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United States Senate

WASHINGTON, DC 20510

August 5, 2016

The Honorable Michael J. Missal
Inspector General
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Inspector General Missal,

As you recall, I released my hold during your confirmation process earlier this year when you committed to investigating a March 2015 House Committee on Veterans' Affairs hearing, during which Dr. Skye McDougall lied under oath to Members of Congress when she indicated the average wait time for a medical appointment at her then-assigned post in Los Angeles, California was 4 days. CNN later reported that she was lying and the average wait time for new patients at that facility was actually 44 days.

Although I appreciate the timely manner in which you completed your report, "Evaluation of Reported Wait Times VA Greater Los Angeles Healthcare System," I am extremely disappointed in the report due to a glaring discrepancy, which most certainly skewed the report's findings. In a February 3, 2016, letter to me, which was included in the appendix of the aforementioned report and also attached to this letter, Secretary Robert A. McDonald clearly stated that the VA had source documents used by CNN. However, page four of your report states, "We requested supporting documentation from CNN so that we could better understand which VA measures they used when writing the article, but they declined to provide copies of any supporting documents."

The documents from CNN are obviously needed to complete a fair report. However, given the fact that your office cited the very letter in which Secretary McDonald acknowledges CNN shared its supporting documents, I find it inconceivable that your office would not pursue adequate follow-up to obtain said documents during the course of your investigation. In that regard, I request answers to the following questions:

- Did you or your office ever ask the VA directly for the CNN source documents Secretary McDonald claimed they had in his February 3rd letter?
- If so, did the VA lie about having them or fail to share these vital documents with the IG office?
- If your office did not ask the VA for these documents, why not? Did your office fail to realize the VA had the source documents from CNN?

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- Will you please also provide my office with a copy of the source documents Secretary McDonald alluded to in his letter?

I would appreciate a written response to these questions by August 18, 2016.

Sincerely,

A handwritten signature in black ink, appearing to read "David Vitter". The signature is stylized and somewhat cursive, with a large initial "D" and "V".

David Vitter
United States Senate



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

February 3, 2016

The Honorable David Vitter
United States Senate
Washington, DC 20510

Thank you for your January 22, 2016, co-signed letter to the Department of Veterans Affairs (VA) regarding concerns about the appointment of Dr. Skye McDougall as the Director of the South Central Department of VA Health Care Network (Veterans Integrated Service Network (VISN) 16). I welcome the opportunity to respond directly to the issues raised in your letter.

I can understand how misleading, negative media reports would prompt misgivings about Dr. McDougall's integrity, but allegations that Dr. McDougall intentionally misled Congress are completely and totally inaccurate. Let me set the record straight. Dr. McDougall was asked by Rep. Benishek (R-MI) to provide "the average wait time for a new patient at the Greater L.A. Medical Center" during a February 10, 2015, hearing before the House Veterans' Affairs Committee. Dr. McDougall did not hear the Congressman's specific reference to "new" patients and responded with numbers for both new and established patients. The numbers she provