them. We didn't do our job.

I'm passionate because someday, that could be me in that hospital, my three daughters who served, my husband, my friends that are Vietnam veterans that struggle every day with Agent Orange because they served their country as young high school seniors going to Vietnam, and this is what we give them?

I want to know what doctor, what medical professional said, hey, you know what, let's give this drug to those in hospice. It's criminally negligent that we would even have that conversation about a veteran who is in hospice getting a drug for COVID-19.

Then we added on no EKGs, no looking at their medical history. Do they have ischemic heart? Do they

have Agent Orange complications? How was that Azithromycin going to conflict with their current drug regiment? No one looked. We gave it to hospice patients. What the hell are we doing?

General, with all due respect, I love everything you guys have said. It's a little too little a little too late. We're a year out. If I was queen for a day -- I'm not, thank God -- I'd be hiring nurses, giving them bonuses, and I would be cutting administrative staff, and the first words of a toxic environment, you're gone. There should be no toxicity in a veterans home, taking care of veterans.

Those poor employees in this report that talked about a culture where they were not listened to, not respected, information was power. Those poor nurses and aides and pharmacists, what a horrible work environment, and yet, they have got a great job to work with veterans, because the veteran community is amazing.

So I would ask you to work harder, work longer hours. Get our veterans homes to where you have got a list so long of veterans trying to get in, because it's the best damn nursing home in the country.

Thank you, and I apologize.

SENATE MINORITY CHAIRMAN MUTH: Thank you for your comments. I just, I really appreciate it. As someone

who asked repeatedly about hydroxychloroquine, and I know there's lawsuits and there's things you can't say, but I wonder if you will answer to her question of, who directed it? I know Dr. Jackson is listed in the report as the person who, in consultation with, decided to administer this. Was this sent from the Federal Government? Like, what was -- how was it delivered to SEVC, and was it delivered to the other homes as well?

ACTING ADJUTANT GENERAL SCHINDLER: Senator, I don't know, unfortunately. I don't.

SENATE MINORITY CHAIRMAN MUTH: Is that something that you will look into in terms of, I mean, that was also what the former Adjutant General said after, it was the end of May on a call with myself, Senator Costa, the Governor's Office, and he said until I said something, he had no idea that it was there, and it was shipped at the end of February as per a pharmacy employee at SEVC. So is there a mechanism in place to ensure that random drugs that should not be used on people in nursing homes are not going to be administered, because that's a huge gaping hole.

EXECUTIVE DIRECTOR DAVIS: So, we have put some things into place across all six homes that were effective and are currently being used. So anything that's an emergency use authorized drug.

Now, we obviously have the consent. That's the

first and foremost thing to do, but it's not enough. We need to explain the risks versus the benefits, so there's a big education piece that has already been implemented. And then I think the third and probably the most precious piece of this was family -- communication, right? So it's not just the resident. It's the POA. It's the daughter who he knows, the only one who comes to visit him. So it's those three pieces that are in place, if and when we ever have to even consider using something like that.

Again, I don't think any one of us can comment on that, on that order that physician made, but going forward in the future, if there's anything that's a gateway drug, experimental, anything like that that is ever involved in a long-term care home again, it has to go through us.

SENATE MINORITY CHAIRMAN MUTH: And I appreciate that, but I guess the other piece is, how did it get shipped there, and who -- it's not just Dr. Jackson. He doesn't work there every day. There were two physicians there that signed off on it. There were families that never, none of them signed a consent form, not one of them. And there were people that were told that their loved one had a fever, and 3 days later, you know, they were on their deathbed. Some were rolled up into sheets, in bedsheets, because people were dying so quickly. There's only one person that I'm aware of that survived that was given that

drug.

So my point is, even if you have a different protocol in place, there was something shipped there, authorized by someone and it was administered, and it was sent at the end of February. So even if it's emergency authorized, there's still a hole in the process. Like, what's the check and balance that something isn't given? And I know you may need to go back and discuss that with whomever, but, I mean, there were people whose family had fevers that were packed with ice and it wasn't documented.

I mean, there was such a mass effort to try to make this look like everything was fine, and to the Representative's point, it should have never been given in a nonhospital setting. And so that's not on any of you. I know none of you made that decision. But I think that it's important that you go back to the administration, the Governor's Office, and ask how that happened, because it was sent to Pennsylvania, and the Department of Health, maybe they can clarify when they testify what they know about it, but that's a big red flag.

SENATE MAJORITY CHAIRMAN STEFANO: Next, we have a question from Senator Dush. Senator.

SENATOR DUSH: Thanks, Chairman, and thanks to the panel.

A couple of quick questions. Do any of the

facilities have negative pressure isolation wards for aerosolized environments like this?

EXECUTIVE DIRECTOR DAVIS: Yes, they do, and some units we adapted, purchased equipment and made them into units to address those issues as we were experiencing outbreaks in facilities.

SENATOR DUSH: At any point, do you know, did they bring any of the NBC -- nuclear, biological, chemical -- resources of the Pennsylvania National Guard or any of our military folks in to actually take a look at some of the things that -- I mean, we go through training on this stuff all the time, and biological stuff, were any of those professionals brought in by the Department?

ACTING ADJUTANT GENERAL SCHINDLER: I do know, Senator, that the Pennsylvania National Guard did provide capabilities to the long-term care facilities, to the State veterans homes at the request of the Adjutant General. Exactly what, if there were specific entities--- I know there were medical personnel. I know that they were dispatched. There were PAs. There were everything from PAs to medics to doctors, and there may have been some specialized personnel as you are referencing also. But how they were used and in exactly what location, I'm not exactly sure of that, sir. But I do know they were called upon, because as the Deputy Adjutant General - Army at the

time, those were mine to make sure that those folks were released.

SENATOR DUSH: That's one of the things I would have hoped that we would have, because we have those resources, and I think early on, that would have been one of the teams that I would have reached out to immediately saying, look, you guys have the experience in this, how to prevent transmission, that sort of thing, and to mitigate those things. So I would have liked to -- I would like to know if and to what extent that actually happened.

Do you have copies of the old chain of command and the current chain of command that we could do a side-by-side comparison?

ACTING ADJUTANT GENERAL SCHINDLER: Yes, Senator, we do. We could provide that. Absolutely.

SENATOR DUSH: I would definitely like to see that.

And just as a final question, how many of our current residents have experienced the actual disease themselves? How many -- do we have that number? Based on 83,000 tests, I was just kind of curious, do we know how many of our residents actually came down with the disease that have survived?

ACTING ADJUTANT GENERAL SCHINDLER: I know we have the information, Senator. Let me see if we have it

here with us, with us today. Just give us one second, please.

SENATOR DUSH: Thank you.

EXECUTIVE DEPUTY SECRETARY FERRARO: The number of residents positive for COVID cumulative was 547, sir.

SENATOR DUSH: All right. And---

EXECUTIVE DEPUTY SECRETARY FERRARO: The number of residents who recovered was 398. The number that expired were 122.

SENATOR DUSH: Thank you.

EXECUTIVE DEPUTY SECRETARY FERRARO: That was through all six homes.

SENATOR DUSH: Through all six. Thank you.

I will just finish reiterating, I am very disappointed, given the fact that the military has such a deep involvement with this, on the complete lack of a true chain of command and understanding of how to address these issues, given the resources of the military among all other branches of government.

I mean, like I said, we train for this. You know, you mess up with your gas mask out there during training exercises -- and it's not just a gas mask, it's meant to address biologics as well. Somebody comes along and slaps your (slapping arm), you're out, you're dead. I'm just disappointed in that, but.

General, I'm glad you guys are taking the steps you are taking. I look forward to seeing some more information on where we're heading, and God bless you and your team. I'm hoping that we can get this thing addressed.

Thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator.

Our next question comes from Representative Gillen.

REPRESENTATIVE GILLEN: Thank you very much, panelists, for being here.

I'm sure you're familiar with the prior Auditor General's report that he put out regarding the Southeast Veterans' Center reacting too slowly. Rather than look in the rearview mirror, except for a pause looking very much at the windshield, how does this new bureaucracy in place move quickly and nimbly? I see the chain of command here. How can we be certain there's an unimpeded flow?

We have talked about restructuring, oversight, synchronization, compliance. We have thrown a lot of verbiage out here. How can we know that this model is actually going to work and that we won't have choke points?

And specifically, Mr. Ferraro, you said in regards to compliance and oversight, you said, "I believe without outside interference." So very specifically, I want you to amplify on that particular statement.

EXECUTIVE DEPUTY SECRETARY FERRARO: Yes, sir.

So previously with, you know, putting the inspection authority within the department that you are going to inspect, there's influences, whether that be from the person that sits at the top or from within the homes, going up to and around where that person reports. I.e., if it was a commandant going to the director complaining about what compliance was doing in the home, that does not come into play now because they report to me, and I will maintain the independence of that team and squash any type of influence that would be asserted upon that team if that was to happen.

I think if you look at the new structure, one of the biggest things that we saw, and Maureen alluded to this, is span of control. When you have one person that has more than five to eight people directly reporting to them, and in this case, we did, they cannot focus their efforts, but when you reduce that span of control, that person can more focus the efforts and be able to respond quickly.

Now, Travis as the Long-Term Care Director can

assemble the team while that person is still focused specifically on those homes. Travis then can assemble the rest of the team -- the Medical Advisory Committee, the CMO, and whatever outside resources that we need, that I need to go try and get that he needs so he can focus on what he needs to get. It provides that focus where the focus needs to be, and I think that was a key point that was missing under the old structure.

REPRESENTATIVE GILLEN: A brief follow-up.

The State commissioned a law firm, and they made recommendations, and I'm sure you're aware of them. Have they been fully implemented at this point?

EXECUTIVE DEPUTY SECRETARY FERRARO: Most of them have been or they are being considered of how we want to implement them.

As most of you alluded to, we're in a bureaucracy, and, you know, the ship doesn't turn on a dime. We have implemented what we can impact right now, some of those structural changes. You know, we're looking at the staffing levels, but there are certain things that we have to work through with the Office of Administration to be able to get those things implemented.

So we have considered every recommendation in the report. Some of them we are still looking at and trying to determine what fits, what doesn't fit correctly. We think

all the recommendations need to be adhered to, but how does it fit into the Department and under the rules and policies that we are under and have to follow? How do we get to the "yes" of that?

REPRESENTATIVE GILLEN: All right.

So just a closing statement. When time is really of the essence when we are dealing with cross-contamination and infections, certainly it's my desire, and I believe vicariously the desire of the Committee, that the new structure works quickly, nimbly, and it responds to crisis in the future in a way that it had not in the past.

Thank you, Madam Chair.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Representative Gillen.

Our next question comes from Representative O'Mara.

REPRESENTATIVE O'MARA: Thank you very much to our panel of Chairs and to the panel here today.

I really echo the comments of Representative Pennycuick. I understand that you all weren't involved, but this was an epic failure. And I'm passionate about this, because it could have been my grandfather who spent time in Vietnam and had esophageal cancer, or my husband who served two tours in Afghanistan and has many injuries

and may one day be in a home like this.

And I want to push back a little bit on the notion that this was confusion over protocol, because hospitals and other nursing homes were able to follow protocol. In this Attorney General's report, we see that a staffer was sent home for refusing to take his mask off; that as late as June 1st, proper PPE was not being utilized; that communal dining continued, even with people who were showing active symptoms. That's not good protocol if you have a common cold or a flu let alone a global pandemic. This wasn't confusion; this was a disregard of protocol that should have been put in place for people with comorbidities and for our veterans.

So I have a couple of questions. Are all staff members vaccinated, and if not, why not, and were they given the opportunity to be vaccinated at their job?

EXECUTIVE DIRECTOR DAVIS: So, not all staff members are vaccinated. Right now, we currently sit at about 60 percent fully. We cannot mandate that staff be vaccinated, but we have taken every effort to educate them beyond what has been offered to them when the pandemic started through the Federal Pharmacy Program.

It's something that we certainly want to see our rates as high as possible. And I feel as though we're doing everything that we can to raise our rates,

particularly in our staff. Our resident rates are very good right now, as I alluded to, 95 percent. Some of our homes are close to 100 percent.

We're doing some things outside of just education. We're doing surveys, trying to understand why, what's the resistance behind wanting to get a vaccine. Still, it's an emergency authorized drug. We are hearing people who have had COVID feel as though their antibodies, you know, still have them safe right now. They want to wait some time -- prior health conditions, pregnancy. There's things that we're hearing from our staff. But I think that where we see the light at the end of the tunnel is that we're starting to see more people now starting to say, yes, I'll get it today.

So just as we alluded to before, we have clinics and we have vaccines that we have arranged to have at all of our six homes to be administered to anyone who wants them. And it's not just the residents and our staff, it's family members, it's who the staff are going home to, because we have had a lot of staff who have been going home, been exposed to a loved one, and then they're out of work.

So I think that we still have a challenge ahead of us to get those rates. Our goal is 70 percent, and I'm hopeful that we hit that by the fall.

REPRESENTATIVE O'MARA: So are staff members who are not vaccinated tested every day upon arriving to work?

EXECUTIVE DIRECTOR DAVIS: So, we follow all of the regulations from the PA Department of Health and CMS in regards to testing, routine testing, and routine testing on unvaccinated staff members and residents is still in place.

REPRESENTATIVE O'MARA: Are all unvaccinated staff members required to wear full PPE complement?

EXECUTIVE DIRECTOR DAVIS: Yes, they are.

REPRESENTATIVE O'MARA: And how is the status of PPE in all of the homes?

EXECUTIVE DIRECTOR DAVIS: It's very good, thankfully, today, as it was -- you know, I spent a lot of time on the front staff, on the front lines during COVID, so I know what it was like when PPE was a struggle for all facilities to get. And I saw the fear, you know, having a wife who was pregnant at the time, coming home. And my wife was a nurse in the hospital, and every week -- it was not a fun time for any industry in health care, whether you were post-acute or acute.

I'm happy to say right now we have ample supply of PPE, and we have also been able to put in place protocols through training. Fit testing was the big thing for the long-term care industry, something that we never really had to deal with in the past. That's something

that, it's a typical practice now. We'll be doing it yearly, if not twice a year. Every new staff member will be getting fit tested, and we can have multiple different face masks and respirators to fit their faces.

You know, when we first got N95s, you know, we were getting whatever was out there, you know, whatever model that was available. Now we have several different models and different styles to make our staff feel more comfortable. So I appreciate the question.

REPRESENTATIVE O'MARA: Thank you, and thank you for your answers.

I have one other question. What is the hourly wage of someone who works in one of the six veterans homes, or at least the average?

DEPUTY DERRY: I can get you that information. But, you know, the range goes from custodial workers, food service workers, nurses, CNAs. I can get you that information.

REPRESENTATIVE O'MARA: Okay. That would be helpful.

And I would also like to know what the turnover and retention rates are for staff in the six homes.

DEPUTY DERRY: Got it.

REPRESENTATIVE O'MARA: Thank you.

Thank you, Chairwoman.

SENATE MAJORITY CHAIRMAN STEFANO: Next, we have Senator Muth.

SENATE MINORITY CHAIRMAN MUTH: To that point, I'm going to follow up with staffing. Callouts, do you have the rates? Can you get us the rates for shift callouts, because that is still an ongoing issue. I just had a nurse text me while I'm sitting here and asked me to ask this question from SEVC, as she is a full-time nurse there but often goes in for the 3-to-11 shift and she's the only nurse. And, you know, there is supposed to be so many aides per nurse, per patient. I know you know all of this. But the point is that there is still a struggle there, that's this callout issue, and I know she has called me, you know, the next day, the next morning, in tears that someone fell, that there's other things that happen when we have, you know, the lack of staff to take care of residents.

So that certainly goes back to my question of, have you reviewed any of the records and documents of previous, of complaints that were filed, and I only can speak to SEVC because it's in my district, but prior to COVID and the issues that occurred there, including Department of Health reports that were never followed up on regarding maggots in wounds, there was the sexual assault of at least two residents, and falls, so a lot of falls

that people don't want to send to the hospital because they don't want their numbers to look bad. So can you tell me if you reviewed those and how you plan to improve that part, because part of it is staffing and then also part of it is direction of supervising staff -- right? -- saying, don't send people out, you know.

And I know that this was an issue during COVID. On top of COVID, those things were still occurring, even to the point where one of your Guard members somehow found my phone number and said that there is a medic on a non-COVID floor where a gentleman had fallen and cracked his head open, and he thought that someone had called the ambulance and was waiting with him, and 45 minutes later, there was no ambulance. And so again, these were things that were happening before COVID, during COVID, and now.

So could you get me the numbers on the callout rates and if there's a plan to improve that. And I don't know, Travis, if you have from your previous experience the remedy to the callout situation for staff coverage.

EXECUTIVE DIRECTOR DAVIS: So I could address, you know, the audit piece about your concerns. But to speak of what we're doing today and moving forward, I could certainly address.

So all F-tags, anything that you have been cited on -- any infection control issues, any grievances or

concerns -- we now, on top of what the facilities are individually mandated and required to do, we as a headquarters staff, our nursing team does daily audits on all clinical notes and audits all of those issues, those complaint surveys -- F-tags, as I'll call them -- and I think that gives us the ability to know what's going on on a daily basis. It's an extra layer of oversight, as I look at it.

SENATE MINORITY CHAIRMAN MUTH: I don't want to interrupt you---

EXECUTIVE DIRECTOR DAVIS: Please.

SENATE MINORITY CHAIRMAN MUTH: ---but the clinical notes, or those the clinical notes from the nurses or from the nursing assistants?

EXECUTIVE DIRECTOR DAVIS: Everything.

SENATE MINORITY CHAIRMAN MUTH: Because it's my understanding there is two databases that don't talk to each other, so when the aides put in their notes and the nursing staff put in their notes, they can't see the notes---

EXECUTIVE DIRECTOR DAVIS: Yeah.

SENATE MINORITY CHAIRMAN MUTH: ---which seems the absolute most ridiculous thing.

EXECUTIVE DIRECTOR DAVIS: That's a good point.

So, no, these are all notes that go in. So it's

your aides. It's your dietitians. It could be your therapists. You know, we learn different things from different disciplines, so all those notes are being reviewed daily by a clinical team.

You know, going back to the emergency use drug and not forgetting about what happened, but how do we know if something like that were to happen? Even though we put those protocols into place today, those daily note reviews tell us a lot. And the staff leadership are doing that every day at the home as well. But we're doing it, and if we see a red flag or something isn't jiving with what we have standardized across all six homes, then that's when it gives us a quick alert to intervene quickly before something becomes a problem.

In terms of calloffs, I really -- I'm not sure how to address that right now. So some of this is new to me. Again, I go back to our staffing levels, which are very strong amongst the homes. But, you know, with what happened with COVID and different isolation, I'll call them units throughout facilities, we have to complement those staffing to make sure that there's different disciplines there to take care of how many residents.

So if you have a facility today that is pretty much all in green, meaning there's really no one, but you have, say, one person, one resident who is symptomatic, has

one symptom of COVID, we immediately have to move them into what we call a yellow zone. You have to staff that yellow zone for all shifts of the day. It could be an RN, an LPN, a CNA, for one person. So that's where it pulls some of our staffing issues, not necessarily the total complement we have for the whole staff or for the whole building. It's that one unit, that one resident that might take up a lot of your staff, but we have to have them there for the safety. But that's something that we certainly could follow up with you on.

SENATE MINORITY CHAIRMAN MUTH: Yeah, because I think that's the issue, is because of those needs. And even pre-COVID it was an issue with callouts, because then you're just short staffed. You can't magically do these things in that you're taking care of humans. It's not, you know, like, you can't not do a med pass, you can't not, you know, help everybody after dinner and do showers or whatever. So I think that is a huge problem that I continue to hear about.

And I know that's not predictable because a callout is a callout, and obviously there's reasons for people to not be at work. But I certainly think that that's something, as I mentioned, I continue to hear about.

Thank you, Mr. Chairman.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator.

Our last question is from Representative O'Neal.

REPRESENTATIVE O'NEAL: Thank you, Madam Chair, and thank you, General and panel.

You know, as I sit here and listen to the discussion and the testimony, there's a few things that come to mind. And, General Schindler, if I recall correctly, you mentioned, you know, that much of your knowledge of this situation and the actions you have taken are from the report. Do I have that correctly?

ACTING ADJUTANT GENERAL SCHINDLER: That's correct.

REPRESENTATIVE O'NEAL: Okay. What type of internal -- so this was an external report, from my understanding.

ACTING ADJUTANT GENERAL SCHINDLER: Yes.

REPRESENTATIVE O'NEAL: But what type of internal after-action review was completed?

ACTING ADJUTANT GENERAL SCHINDLER: The internal after-action review based on the report? Is that your question, Representative?

REPRESENTATIVE O'NEAL: No.

So the report, from the way I understand it, it's an external report. Do I have that correctly?

ACTING ADJUTANT GENERAL SCHINDLER: That's correct.

REPRESENTATIVE O'NEAL: What type of internal after-action review has been completed?

ACTING ADJUTANT GENERAL SCHINDLER: So the internal after-action review was completed with the staff that we brought on board in examining what the report said and examining what the recommendations were in that report and which ones can we address within 30 days, 60, 90, 1 month, 2 months, 3 months; which ones can we impact, just do ourselves; which ones do we have to go outside and change legislation; which ones do we have to go and implement in 12 months or 16 months, because some of them fall into a long-term goal.

Once again, the independent report looked at the one, looked at one home, and we're trying to make sure that we're taking care of all six at the same time, Representative.

REPRESENTATIVE O'NEAL: Sure, and I appreciate that.

You know, one of the -- I would like to quote just a few sections of the report itself, and on page 6 under No. 10, "Failures of Leadership," the second paragraph there, quote, "There was also a culture of lack of accountability and unwillingness to accept

responsibility evident at both SEVC and DMVA."

Later on in the report, down at page 109 under, again, under the topic of "leadership failures," quote, "Leadership at SEVC and up through DMVA also failed to take responsibility for the failures in SEVC's COVID-19 response." And this is referring to the leadership at the facility itself: "They professed ignorance of virtually every significant issue regarding SEVC's response. This lack of knowledge would itself reflect a complete abdication of leadership and responsibility as the crisis unfolded."

You know, I'll be honest with you, General. I have a lot of respect for you, in all due respect, but I'm a little taken aback by your, I wasn't here; I don't know the answers mentality right now. I think it's completely unacceptable. I think it's unacceptable, certainly in the military that I grew up in, in the time that I served, that the Adjutant General of our National Guard is taking that position in this regard.

You know, I think the fact that your internal after-action review solely relied on a report and you haven't gone and done a fact-finding mission for yourself and for your team is, in my view, actually irresponsible in this situation.

So the last, the last comment I would like to

make is really down a couple pages later in the report, page 113 under the "Recommendations," and one of the things that is recommended is, it's under the title "Rigid Chain of Command," and it says, "While beneficial to a military organization, a rigid chain of command is not optimal for running what is essentially a healthcare organization." And, General, the quote or the metaphor that you used that the ship doesn't turn on a dime, you know, quite literally we're talking about the health, welfare, and literally lives of our veterans, and to simply say the bureaucracy takes time to adjust is unacceptable.

And I'll be honest, I came into this, you know, just with a fairly open mind, but hearing the testimony and hearing some of the responses, I believe coming out of this hearing, we should be evaluating whether it makes sense for the DMVA to be operating these facilities at all.

I think this is a complete failure. I'm not happy with the response of the panel whatsoever. And I do, I think a deep dive should be looked at whether or not the DMVA should be running six homes across our Commonwealth taking care of our veterans.

Thank you, Madam Chair.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you, Representative, and thank you to our panel today for dealing with a very difficult subject. We appreciate you

taking time out of your day to be here to answer these tough questions.

Madam Chair?

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Chairman.

And also, the questions that were asked that you said you would certainly follow up on, if you would drop them off at any Chairman's office, we would appreciate it. We'll dispense with them. Thank you.

ACTING ADJUTANT GENERAL SCHINDLER: Thank you, ma'am.

HOUSE MAJORITY CHAIRMAN BOBACK: Our next panel is Ms. Keara Klinepeter, Executive Deputy Secretary for the Pennsylvania Department of Health.

Thank you very much for being with us today. If you would, please raise your right hand to be sworn in:

Do you swear or affirm that the testimony you are about to give is true to the best of your knowledge, information, and belief? If so, please indicate by saying "I do."

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I do.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you. You may begin when ready.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Thank you very much, Representative Boback. It's great to be with

you all.

Good morning, Chairs Stefano, Muth, Boback, Sainato, and Members of the House and Senate Veterans Affairs & Emergency Preparedness Committees.

My name is Keira Klinepeter. I currently serve as the Executive Deputy Secretary for the Pennsylvania Department of Health. It is my pleasure to be with you this morning to talk with you about the two critical roles that the Department of Health fulfills with regard to our skilled nursing facilities as well as long-term care more broadly.

Before I begin, I would like to take an opportunity to thank all the veterans in the room and to all the veterans who might be listening. It is also a point of pride for me to have worked in the national security domain previously, and I appreciate everyone's service.

So the Pennsylvania Department of Health, as we talked about recently in a previous hearing, has a dual role with respect to long-term care facilities. Our first obligation is as the regulator, and in that capacity, specific to Southeast Veterans' Home, we conducted 11 surveys between May 1st and November 6th of 2020. We found deficiencies at the facility on June 6th, July 16th, and July 23rd.

On June 6th, we called an immediate jeopardy, or an IJ, which is indicative of a significant infection control issue. That IJ was remedied by the facility on June 9th. And we continue to provide oversight from a regulatory and a licensure perspective, not just at Southeast but at all of the veterans homes that have skilled nursing facilities.

As a reminder, the Department of Health does not regulate or license personal-care or assisted-living facilities. Those are overseen by the Department of Human Services.

Our second role is one as a public health agency. In that capacity, we had a unique role specific to Southeast Veterans' Center, because where there is a community or a municipal health department, that CMHD is actually lead from a public health perspective. And the Department of Health is a consultant, a support to the CMHD, but does not lead from a public health response perspective.

Nonetheless, specific to, you know, the report that we provided to the Southeast Veterans' Center, we did provide consultation to the Chester County municipal county health department. We really were second, but we were in close consultation with them, providing them guidance, answering their questions, and the like.

The predominant guidance that was in play at the time of, you know, the citations and the deficiencies that were found at Southeast Veterans' Center were HANs 492, 496, 497, and 502. The policy guidance that was in effect at the time was from May 12, 2020, and I'm happy to answer any questions you may have about the specific guidance that the Department was providing to all skilled nursing facilities, not just the veterans homes at the time.

There were a number of actions we took at a State level that would have affected the veterans homes, including a universal testing order, which went out on June 16th. That required by the end of July all staff and residents of skilled nursing facilities to be tested at least once. We were integral in establishing the Long-Term Care Facility Task Force along with PEMA, the Department of Human Services, the Department of Aging, and the National Guard, where we completed a total of 145 missions to all six veterans homes, including 36 missions to Southeast Veterans' Center.

We deployed tremendous amounts of PPE to all six veterans homes. Specific to the Southeast Veterans' Center, we provided over 9,000 face shields, 45,000 gowns, 73,000 N95 masks, 29,000 gloves, and over 8500 procedure masks.

The Department of Health was integral in

establishing the Federal Retail Pharmacy Partnership, which Executive Deputy, excuse me, Executive Director -- so many titles -- Davis spoke about, where we were pleased that all six veterans homes took advantage of this opportunity. They all chose to work with CVS as their partner, and CVS came on site to perform vaccination of staff and residents initially, and I'm very pleased to hear of the progress that they have made since in expanding those efforts into mobile vaccination clinics, addressing hesitancy, and the like.

As of April, 97 percent of residents at Southeast Veterans' Center were vaccinated, which is an extraordinarily high number compared to other facilities of their size.

With that, I'm happy to conclude and answer any questions that you have today. Thank you again for having me.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you for your testimony.

First up, we have Senator Muth.

SENATE MINORITY CHAIRMAN MUTH: Thank you, Mr. Chairman.

There was, at the beginning of May 2020, an on-site inspection that came back spot clean. Can you describe who conducted that inspection, why there was

nothing found, and why the following week after beds were moved around, residents were moved around, has there been an analysis compared of that early May report compared to what was later found, which is absolute, utter negligence. So it's damning to me that there was a report from the Department of Health at the beginning of May of 2020 that says that they were spot clean, no problems, and the former Adjutant General was very proud of that report with no bad marks on it. So could you describe what happened there in that discrepancy?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Sure.

So our surveys are completed by our surveyors who are all trained similarly, or exactly the same, in fact.

SENATE MINORITY CHAIRMAN MUTH: It's my understanding, though, that those surveyors are the same surveyors that come in regionally every year. Correct?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: We do have surveyors who are regionally established, and so there is a familiarity with the facility, which actually a lot of times creates efficiencies. They're familiar with the facility. They know what the past deficiencies are and where to look for the problems, et cetera.

SENATE MINORITY CHAIRMAN MUTH: So this was the same, they're the same surveyors that have come in year after year, the same ones that were there when there was

maggots in wounds and sexual assault? These were the same people that came in and did this in May. There was no difference in the staffing.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: On the May 1st survey, yes.

SENATE MINORITY CHAIRMAN MUTH: And then following that, there was new surveyors that came in?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: We did deploy a different survey team, given the heightened challenges that the facility was facing, to have a fresh set of eyes.

SENATE MINORITY CHAIRMAN MUTH: And is there now a look into to rotate those surveyors regularly, so despite the efficiency of being familiar with the various homes, there seems to be also, you know, a negligence part there where these are -- it's my understanding that the homes are notified when they're about to be inspected, and that's not for private entities, and that was what was known at SEVC. I can't speak to the other five.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So, our surveys are unannounced, and that's why it is important to have surveyors that are geographically close, so that we can respond as soon as we hear of a complaint at a facility.

The May 1st survey specifically did not find any

deficiencies, as you noted. That was a regular survey where we were going in in order to check just normal practices.

SENATE MINORITY CHAIRMAN MUTH: But I want to make it clear, though, that on April 26th, I think it was, it was the final day of the use of hydroxychloroquine. So a week later, your department came in and found that there was no, everything was perfectly fine after people died for 2 months with no consequence.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: That survey did not turn up deficiencies. Later surveys did turn up significant deficiencies, which they received multiple F-tags for.

SENATE MINORITY CHAIRMAN MUTH: Sure. So I guess the point is, what happened in that May -- I know that it was announced, maybe whoever was investigating this whole subpoena, the emails of communication to find out who told who. But that was an identified, get everybody ready; clean everything up; tidy up the med cart. I mean, I have notes and notes and notes, all of which I have turned over to the Attorney General.

So again, someone signed off on something at the beginning of May that was utter crap. It was a lie. It was a check box "everything is fine here," after they just discontinued using that drug. So how does that happen?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: The surveyors are trained to go in based on Federal guidance that is provided and to assess the facility based on the Federal standards that are set. At that time, the surveyors did not find any deficient practices.

SENATE MINORITY CHAIRMAN MUTH: But did the Federal -- the CDC ended up in SEVC, yes?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: CDC and CMS.

SENATE MINORITY CHAIRMAN MUTH: So there's a May, a beginning of May report that says everything is fine, and then fast-forward a week to a couple of weeks and suddenly everybody and their mother has to be there for oversight, but nothing was wrong at the beginning of May after all of these people were killed?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: On June 1st is the first time that a Federal surveyor accompanied---

SENATE MINORITY CHAIRMAN MUTH: So a whole nother month passed without proper infection control in place, because they still did not have, did not have, those who were either assumed COVID positive or confirmed, segregated out or separated out from other residents.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: The Department went back into the facility on May 9th. I was

simply commenting on the date that the Federal surveyor arrived. So after the May 1st survey was completed without deficiencies being found, we received multiple complaints. We immediately went back to the facility, where we stayed for about a month. At that time, based on what we could corroborate and substantiate through our survey, we threw multiple F-tags, which included residents' rights, dignity, notification of changes, administration, documentation, hospice, and a QAA committee.

SENATE MINORITY CHAIRMAN MUTH: So all of that occurred, all of that bad stuff occurred from the beginning of May to May 9th? Because it all happened before. So my point is, that first report in May was completely wrong.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I can't speak to that, ma'am.

SENATE MINORITY CHAIRMAN MUTH: So all of those things that you just said and those violations you cited, that was in a May 9th report. Correct?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: It actually came out on June 6th.

SENATE MINORITY CHAIRMAN MUTH: But when was the inspection? You said May 9th. What happened on May 9th?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: We arrived at the facility on May 9th. We stayed until June 9th. On June 6th is when we call the immediate

jeopardy, and we didn't leave until it was resolved.

During that time, the investigation was ongoing.

SENATE MINORITY CHAIRMAN MUTH: So the beginning of June, you call immediate jeopardy, but at the beginning of May, everything was fine. Is that normal? Is that a normal -- that happens in inspections? Did it happen in any other of the veterans homes? Did it happen in any other nursing homes that you have licensed, that one month you went in and inspected, everything is fine, and then a month later you called for an immediate jeopardy?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Immediate jeopardies are called when there is a significant problem that could result in---

SENATE MINORITY CHAIRMAN MUTH: I understand that. But my point is, have you gone, in any other facility that DOH visited during COVID, did they then come back -- did they give them a check, everything is fine here, and then a month later come back and say, we're in immediate jeopardy? Did that occur in any other home?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I don't have a specific example of that, but I'm happy to check. It does sound like something that probably has happened.

SENATE MINORITY CHAIRMAN MUTH: I would appreciate if you could follow up on that.

And then the other point I would like to make is,

what happens when residents, family, elected officials, concerned people, staff, email the Department of Health with complaints? Can you describe what the process is for, you know, reviewing those complaints and what happens to them?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Sure.

So there's different ways that you can make a complaint. Anyone can make an anonymous complaint via our website. There's a form you can fill out. You don't have to identify yourself if you don't want to. You're also welcome to email any of the leadership team or a surveyor directly.

That is taken by our surveyors and reviewed carefully. When the complaint comes in, we immediately send a team on site to investigate that complaint. We always did complaint surveys on site, even throughout the course of the pandemic.

What is challenging sometimes is when the complaints lack specificity. So we'll receive complaints that say, my mother is not receiving good care. That is often hard to substantiate, because the surveyors have to firsthand be able to receive an account or witness something happening in order to cite the facility.

So when we are able to cite, most often based on complaints, is when they are very specific. So it's, my

mother fell on Tuesday at 5 p.m. and was not assisted for an hour. That is a very specific complaint that is easier for us to go in and say, look into that specific incident.

SENATE MINORITY CHAIRMAN MUTH: So during COVID, though, people couldn't visit their loved ones, so they're relying on either nursing staff or the resident to tell them if their care was compromised. Correct?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: The ombudsman was also able to go in and observe, as well as other therapeutic staff.

SENATE MINORITY CHAIRMAN MUTH: Were they there during, at SEVC, during COVID-19?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Not until later in the pandemic.

SENATE MINORITY CHAIRMAN MUTH: When did they first go back in to the facility?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I don't remember the exact date.

SENATE MINORITY CHAIRMAN MUTH: If you could get that information, that would be super helpful, because at our other hearing on nursing homes for the Senate Democratic Policy Committee, there was a Chester County resident advocate who I had never heard of or never met, despite all of the different entities communicating with them.

So what is the communication with the ombudsman, with the county, and the Department of Aging? And even the complaints that come in, how do you all work together, or don't you, to share that information about resident care?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So I think that was one of the reasons that the Long-Term Care Task Force getting established was so important. So that was a place where the ombudsman was engaged.

And so that's where really the public health side and the regulatory side kind of, for the first time ever, met. I mean, that is a real nuance within the Department that I think is important to appreciate. Because as the regulator, facilities don't necessarily want to come and tell us that something is not going right, but as the public health entity who is there to support them, we need to know if something is wrong in order to help them. And so this task force that we established with the Department of Health, the Department of Human Services, the ombudsman, the Guard, Aging, the DMVA, DDAP, that was really the first of its kind where we would be able to share information about what was going on.

SENATE MINORITY CHAIRMAN MUTH: And so that task force started recently, correct?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: No, ma'am. It started late April 2020, I want to say.

SENATE MINORITY CHAIRMAN MUTH: So what impact -- this is the first I heard of the task force willing to, and I believe you testified at the other hearing I think 2 weeks ago or 3 weeks ago, but I never heard of this collaboration in any capacity relative to SEVC or even, and maybe Senator Williams can speak to this, the home out in western Pennsylvania. But there was no cross-communication. Are there meetings? Is this documented? Like, how is that communication shown to the public?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So the Long-Term Care Task Force was really responsible for us standing up the RRHCP program, the Regional Response Health Collaborative that the General Assembly funded in June of 2020.

SENATE MINORITY CHAIRMAN MUTH: Can you explain it, though, specific to the veterans homes, the six veterans homes in the State, not to the other facilities. What was their role with the six homes?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Their role with the six homes was the same with all of the other facilities across the State. I don't mean to speak in generalities, but we treat the veterans homes the same as we treated all of the other skilled nursing facilities.

And so there were, in the beginning there were

twice daily meetings. There was a morning stand-up and an afternoon stand-up. In the morning, it was sort of, you know, sort of what was hot and coming for the day, and then in the evening it was, how are we closing out; what do we need to wrap up, and worked often very much overnight.

Those meetings were led by, co-led by a Department of Health team member and a PEMA team member. Those meetings are still ongoing now. Once the RRHCP was established, the RRHCP representatives started coming, and that was really how in an integrated fashion we were able to coordinate a response to the facilities.

SENATE MINORITY CHAIRMAN MUTH: So if this task force existed in April of 2020, there were, and I don't want to misstate numbers, there were over, I don't even know, 50 deaths in a month and a half at SEVC.

The hydroxychloroquine is not being used as of April 26th-ish of 2020. This task force starts May. The first week of May, a report comes out. Everything is fine. Like, what was the interaction with the task force and the veterans homes? Like, the timeline doesn't line up for what -- I understand, like, the whole process of what you're describing, like who is working with who, but if you say this to someone in the public, they're going to say, well, how did this happen to my family member if all of these things were in place. So something wasn't in place.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So the task force was forming in April. I will have to get back to you on the exact date, because we do have a charter for it. So the official stand-up may have been in May. I'll have to get back to you on that date.

So I think there's---

SENATE MINORITY CHAIRMAN MUTH: So it's probably safe to say in March and April of 2020, there was not as much support and structure in place for nursing homes.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: We were establishing it, but yes.

SENATE MINORITY CHAIRMAN MUTH: So it wasn't -- yeah, it wasn't yet in place, despite, you know.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Correct.

SENATE MINORITY CHAIRMAN MUTH: And I'm not blaming all of that on you. I'm just trying to understand. Because if you say this to families, they're going to say, this is all fine and well, but the timeline, you know, these people are dead; they're gone. And so to say these things were in place and that they're helpful, it's not, you know, it's not applicable to this situation.

If you can respond, and then I'm done.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So I think it's important to note, I mean, we did send the National Guard into SEVC, as you know.

SENATE MINORITY CHAIRMAN MUTH: I know, but -- you did, and then they were told to leave, and then they were switched out. And then when there were complaints about the care that they were being told to give, and once they all got comfortable in training, many of them didn't know how to bath somebody or feed somebody, and they got that training and then they were switched out.

And then there were complaints, as I mentioned in the previous panel, that, you know, when a gentleman fell and cracked his head open, they weren't sent out. So it was then said when he went up the chain of command at the DMVA and said, this isn't right, this shouldn't be happening, that you are to listen to the Director of Nursing because their direction is coming from the Department of Health and that's it, and that's why this guy is on the phone with me, like--- That plan failed.

And so, yes, I'm grateful they were in there, because they certainly were needed and they provided, you know, tremendous assistance to the staff, the rank-and-file staff that were literally trying to keep people alive without the supervision of any leadership whatsoever. And so that's where, you know, I know I have had many calls far before you were hired about this -- right? --like screaming, literally, to whether it be the Department of Health or the DMVA, like, how is this still happening?

So I guess that's the frustration, is these things are in place. But even when the mass testing was announced, everyone at SEVC, their death rate dramatically declined after they stopped using hydroxychloroquine and they started testing staff. There were staff told to come in to work positive, and the Department of Health knew about that and so did the DMVA, and there was nothing -- nothing.

And so those are the things that we still need to answer. And if you could, yeah, give me more firm dates on maybe the first time that task force interacted with SEVC and the other five homes, that would be very helpful.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I do have some of that, Senator, if you'd like it now, or I can follow up with you in writing.

SENATE MINORITY CHAIRMAN MUTH: Okay.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: If you don't mind, I'm just going to reflect on my notes for a moment.

So on May 1st, the day of the survey, I-Corps, which is our internal group of epidemiologists, was coordinating with Quality Assurance as well as the Chester Health Department for the on-site survey. From an epi perspective, we recommended that a point prevalence testing be completed.

We continued over the course of that month to consult with Chester County on what they should be doing from an infection prevention perspective.

We continued to provide specific recommendations about things like cohorting, testing, and the like to the facility through the Chester County Health Department. And I think all of that was really getting coordinated through this task force, because, you know, our epi's are coming in, but we have the Guard in there, so we were constantly trying to stay in lockstep.

But I think, as you recall, it was a chaotic time, to say the least. And so I think that the Department did work very hard to work hand-in-hand with Chester as the public health entity. We did survey repeatedly, 11 surveys over the course of 2020, multiple citations and fines. And I don't think that that in any way makes up for the death, but the Department also doesn't operate the facility, we regulate it. And so we did our best to be in there as frequently as possible, to be as responsive to every complaint as possible. But I agree with you, that doesn't make up for families' losses, and that is something we take very personally and seriously as well.

SENATE MINORITY CHAIRMAN MUTH: And this is my final comment on this, that the person that I found had the most information throughout this was Chester County's

coroner, and so that speaks volumes to me, is that's the person who could give me the most information on the coordination between the State and the county.

So I think, I know every county doesn't have health departments, and I know not everyone up here knows that or has one. So I have two counties of my three that have them, and they're all very different, so it doesn't -- my point is, I hope that, and I have not yet been privy to this information, is that that communication that you are describing between county and State health departments is documented well, and I think whatever can be redacted to, you know, protect identities is fine. But what was communicated when and with who and how did that get down the chain of command, because there was surely -- I mean, I spoke to Chester County commissioners in April that said they couldn't get in there. They couldn't have the Health Department interact because it wasn't -- it's a State, it's a State-licensed facility.

So there was mass chaos in who had what oversight or ability. And I know that happened in Montgomery County as well, and they eventually said, forget it, we're sick of dealing with trying to figure out the logistics and the legality of this. If we get sued for going in to provide guidance, because they cannot enforce there at the county or the State, the State can enforce the regulations, they

still went in and gave guidance, because they knew that it wasn't happening. And the Department of Health originally only had, you know, phone communication or email communication. They didn't have surveyors with that. I forget what the company was that was contracted. Those people didn't go in. It was phone calls. And it was my understanding that after three phone calls and no one answered, then that was it; they checked the box for the facility.

So that county and Health part has to be ironed out, because it was very unclear, even just to me, and I certainly have learned a lot more about this just, again, from staff crying in the bathroom, from, you know, residents calling me trying to figure out, like, I get it, we're in a pandemic, but there was just a complete failure of communication and a crisis, and I hope that we can hash that out later.

And I appreciate you indulging me, Madam Chairwoman.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Madam Chairman.

And thank you for your excellent testimony, Deputy Executive Secretary Klinepeter. We have several more questions, if you will.

The first comes from Representative Ryan.

REPRESENTATIVE RYAN: Deputy Secretary, thank you so much. And I'll try to be brief, because I realize the hour is late and we have got a number of other testifiers.

When you look at any type of issue that happens between the DMVA and the Department of Health, and anytime there's a PEMA response to an epidemic, there are operational seams between the responsibilities of the Department of Health and the DMVA and PEMA that can create problems. Do you see any particular ones in particular that really need to be addressed that might be legislative in nature so that we can potentially fix some of these issues?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Yeah. That's a great question, sir.

I think some of the challenges that we found early on was really who was on first base, and I think some of that challenge was, you know, we stood up our incident command structure within the Department of Health, which is really how we handle public health emergencies. We stand up incident command for things like hepatitis C outbreaks, measles, and the like, but this was the first time we really stood it up in such a large scale and long-term fashion.

And so as we were standing up incident command, you know, the Department of Health leadership kind of

descended upon it, the Governor's Office descended upon it, in a way that hadn't always been contemplated in incident command, because it was, you know, the first time that we had dealt with a pandemic of this magnitude. And I think that was amplified by then everyone trying to figure out what is really PEMA's role in this, what is the DMVA's role in this. But I think that that's where, you know, PEMA and DOH, at a very high leadership level, committed to working together as seamlessly as possible, and that's why we established this task force.

I can recall that Secretary Levine and Director Padfield met on a, I believe daily basis, or definitely an every-other-day basis, to try and iron those seams out at the highest levels and then give guidance to us accordingly.

So I think as we go through our internal processes of doing after-action reports -- we have done one already for long-term care, but I know we have a much larger one planned for the entire response -- I think those are the types of things that we will tease out, and we're pleased to share our findings with you.

REPRESENTATIVE RYAN: Yeah. I appreciate it.

A number of years ago -- just a related story -- I was chair of the finance committee of a hospital, and our president called us up and she said, I hope you're sitting

down; I want to tear the hospital down and start all over again, because the way health care is done in the United States is not effective. And I was looking at a $300 million bill from that on a relatively new facility to begin with, and she was right and it was the right thing.

So my fear and my reasons for asking some of the questions about operational seams, sometimes in governmental entities, and having been a retired Marine, in that type of an issue, that it's common that the bureaucracy and the system will try to protect itself---

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Mm-hmm.

REPRESENTATIVE RYAN: ---rather than recognize that the real customer is the veteran, in this particular case. And so the question I would ask you is, just as an example, I remember back in April -- I used to be a commanding officer of a civil affairs and psychological operation organization.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Mm-hmm.

REPRESENTATIVE RYAN: I would go into foreign nations and rebuild governments and things of that nature, and we had access to mobile combat support hospitals. There's actually one fairly close by. And I recall efforts that I had made to try to get coordination between DMVA, the Department of Health, the Executive branch, and the Legislature.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Mm-hmm.

REPRESENTATIVE RYAN: There's no clean hands in this, in my mind. We were stymied across the board when we tried to see how we could improve and streamline that process so that politics could drop aside for just a little bit and recognize that we have a critical issue. In my mind, a combat, a mobile combat support hospital established at Fort Indiantown Gap where we had the facility and the land to be able to pull it off could have precluded a significant number of deaths in the nursing homes. And again, I want to echo my colleague's comments. My heart breaks for the veterans and their families that suffered so much, but I have seen it way too often in my 41 years in the Marine Corps, that issues that I was dealing with 15 to 20 years ago were still being dealt with.

So when we look at these operational seams, again, I'm going to hope that as we look at the level of details, that instead of worrying at this point in time about assessing blame, we can start fixing the problems and try to improve the effort about the working relationship between PEMA, the Legislature, the Executive branch, as well as the Department of Health so we can get to the bottom of this, so that next time we're not worried about how many people died but instead we can celebrate how many

people lived.

And again, thank you for your testimony today.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you, Representative Ryan.

Next, we have Senator Williams.

SENATOR WILLIAMS: Thank you, Mr. Chairman.

Ms. Deputy Secretary, how many complaints does the Department of Health receive for the veterans homes, and how many are family versus employees or former employees?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Senator, I'm so sorry. I don't have with me the number of complaints that we have received for the veterans homes. I'm happy to follow up with you on that.

And just by way of background, we can't disclose if the complaints came from staff or if they were anonymous or if they were from family members, just due to the way, the confidentiality that we keep with those complaints. But I'm happy to follow up with you on the numbers.

SENATOR WILLIAMS: Okay. That would be helpful.

So understanding that you can't break that data down for me, what do you do, when you're going in to investigate the complaints, what do you do to protect the employees who have blown the whistle? Because we have heard both in Southeastern and Southwestern Veterans'

Center there has been a culture over years of retaliation and harassment for raising issues. What does the Department of Health do when they go in to protect the workers?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So first and foremost, I mean, we take the anonymity of the complaints very seriously when they are given to us anonymously, and we do our absolute best to be as discreet as possible in terms of the types of questions we ask so that they don't attribute to whom they came from.

But as I mentioned before, the more specific the complaint is, the easier it is for us to substantiate it. And so there are certainly instances where, you know, our heroic frontline workers are willing to be specific and to say, this is what happened, when, and to whom. And to the extent that that is attributed back to them or it's even rumored that it is attributed back to them, it's difficult for the Department, I mean, we aren't the employer there. We don't have purview over, you know, how that culture is handled. It's really our responsibility to go in and investigate it. We try to do it as discreetly as possible. But sometimes, you know, the rumor mill gets going and there's not really much we can do about that. But again, we do try to be as discreet as possible.

SENATOR WILLIAMS: Okay.

Yes, I have seen that very much in the past. In fact, I talked to a whistleblower out at Southeastern who was accused of releasing certain information that he did not, but he was still retaliated against as if it was him. And I understand that's not something the Department of Health can do to protect -- we don't have great laws to protect those whistleblowers when they are in a culture that is as toxic as both of those veterans centers have been, and I don't know about the other ones.

But I continue to, whether it be an anonymous complaint or even a complaint that the person does put their name to it, that the Department continue to be sensitive to protecting those employees going forward while making sure that you protect the patients in each of these homes.

Thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator Williams.

Next, we have a question from Representative Gillen.

REPRESENTATIVE GILLEN: This will be very truncated. I know time is of the essence here.

Some settings within the veterans homes are certainly outside of your Department's purview. Correct?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Correct.

REPRESENTATIVE GILLEN: How does that impact a comprehensive survey in terms of, you are working collaboratively with Human Services. Do you get a complete picture of what is going on in that you have a limited footprint you are stepping into and a limited photograph relative to your work with the Department of Health?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: So, our regulatory footprint is limited to the skilled facility. So in that respect, our Department of Health surveyors don't go in and survey, you know, the personal-care side of things. Where we do come together is on the public health side of things.

And so we had a lot of instances where we would have staff who were used to going from the personal-care side to the skilled side, for example, and that was something that from a public health perspective, we really had to work with staff to say, you can't do that anymore -- right? -- because there was a risk of cross-contamination essentially. And so that is an area where we did work really closely with DHS to craft guidance that was consistent and making sure that both the public health messages were being received on the personal-care side as well as the skilled side.

REPRESENTATIVE GILLEN: So though your purview is limited, you are confident that you got a complete picture

of what was going on. There was solid communication.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: From a regulatory perspective?

REPRESENTATIVE GILLEN: Mm-hmm.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I think that we had a solid understanding of what was happening in the skilled side. But again, we don't regulate the personal-care side---

REPRESENTATIVE GILLEN: Right.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: ---and so we wouldn't have a comprehensive picture of the whole building from a regulatory side.

REPRESENTATIVE GILLEN: But does that impact the survey data at all?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: No, because we're only surveying---

REPRESENTATIVE GILLEN: Okay.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: ---on the skilled side.

REPRESENTATIVE GILLEN: Okay. Thank you very much.

SENATE MINORITY CHAIRMAN MUTH: Can I just ask one follow-up to that, if you don't mind, Madam Chair?

For the personal, like, these veterans homes have a floor that is personal care and then the rest are

skilled, or at least that's at SEVC. So in those situations, if one is investigating a complaint of a certain magnitude, I know that when I first reached out to the Department of Health about the COVID-19 spread at SEVC, there were certain residents that I gave them the full contact information from with permission of family, and they said, well, this is on the personal-care unit. And so staff doesn't really matter, because staff got shuffled all over the building, whether -- you know, regulatory oversight didn't matter for who was taking care of who, and that is actually how COVID got spread all through personal-care people, that there was a veteran who still drove and he's dead now. His car, I think, just got removed from the parking lot. These were highly functional. These weren't people that had massive, you know, health problems whereas parts of the other facility.

So is there communication between DHS and DOH that will now be instituted since COVID? Because I know that it was, you need to contact the Department of Health. I was told to contact the -- or DHS, excuse me, by DOH, and I'm like, okay, I guess I'll forward this to the next person. But I guess I'm just wondering, why is that silo? Is that silo part of the problem? I mean, I think it is, but, you know, I'm not in charge.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Sure.

So I think we have learned over the course of COVID how much more closely we need to work together with DHS. And so I think now, as a result of this, I do think that we are more comfortable and we much more often just refer things right over to DHS ourselves.

I mean, the challenge is, we don't have purview over that. I mean, we can't do anything about it, even if we see something going on. And so we do work---

SENATE MINORITY CHAIRMAN MUTH: But, I mean, and don't you think with the magnitude at SEVC, and there were people dying, many by the day throughout the month of April, and there was no thought to say, hey, DHS, have you heard the same thing? I mean, I know you're not required to, but it just makes sense from like a---

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I don't know that that didn't happen. I mean, I think we can go back and see if we can find an email trail for you. But I find it hard to imagine that we wouldn't have called DHS.

SENATE MINORITY CHAIRMAN MUTH: Sure. And so I guess the point is, even if you did, it still spread like wildfire and there was no, there was no -- did DHS come in and do a survey at SEVC when DOH was citing mass problems? Do we know that?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I don't have that information. You would have to ask DHS.

SENATE MINORITY CHAIRMAN MUTH: So that's where, I mean, I know that's not your department, but I would expect you to have, the Department of Health to have that cross-collaboration that you would at minimum have, you know, that DHS was in; they did an inspection on X, Y, and Z date. That's my point. I know you weren't here to do this, so it's not on you. It's just, that doesn't make sense to the average person why in the same building, even though it's two, you know, different regulatory entities, it's at the same building, the same staff is taking care of them, but they don't communicate even when they do inspections or what's found to see that if it's somewhere else in the building, right? So I think that's just something that shows that there's that weakness there.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Chairman Muth.

Next, we have a question from Representative Pennycuick.

REPRESENTATIVE PENNYCUICK: Thank you, Executive Deputy Secretary.

I'm curious to know whether or not you are investigating the use of the hydroxychloroquine on patients that were, A, in hospice, and B, were not given an EKG prior to treatment or after treatment as part of a medical malpractice or negligence?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Sure.

So the Department of State would have purview over it from a medical malpractice perspective. But I can share with you that on April 30th, the Department of Health issued *Frequently Asked Que*stions about treatment drugs for COVID-19, and we clearly stated in this guidance, and if you don't mind, I'll quote it.

REPRESENTATIVE PENNYCUICK: Yeah.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Quote, "Currently, there are no drugs or vaccines approved by the FDA to treat patients with COVID-19. However, the FDA recently granted an emergency use authorization to allow for hydroxychloroquine and chloroquine to be used by healthcare providers for hospitalized patients with COVID-19 when clinical trials are not available or feasible. The authorization does not mean that these drugs are FDA approved as safe and effective for treating COVID-19, and clinical trials are still needed to determine effectiveness."

We went on to say, quote, "Hydroxychloroquine and chloroquine are not FDA approved for the treatment of COVID-19. Clinical trials are still ongoing, but currently there is no published clinical evidence that supports hydroxychloroquine or chloroquine as effective treatments for COVID-19."

I had the team go back prior to this to see if we sent these FAQs out to all of the facilities. They were definitely posted on our websites. The message board we use to communicate with the facilities doesn't retain records back this far, but we do have records of sending the three subsequent iterations of this guidance to all of the skilled nursing facilities in the State.

So my assumption is that we did send this document out to all of the facilities, but we don't have purview to investigate in that way. When we did the June 9th immediate jeopardy, we did try to cite the facility with an F-tag for the use of hydroxychloroquine. We were told by CMS that we could not use that citation. We asked why, and we were not given a reason.

REPRESENTATIVE PENNYCUICK: Even though it's indicated that it needs to be administered in a hospital setting with an EKG prior to treatment as well as after treatment and not indicated for those with ischemic heart or other heart irregularities?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: That's correct.

HOUSE MAJORITY CHAIRMAN BOBACK: Representative, were you finished? I'm sorry.

REPRESENTATIVE PENNYCUICK: Yes, ma'am. Sorry, Madam Chair.

HOUSE MAJORITY CHAIRMAN BOBACK: Okay. Thank you, Representative.

Our last question comes from Representative Rigby.

REPRESENTATAIVE RIGBY: Thank you, Executive Deputy Secretary. Just to follow up with Senator Williams' question.

The reports that are received, complaints, and you said that you group them altogether because it's a confidentiality issue? Can you explain that, because I don't understand if we want to know whether it's a staff person, if it's a patient, if it's a family member. We're not asking for names, we're not asking for genders; we're asking about the complaints, and I don't understand the confidentiality of that, that they all need to be grouped together that we don't know what the breakdown is. So if you can answer. Thank you.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Sure. So I apologize for not being more clear.

So we investigate each complaint individually, and we take each complaint seriously on its own merit. When it comes to sharing information about those complaints, though, we don't share them by who lodged the complaint due to the concerns around confidentiality. So if we came out and said that there were 10 staff members,

for example, who lodged complaints and no family members, we do have concerns that that would potentially cause retaliation against the staff who work there.

REPRESENTATIVE RIGBY: But you're not providing staff names, you're just telling us there were 10 staff, or there were 10 patients. Again, I'm questioning the confidentiality to that and the retaliation to who? How many employees are there, that if we're talking about 10 complaints from staff, I think we should know, at least by group, where these complaints are coming from. Are we having problems in-house or are we having problems with the patients that are being treated, and that's what I'm looking at, you know, where those complaints are coming from.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Yeah. Let me take it back to QA, Quality Assurance, and talk with them a little bit more about, you know, why we have that process in place and if there's a way we can make it more transparent without, you know, violating patient confidentiality or, as Senator Williams mentioned, the concerns around retaliation. But I'll take it back and talk with the team about it.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Representative.

We have one follow-up with Representative

Pennycuick.

REPRESENTATIVE PENNYCUICK: Thank you.

My follow-up is, you said that you wouldn't investigate, it would be the Department of State. Who refers that to the Department of State for investigation as far as the EKGs and the treatment in a nursing home of a drug that is only authorized for hospital care?

EXECUTIVE DEPUTY SECRETARY KLINEPETER: I don't know the answer to that, ma'am. I can follow up with you.

REPRESENTATIVE PENNYCUICK: Thank you.

That's all, Madam Chair.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Representative.

Once again, thank you, Secretary Klinepeter, for taking time away from your very busy schedule to be with us, and thank you for your expert testimony.

And once again, you said you will follow up with some of the questions. Please feel free to drop them off at any of the Chairmen's offices, and we will disseminate to Members.

EXECUTIVE DEPUTY SECRETARY KLINEPETER: Thank you, ma'am.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you.

SENATE MAJORITY CHAIRMAN STEFANO: The next item on our agenda. Our next panel will be Mr. James Ulinski, a

Vietnam veteran.

Thank you, sir, for being here today, and thank you for your service.

MR. ULINSKI: Thank you.

SENATE MAJORITY CHAIRMAN STEFANO: Would you please raise your right hand to be sworn in:

Do you swear or affirm that the testimony you are about to give is true to the best of your knowledge, information, and belief? If so, please say "I do."

MR. ULINSKI: I do.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you, and you may begin when you're ready.

MR. ULINSKI: First of all, I want to thank the Members of the Committees from the Senate and the House for allowing me the chance to present today. Thank you so very much.

Hopefully, you have seen my background. I believe my background was sent to you to reduce time. If not, I used to run ICF/MRs through the Department of Health. I did that for 27 ½ years. I worked for Allegheny Valley School, a huge company that worked with intellectually and developmentally disabled individuals. I rose through the ranks. I was a HAB worker to run the eastern and central part of the State. I was the Director of Training for all of our facilities, approximately

120-plus. I was Quality Assurance for two parts of the State. I was the OSHA and life-safety expert for all of our facilities as well.

I also at the same time taught for 30 years as an adjunct professor at Penn State. I taught courses in leadership, business, social work, social psychology. I also taught at La Salle for another 10 years at the same time. In fact, I was offered the opportunity to run their master's program in organizational leadership.

My skills in leadership are really, really good. I had my own company, Ulinski Services Advantage, from 2005 when I left Allegheny Valley School to 2015. I provided training for doctors, nurses, midwives at St. Mary's Hospital in leadership team building and other areas. So that's just a brief background. And I'm a 100 percent disabled veteran. Again, thank you for the opportunity to present.

I had 34 points -- do you have copies of the---; okay -- that I wanted to address briefly. I could have probably had close to 100, but I tried to keep it as short and reasonable as possible. This is based on my experience. I worked with the Department of Health. I worked with the Federal look-behinds. I had surveys in life safety. I had from, again, DOH numerous ones.

Emergency action plans. I don't know whether the

DMVA has some of these things. I am very glad to see they're supposedly making changes, but to me, words don't say much. It's the action that takes place that makes the most difference to me. Though, many of those veterans should not have died. They were my brothers, my sisters in service, and God forbid, I might be one of those veterans. I'm very medically involved, and unfortunately, the health is going downhill. But, I may end up in that facility.

As some of you have already said, you have family who could be there. It could be you someday at that facility. We have an obligation to protect those people as best we can.

I sat on a task force for 1 year. It just ended, the Senate task force, and we tried to make changes that would affect veterans. I did, however, see not all the information that we talked about. I talked at one specific moment in our time as far as the task force for about 35 minutes on specifically the Southeast Veterans' Center. Sometimes, some of those things get watered down in reports. I'm hoping that through these committees taking action, that some of these things may take place. It just takes common sense.

Leaders lead, and as one of the Representatives said, my personal view at this point in time, I'm not sure DMVA should be involved with taking care of veterans. We

need people who work with them. Sometimes, there's too much rigidity in the military, and I'm a gung ho Marine, but at the same time, some of that rigidity is not in place in facilities that you have to be modifying and adapting to change all the time.

COVID-19 is just about gone, relatively speaking. There will be other viruses down the road. We need to be proactive instead of reactive in our courses of action. That means all of the commandants who run these facilities, all the commanders in the DMVA who provide oversight. The DOH is not at fault. Where was the Area on Aging? The Department of Aging? We have elderly veterans in those nursing homes. Where were they in this situation?

I know I had to report to the Area Agency on Aging if one of our residents was abused, neglected, injured. We filled out reports for everything. A resident got scratched and we had to file a report to the State, and they compiled data on this. So these things can be done.

Emergency action plan. It should include fires, floods, nuclear disaster. We even had, if our Hummelstown/Hershey facilities had a nuclear threat, they would evacuate to our facility on Verree Road in Philadelphia, all those contingency plans that you could possibly have.

We purchased Evacu-Tracs, $2,000 apiece, to take residents who were not physically able down the stairwells. You could literally take a 200-pound resident strapped into it, hold it in one hand, stop in the middle of a stairwell, and it would go nowhere to evacuate our residents. We had to evacuate 162 people three times a year no matter what the weather was by order of the Department of Health. So there are a lot of things that should have been done.

Bomb threats, water pollution, where to go in the event of the need to shut down a building, strikes, fires, infection control procedures, isolation, PPE, a safety committee, a veterans rights committee. There should be a veterans rights committee established by -- and I don't know if that does exist, so I apologize if it already does. But veterans should be asked to form their own committee with officers, and they can make suggestions like my residents did and say, you know what, we'd prefer these kinds of food. We don't think this should be happening; is there a way to address it? They should have a voice in their care.

Better oversight by all involved parties. Again, the SEVC ignored the DMVA's planning directives, and that was on Executive Summary page 2. What is now in place to ensure if breakdowns/neglecting protocols ever happens again? And again, this falls in some part to the DMVA

because of poor administrative follow-up. And I'll say also a poor hiring of commandants, at least in this case. Whoever hired that commandant should be taken to task. If you look back at their record, there was no way that person would have ever had an interview with me to be running a facility. That needs to be fixed.

Infection control procedures when working with veterans/residents must always be followed. That's even in non-COVID times.

Having a rigid chain of command. That's great in the military; it's not great to have a rigid chain of command. Even though I ran facilities, my direct-care staff knew me by name. I started off as a direct-care worker. I would walk up to them and say, Agnes, how's your family, and being able to talk to them. You need to be able to have the ability for people to communicate with one another, that transparency everyone talks about but very few people follow. And again, sadly, the military is not really well known for not being rigid in many of the things they do. It's either black or white, and sometimes there are gray areas.

Poor communication from the top down. I met with my staff, all the staff as often as I could. I wanted to hear any of the issues, how-much-money issues, whatever it was.

Families should never be threatened or left in the dark. Families, when I ran the facilities, we had family meetings. We had a president, a vice president, a secretary, and a treasurer. I attended the third Sunday of every month of meetings for 9 months of the year, and they had their group, and I sat there to address any of the issues they had. They weren't individual complaints, because I always asked them, if they were individual complaints, to bring them to me first. If I don't resolve them, by all means, bring them up during this report. It wasn't to be -- excuse me -- a bitch session. It was to be how could we make things better for the residents, the families, the staff, and everyone.

And by the way, you're always going to have problems with staff, trying to find enough staff. The pay simply never is there. We had approximately an 18-percent opening rate almost always, because people were making more at Burger King than we could pay them, even though we had benefits. That's sad when you have people taking care of people who are paid poorly, while many other people in other fields are making a lot of money.

Training needs to be ongoing. My nursing staff provided new updates on training. We discussed everything from the various infection control. In fact, when I came in to Pine Hill, which became Allegheny Valley School on

Verree Road in Southeast Philadelphia, they had pertussis. They didn't even know they had pertussis, which is whooping cough, in the facility. I called the Centers for Disease Control. They came out. We had women in there who were married, who were pregnant, and they were working in an environment that was not safe to them. The doctor was running, walking back and forth. We fired him immediately. We made massive changes, and we were able to correct the problems. You have to correct the problems.

Some training can be done with paper. I noticed they did a lot of paper training. Some of those things need to be done hands on, teaching people how to do things, properly documented and repeated when necessary.

People making medical decisions should have an extensive medical background, and it should be vetted. The same should be for the positions of the commandant, the DON, and again as I said, whoever hired the commandant, wow.

All staff need to have their previous employers checked, and my personal opinion is that at least two staff in a department hiring should do interviews together. If I was doing an interview, which was typically the last interview, I had someone sitting with me so we had a second opinion. We took them on a walk-through of the facility to see how they interact with the people in that building,

because sometimes they put on a different mask when they're out walking with the residents, or the veterans in this case, than they did in simply regurgitating words.

The commandant and other major officers should have nursing home experience, as well as administrative experience.

Where there's smoke, there's fire. The commandant, again, and the DON had numerous issues with their rigid authoritative style. Again, I'll attribute at least some of that to the oversight by the DMVA, too. Where were they?

Great leaders modify their styles. There were times when I needed to be harsh. If you abused a resident and you were sitting in front of me, I wanted you to cry when you were leaving that chair. Other situations, you lower your voice, calm and talking and making it easier for people to understand. Different situations, there's times to be hard and there's a time to back off.

There was no action, page 15, Executive Summary, no action taken with regards to numerous complaints against the SEVC and the commandant specifically. No one should be protected.

There was constant "pushback" from the commandant and DON when attempting to communicate. That was from Dr. Jackson.

Poor leadership. I'll attribute much of this to poor leadership on the people in positions who should have been leading. We have a lot of people who call themselves leaders. They're bosses. A leader leads and knows how to lead and knows when to use compassion.

Also, having worked with DOH, life safety, Federal look-behinds, independent family advocacy groups, that those surprise visits aren't always surprise visits. We pretty much knew, we always knew when life safety was coming in. You rarely absolutely knew the week that DOH was coming in, but you pretty close were able to guess. And as always, as any good administrator is going to do, you're going to make things look a little better than they might normally look.

How could you have clean reviews until problems surfaced, as a couple of the Senators and Representatives have already mentioned. How could you have National Guard come to help and then be denied access to the SEVC's leadership? That was on page 34 of the Executive Summary.

I had an independent group of our own staff. I included our direct-care staff, food service, housekeeping, maintenance, and I would ask them to walk through the facility to find out to see what they could find. I wanted them to find the problems, because I was used to walking through the building. And even though I'm anal and OCD,

like, every blind had to be in the same direction and everything else, and there better not be dust on pictures and everything better be neat and tidy, and the residents better look, smell, and be safe. The independent group could do walk-throughs. You don't even have to have professionals come in from the outside.

I actually mixed agencies. I would have a group come from central PA down and do a spot check of our facility in the eastern part of the State. We would do the same, unannounced, to find out the problems to correct them. Be proactive instead of reactive. There's no money involved here.

Obviously, the improper use of -- I'm not going to even try to pronounce the word. It was obviously a terrible blunder. Issues of informed consent missing, among other things.

This is a quote: "DMVA purportedly worn down by SEVC's consistent pushback failed to exercise necessary oversight over SEVC and insist on compliance with directives," page 51 of the Executive Summary. What the heck is going on? Again, leaders need to lead. How could the DMVA be in charge of, yet give in to repeated reports of possible negligence, false reports, and everything else that was happening?

The DMVA -- we'll skip over the military. I have

already talked about that.

No. 21, the DMVA, page 11, Executive Summary: "DMVA leadership also disclaimed any accountability for the problems at SEVC." What? That would be like coming to me when I was in charge of the facility and say, you know what, it's really not your fault, it's your DON's. If you assume leadership positions, you take the risk of taking the heat, and that's what you should. If I screw up, I should pay.

As I mentioned in several of our Joint State Government Commission's *Task Force and Advisory Committee Reports* just released in March of 2021, there's a disconnect often between military organizations and veterans. I addressed it then; I'm addressing it now. And the same thing applied to the Southeast Veterans' Center. Too many times, we have good old boys, and there have to be good old gals as well, who are running the place. They did a great job perhaps at one time, perhaps in their military careers or wherever it was, but maybe, just maybe they have spent too much time patting themselves on the back and maybe it's time for them to leave.

I always told my executive director, if I feel I can no longer do this job, I'm leaving, which I did in 2005 to devote my time more to teaching and starting my own company, where I did consulting and everything else.

All staff should have criminal background checks, if not already done.

The veterans who live at these facilities should have ample opportunities to be involved with their treatment goals. They should have a say.

My wife and I are the guardians for a young lady -- well, she's not so young anymore. She's 60 now. We have been her guardian for about 35 years, and we follow up with reports. We make sure she's given the proper care and treatment and everything else. And she has a say when she comes to those planning programs. If not capable, their guardian, they should have a guardian established, someone capable of being involved for them, and families should be able to always be involved.

One of the women who issued some of the complaints against Southeast Veterans' Center happens to be my chapter's DAV auxiliary commander. She was actually told at one point in time -- this was before the COVID -- that if she continued -- and she was a nurse, by the way -- if she continues to raise a ruckus with the administration, that there would be repercussions, that no family member should ever be treated with that disrespect, so she backed off. She said she regretted it later, but she backed off. You can't be threatening parents. Obviously, better oversight of facilities.

Case management clinical reviews should be done weekly to ensure proper clinical documentation, including talks with the families. When we talk to our young lady, they document the phone calls and everything else, that Louise had this phone call on such and such a date, and that's documented for everyone to see. Because the Department of Health used to check those things, and again, I haven't been involved with them since 2005. Well, I take that back. I have been, when I was in consulting.

The objectives and goals moving forward. Is there a plan that they're stuck on? If so, how do you move them forward? Chart reviews headed by a case manager with certification and medical documentation reviewed by a licensed doctor and psychiatrist, et cetera. The proper people need to be reviewing the proper documentation.

All deaths be reviewed for the cause of death by an outside county coroner to ensure there's agreement with the report made solely by the PA Southeast Veterans' Morgue.

Treatment and goals must be thought out to include the open communication/transparency that we often mention, and a veteran's family is an extension of many of those issues. Many of them have, whether it's Agent Orange, PTSD -- the family, we often forget that.

My wife, I have PTSD among many other things. My

wife, over the course of 52 years, has developed some of those symptoms, by the way, from having to deal with me. So we shouldn't be operating just in that vacuum with the veteran solely; we should be involving the family whenever possible, because they are a part of that veteran and perhaps the only part of that family or veteran who they see.

All drug potential side effects should be discussed involving all informed legal parties, and we had various departments involved when we were discussing that. We have human rights committees, all those types of things.

Here's an example that Lee gave me. He was one of the other people who would've been here today if he could have been. Veterans are often nominated by the Pennsylvania Veterans War Council who lack any health care or medical credentials, education or experience. Some are picked -- I can't say this emphatically, but I'm going to guess, having lived a pretty long life -- for political reasons. To provide the best care, we need properly vetted and trained people and the necessary credentials to do the job. And the training, again, as I said before, should never stop. Training is ongoing.

There should be a training department. I don't know if they have a training department. I had training departments. We actually had all of the medical programs

that were offered, all the direct care, all the housekeeping, the food service, all those types of things documented.

Lee mentioned this, that I should add this in: Veterans who could stay at home with families should do so. We're doing that more with people with intellectual and developmental disabilities, and it's actually cheaper than being in a large facility.

When I first started at Allegheny Valley School, we were running huge facilities. Eventually we got down to reducing those to more group home situations and more families taking home their loved one, if possible, to care for them. Again, you have a better environment and it reduces costs.

It also reduces stress. You could have adult day care vouchers. It also reduces stress for the veteran, because the more often you move an elderly person -- one of my specialties was care ontology as well, and for elderly people, for those of you who know, if you move someone who is elderly, who has been in their home for 50 years, many, many times, statistically, their health declines up to and including death in some cases because of the move. So we need to look at that. How often are we moving people? How can we do it with reducing stress to that veteran?

We found again that people in their homes typically fare better than in larger facilities.

Veterans needing to leave the facility for a hospital. I saw this several times where there was some reluctance to send someone to the hospital, and in a couple of cases, it turned out not so well. If there's any doubt, you send them to the hospital. There should never be hesitancy. When in doubt, send out.

Documentation must be accurate, and it needs to be done as quickly as possible. We all know that if I write something down, an hour from now, my recollection of what happened is going to change from had I not written it about 5 minutes after I said it. And again, having read all the reports, the performance audit, the *Protecting Our Protectors*, and that was from 2016 originally, and it was amazing how it went from 2016 where it was good audits with just some minor things to what happened with the COVID situation. Of the approximately 50-some individual veterans, some of those veterans should have never died -- never have died. And again, I look at everyone, as I'm getting older now, as if they were my family member, especially among the veterans, and to lose them needlessly is a shame.

And again, we can make all the promises, we can write all these things down, we can put them on whatever

communication devices we have, but unless we enforce them in some way, we're going to be back here the next epidemic that hits, because there will just be something new that people didn't pay attention to.

Thank you.

SENATE MAJORITY CHAIRMAN STEFANO: Thank you for your very insightful testimony today.

Do we have any questions? Senator Muth.

SENATE MINORITY CHAIRMAN MUTH: I don't have a question. I just want to say thank you for being here and thank you for being a huge mentor to me for the last 2 years, as Mr. Ulinski is my constituent. So thank you for being here.

MR. ULINSKI: Thank you.

SENATE MAJORITY CHAIRMAN STEFANO: Do any other---

HOUSE MAJORITY CHAIRMAN BOBACK: I do have one. Representative Gillen.

REPRESENTATIVE GILLEN: Jim, thank you. Down at this end here. Good to see you, my friend, and I'm glad that you vicariously represented Lee as well.

I was a little concerned when you came in with 34 points, but I think the group of Senators and Representatives would recognize that you handled it really well, with remarkable concision.

MR. ULINSKI: Thank you.

REPRESENTATIVE GILLEN: In the taxonomy of things that you had mentioned in those 34 points, there was a couple that keep coming to mind in terms of leadership. You mentioned the involvement of family and training. We're really grateful for that input.

You were here for substantial testimony that you had heard from others. Were there any takeaways for you or concerns, flags, something that is going to stick with you after you leave here?

MR. ULINSKI: Yes, in fact there is.

I think sometimes people, the DMVA, the Department of Health, when they leave after they have been perhaps asked some difficult questions, they have a tendency to pull back. I'm not sure, again, I feel worse now about the DMVA and worse now about the Department of Health, and I know some of the top leaders in the Department of Health. Some of them were around when I was in that field, and they're still in the field. I have a lot of questions to go out.

How could you, as Senator Muth said, miss some of these things? How do you have a perfect survey, you know? When I worked under health care at the Department of Health, I worked under Title 19 of Medical Assistance, the Federal Government and State Government paying the fees for

our individuals who lived there, and I just find it unbelievable that I was left more in a quandary with the lack of information that was provided.

I heard a lot of promises and a lot of questions that were unanswered, and that's why I asked, actually, one of the DMVA members if they were going to stay here to actually listen to what we have to say, too, so some of this feedback does get back to them, because someone needs to pay attention to this here.

Most of this isn't brain surgery; it's just being a person who cares for what they do. Now, I'm an overachiever. I want everything to be as perfect as possible. If I'm taking care of an individual, when I came into Allegheny Valley School, I said, I'll be the best administrative you'll ever be. When I was in the Marine Corps, I said, I'll be the best leader you ever saw. That's pretty cocky, but it puts a lot more pressure on you.

REPRESENTATIVE GILLEN: I have five daughters at home. Do you hire out for domestic situations?

Thank you, Jim. Thank you, Madam Chair.

MR. ULINSKI: Thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Rep. Gillen.

We have another question, and this is from

Representative Ryan.

REPRESENTATIVE RYAN: Jim, first of all, Semper Fi.

MR. ULINSKI: Semper Fi.

REPRESENTATIVE RYAN: You have made a number of points today, I think, that I hope all of us take to heart. You and I have both seen situations where the system failed us. We saw situations where deployments to Vietnam were done and no one questioned the same failed systems month in and month out, year in and year out. We saw situations in which -- I was the Vietnam era, I was not Vietnam, but we saw situations coming back where we were not welcome. We see situations in which problems at the VA nationwide have been going on for 40 years. We see situations in which money is perpetually thrown at something that doesn't work. We see situations in which audits get done and there are no findings, and then we have a catastrophe and a disaster on our hands.

Now, I would hope that you would continue to provide your level of service and expertise to this committee and others as we try to fix this system and make it responsive to the customer. The customer is the person that raised their hand, swore an oath of office to our nation, served in harm's way, and didn't bother or have the ability to say, no, sir; or, yes, ma'am; or, no, ma'am, but

we sat back and we recognized that we surrendered our constitutional rights so we could preserve others' constitutional rights, and we now owe it to them to do the morally right thing.

I hope you will continue to provide advice and service to us, because in your comments of your 34 points, there was some incredibly significant nuggets of wisdom. And when you made the comment about the Venetian blinds being turned the one way, I think only Rick O'Leary and I understood precisely what you meant by that, when formations would be held and somebody would have them turned the wrong way, so you made me chuckle. So thank you very much.

MR. ULINSKI: Thank you.

And by the way, we actually had a deficiency one time: We had a nick in a toilet seat. So that's the old DOH that I know. I don't know what has happened since then, but obviously they missed a lot at Southeast Veterans'.

And again, I'm not here, I wasn't here to cast aspersions on anyone other than the commandant, the former commandant. But thank you, and I'd be glad to do whatever I could.

Thank you.

SENATE MAJORITY CHAIRMAN STEFANO: Next, we have

Senator Dush.

SENATOR DUSH: Thanks, Chairman.

And I just want to ask one quick question. I used to tear programs apart in resource protection as well as classified information protection when I went around to do surveys. The inspections that went on, to Senator Muth's point, how do you come in and have a perfect program for it?

MR. ULINSKI: I'm sorry. I didn't understand your question.

SENATOR DUSH: When that one report that was done that was everything checked out great and then just within a matter of days, all of a sudden you have got this massive problem, and when I came in to inspect people, they generally had trepidation or a lot of times there were people within the program that knew that I was going to be fair but I was also going to be thorough, and the people who were at the working end of things knew that they could get me the information and I would help address it.

What are your recommendations? You have been through the inspections before, and it sounds like you have got some experience on the other end of things as well. What would be your recommendations for the Department as far as getting those types of inspections done to where you could actually get to the root of what was going on and

have findings and have the ability to correct things before it gets to the type of situation we had in the Southeast Veterans' Center?

MR. ULINSKI: I believe what you need to do is, first of all, you have to have people with integrity in those positions who aren't compromised or fearful of their chain of command. And again, that's where I'm leery of chain of command sometimes, because sometimes, people are reluctant to say something because it's going to get back to my supervisor, my boss, and then I'm going to feel the heat, as we saw happen at the Southeast Veterans' Center. That did in fact happen.

You need people who are trustworthy, who go in there, and you know what, you say, damn whatever happened; I'm here to inspect you. And it's the same feeling I had about staff. There were people I liked. The same way with my students. There were students I liked and there were students I disliked, but I treated every student, I treated every individual, every staff member, the same way I would want to be treated in that situation.

That's tough to teach. I don't know where you -- I think that comes from family values and some other things, but I believe we can do that if we get into not being fearful.

At the State task force meeting, I mentioned a

few times, I said, I belong to a number of organizations, the DAV. I'm angry with the DAV National. I think they're sitting on their fingers and their hands for some of the things they are doing. I raised points. At some point in time, I can only go so far and that's it, and that's what happens with some of the staff sometimes. You go so far up and then you give up. But I think if we have people, whether it's the Area on Aging, whether it's the Department of Health, whether it's the DMVA, if they have integrity and they believe in their position and they care about people, the rest comes pretty easy.

SENATOR DUSH: Absolutely.

MR. ULINSKI: Training, by the way, is obviously paramount.

SENATOR DUSH: Yes. And the main thing is this: When you're getting an audit or when you're getting an inspection, the point is, identify the deficiencies so that you don't have a massive situation blow up on you, similar to what we had here.

It's the responsibility of the people who are coming in and doing the audits to be thorough, but also, if they have got the ability, to provide the corrective action. I mean, every inspection report that I ever did, it had the corrective action in it, and a lot of times we could fix things on the spot. But this stuff was not

getting addressed with this current situation that we're addressing today.

But I appreciate your testimony, and I truly appreciate all of the points that you have brought up. Thank you.

MR. ULINSKI: Thank you, sir.

SENATE MAJORITY CHAIRMAN STEFANO: Well, thank you, Mr. Ulinski, for your very enlightening testimony today and taking time out to be here with us. I really appreciate it. We all do.

MR. ULINSKI: Thank you all for allowing me to be here.

HOUSE MAJORITY CHAIRMAN BOBACK: Our next panel is Mr. Gordon Denlinger, Deputy Auditor General for Audits, the PA Auditor General's Office.

And we do apologize for the lateness of your presentation, but of all people, I'm sure you're aware of legislative time, having been a former Member, and I'm glad you were able to listen to the robust discussion that we had throughout the morning. Welcome back, and thank you for being with us.

If you would be so kind to raise your right hand to be sworn in:

Do you swear or affirm that the testimony you are about to give is true to the best of your knowledge,

information, and belief? If so, please indicate by saying "I do."

DEPUTY AUDITOR GENERAL DENLINGER: I do.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you. You may begin when you are ready.

DEPUTY AUDITOR GENERAL DENLINGER: Good afternoon, Chairmen Stefano, Muth, Boback, and Sainato, and Members of the Veterans Affairs & Emergency Preparedness Committees. Thank you for the invitation to discuss the Department of the Auditor General's reports regarding Pennsylvania's veterans homes.

My name is Gordon Denlinger, and I serve as Deputy Auditor General under AG Tim DeFoor. I am honored to provide testimony on his behalf.

Over the past 5 years, the Department of Auditor General has released two reports regarding the status of the Commonwealth's veterans homes. The first report, released in 2016, was an audit of the State's veterans homes which found concerns with certain processes used by the centers. Specifically, the Auditor General had concerns with the handling of grievances, admissions procedures, and problems with the management of waiting lists.

The Department subsequently performed a special report, not an audit, in 2020, which was a follow-up to the

2016 report. The focus of the 2020 report was on the Southeastern Veterans' Center's handling of the COVID-19 outbreak and was developed using information from the Pennsylvania Department of Health inspection that was conducted last June, as well as telephone interviews with nurses, staff, and other affected individuals.

The special report highlighted that the DMVA did make significant changes to address the concerns of the 2016 audit. Despite those changes, however, the report did find that the Southeastern Veterans' Center failed to react quickly and adequately to manage the COVID-19 outbreak. At the time of our report, the Southeastern Veterans' Center had reported at least 42 patient deaths from COVID-19 during a period that began in March of 2020 and ended in November of 2020. And I note that the total then subsequently climbed to 122.

Thank you for the opportunity to testify today. Auditor General DeFoor, like all of us, shares concerns over the welfare of individuals who have served our great country.

I am now happy to provide testimony or answer questions in any way that you would ask.

HOUSE MAJORITY CHAIRMAN BOBACK: Representative Ryan.

REPRESENTATIVE RYAN: Gordon, good to see you.

DEPUTY AUDITOR GENERAL DENLINGER: Good to see you.

REPRESENTATIVE RYAN: First of all, I very much appreciate all the great work that the Auditor General's staff does. Do you have enough staff in order to ensure that there is a proper rotation in audit structure to schedule the performance audits of State agencies, particularly as it relates to this with the senior-care facilities? But in general, do you have sufficient staff to perform them?

DEPUTY AUDITOR GENERAL DENLINGER: Thank you, Representative Ryan, for that question.

Staffing within the Department of Auditor General is a significant concern. In fact, I would call it the biggest issue we face at this time.

As you would know, I'm relatively new in the role, and what I have found is we are sitting on the edge of a significant age-out cliff. At one time, the Department of Auditor General had a complement of about 850. That was under General Barbara Hafer, the period of the late eighties into the early nineties. Currently, we sit with a complement of about 373, so less than half that we once had. A lot of that is due to budget cuts that have occurred over time.

And quite frankly, we are a government watchdog

agency. We're the people watching to see, are things being handled properly? So I would be remiss to not say that, yes, we have a significant complement issue. We need to do hiring for a whole new generation of auditors to come in and serve the public interests as those watchdogs to make sure things are being done right.

REPRESENTATIVE RYAN: On my role in the Finance Committee, one of the things I'm going to do is I'm going to recommend that Chairman Peifer have the Auditor General in to discuss that issue, because we're seeing that problem in other areas.

Right now, there is not a fraud and forensic capability. You have been very good to work with me on a bill that I have had now for, it has been 3 years. It has been back in, and I want to thank you and your staff on that.

If we had a fraud and forensic capability, or some of the questions, particularly that Senator Muth brought up and some other Members brought up, be able to be investigated internally, would this type of thing have to be outsourced, and is your department the department that would outsource it if it had to be outsourced?

DEPUTY AUDITOR GENERAL DENLINGER: Currently, we do not have forensic accounting skills within the agency, but we desire it. My co-Deputy, Janet Ciccocioppo, and

myself as head over the audit bureaus would like to hire and add that into our range of tools, shall I say, that we could implement in certain cases where we do think there are particular cases of fraud in motion.

REPRESENTATIVE RYAN: One of the things that has been a sticking point in the past is that I have wanted to give the Auditor General subpoena power, and the bill that we have got gives you subpoena power. Is that necessary to have in order for you to be able to do a forensic and fraud audit?

DEPUTY AUDITOR GENERAL DENLINGER: Uniquely among the three elected row offices that we have here in the State, the Auditor General does not have subpoena power. Both the Attorney General and the Treasurer's Office do have that. It would seem very logical to add to this government watchdog agency subpoena power.

And thank you, thank you for that effort. And, yes, that is at the top of things we would like to see.

REPRESENTATIVE RYAN: There is a -- and this is the last question. This is a kind of "could have, would have, should have" type question.

Do you think if there had been more robust funding and more robust capability and certain things put into place for the Auditor General in prior years that some of the issues that we're discussing today could possibly

have been avoided?

DEPUTY AUDITOR GENERAL DENLINGER: That's difficult to say. You know, I'm looking at the 2016 audit. The issues related to DMVA were radically different. So it's a whole different playing field, in fairness to them.

That said, I do think it would send a strong signal to government agencies all across the Commonwealth that there is a more serious attitude in our watchdog capability if we in fact did add the subpoena power and put the forensic accounting unit in place.

REPRESENTATIVE RYAN: With that response, the role, how important is the role of transparency in all of this for both the public and the Auditor General?

DEPUTY AUDITOR GENERAL DENLINGER: Critically important. You know, ultimately at the end of the day, it's sunshine that opens up the truth, and that's what we need to have.

REPRESENTATIVE RYAN: Thank you very much.

HOUSE MAJORITY CHAIRMAN BOBACK: For clarification, if I may, so the Auditor General gets involved only where agencies or establishments utilize public funding, right? It's only where there is public funding?

DEPUTY AUDITOR GENERAL DENLINGER: Involving the Commonwealth, funds of the Commonwealth of Pennsylvania.

So State-level funding. Correct.

HOUSE MAJORITY CHAIRMAN BOBACK: Okay. And then, how soon does the Auditor General get involved? In a situation like with our veterans home, how soon does that happen? Do you have to be invited in? Does the red flag go up because you're reading about it? Or how soon does that happen?

DEPUTY AUDITOR GENERAL DENLINGER: The Auditor General ultimately decides, but he has assembled a team of his senior staffers, of which, of course, I and others are participants. We have a list of issues that are very hot and current in the State at this point, and certainly this issue is under consideration.

That said, we work with the resources that we have and prioritize. But that is sort of the structure that we follow in terms of determining which audits to pursue in order and sequence.

HOUSE MAJORITY CHAIRMAN BOBACK: And I'm sorry, but as a follow-up, so who would've asked for this audit? Would it have been the establishment? Would it have been people involved? Would it have been an agency, like the Area Agency on Aging who said, wait, there's something wrong here? Who would report it, or is it all of the above?

DEPUTY AUDITOR GENERAL DENLINGER: Kind of all of

the above. Regularly, the public weighs in through our portal. You know, we have a robust website with a portal, which daily we receive public requests for audits in different areas. We as the senior management team also bring ideas to the table, and General DeFoor himself is very aware of current issues.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you.

And that's a good thing, there is a portal. For those who are listening, there is a portal for the Auditor General's Office. Thank you.

I do have a question with Senator Dush. Senator?

SENATOR DUSH: Thanks.

And hello, Gordon.

DEPUTY AUDITOR GENERAL DENLINGER: Senator.

SENATOR DUSH: Just a quick question.

I know you have statutorily, I think it is, requirements for like doing audits periodically on schools and townships and that kind of stuff. Is there such a requirement for the DMVA facilities?

DEPUTY AUDITOR GENERAL DENLINGER: There is not at this point. You are correct, we operate under statute given by the General Assembly and enacted into law. At this point, no, there is no routine requirement that we look at the DMVA.

SENATOR DUSH: And if we were to require that, unless we get -- I take it we're going to have to, I know, increase the staffing for you, and especially on the forensic audit portion. So if we go down that road in making it a requirement, I will definitely be supporting also increasing the staffing level to help make that happen.

DEPUTY AUDITOR GENERAL DENLINGER: And I just want to again state the seriousness with which we view this situation. So the desire of the Assembly guides, you know, in terms of resources, but would we receive that well? Absolutely, we very much would.

SENATOR DUSH: Thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator Dush.

Senator Muth.

SENATE MINORITY CHAIRMAN MUTH: Thank you.

I just wanted to ask, do you feel, and I don't know if you can answer on behalf of your boss, that there should be subpoena power within the Auditor General's Office? And then the follow-up question is, could we get a legislative statement saying whether or not they would support being included under the statute as one of the entities that they would do an audit of?

DEPUTY AUDITOR GENERAL DENLINGER: The answer to

the first part, Auditor General DeFoor has made obtaining subpoena power his number-one legislative goal. Now, obviously we have a budgetary goal as well, which Representative Ryan mentioned. We need a restoration of some budget dollars and the staff that would go with it. That said, as far as other issues, subpoena power would be the next biggest item.

I'm trying to recall the second part of your question.

SENATE MINORITY CHAIRMAN MUTH: If they would support being added into being one of the entities under the statute. You said you are dictated by statute. You don't have to do an audit of those State veterans homes currently. Correct?

DEPUTY AUDITOR GENERAL DENLINGER: Correct.

You know, our mandates are under the Fiscal Code, and we follow what you wish us to do. So it's a matter where we will follow the law with regard to what we receive there.

SENATE MINORITY CHAIRMAN MUTH: Well, and obviously additional staff to accommodate that.

DEPUTY AUDITOR GENERAL DENLINGER: That would help.

SENATE MINORITY CHAIRMAN MUTH: Yes, absolutely. Thank you.

And one other question I just thought of. The portal that you mentioned, is there data that shows at the end of a year, like, how many people access your portal? Like, on what issues? And I apologize if that's already on your website and I didn't look at it.

DEPUTY AUDITOR GENERAL DENLINGER: We do collect that data, and we could certainly provide it. I don't have it with me at this point.

SENATE MINORITY CHAIRMAN MUTH: That would be great. Thank you.

DEPUTY AUDITOR GENERAL DENLINGER: Mm-hmm.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you, Senator.

A follow-up question from Representative Ryan.

REPRESENTATIVE RYAN: Actually, I was mentioning to Senator Muth that we had given her a couple of shout-outs when she was out. But, Senator Muth, it's House Bill 117 is the bill that we have written that gives the Auditor General subpoena power, and it's really essential. It made it over to the Senate last year but didn't get acted on over the subpoena-power issue. And so this time, we just got concurrence to put it back in, so we have already got that on the way, and we would love to get any support. If somebody wants to make it a Senate Bill and come on back, I'm okay with that, too. I would really

like to get that done during the period of time we're here, which I think you need it.

And then, I concur wholeheartedly as well with the staffing component of it. I made a comment to get in touch with our Appropriations about the staffing side of it as well.

DEPUTY AUDITOR GENERAL DENLINGER: Thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you.

Once again, thank you so much for being with us. I know you took precious time away from your busy, hectic schedule to be with us. So thank you for your expert testimony and for appearing before the Committee.

DEPUTY AUDITOR GENERAL DENLINGER: It's an honor to join you. Thank you.

HOUSE MAJORITY CHAIRMAN BOBACK: Thank you. Welcome back.

In closing, I again want to thank all Members who are with us today, whether they were present in this room or participated virtually, for their, again, participation. Thank you.

Any closing remarks? Chairman Muth.

SENATE MINORITY CHAIRMAN MUTH: Thank you very much.

I just want to say thank you again to you for agreeing to do this. I begged the former Chairman of our

Senate Committee, and so I'm ungrateful, even though Senator Stefano had to leave, that he was willing to do this. So it was, in my small 2 years in the Legislature, one of the most uplifting bipartisan efforts I have experienced. So I just want to say thank you for that.

And thank you all for allowing me to hammer home, because this was something that I certainly learned a lot about the deficiencies in government just from what came into my inbox and the calls into my office during COVID, and I know we all probably did in some fashion. But it was a very big learning curve for me just from all the different entities that are involved with veterans care and what the State does and doesn't do. And certainly I think we all agree that government exists to help people, and so I think these are all solvable problems. They just need solutions certainly sooner than later.

And, you know, we're one of the biggest States, we're one of the States with the highest veterans population, so this isn't something that we can turn away from. We need to take care of all of these people, and they have served our country and they have made tremendous sacrifices, them and their families. So I am just grateful to learn from them, learn about their stories. I'm grateful for their service and grateful to be the Chairperson of this committee. And again, thank you again

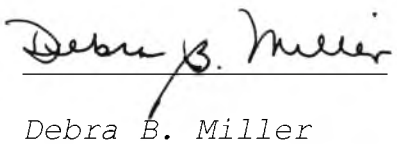
for today.

HOUSE MAJORITY CHAIRMAN BOBACK: It has been my pleasure.

Thanks, everyone, for being here, and at this time, the hearing is hereby adjourned.

(Whereupon, the joint public hearing adjourned.)

I hereby certify that the foregoing proceedings are a true and accurate transcription produced from audio on the said proceedings and that this is a correct transcript of the same.



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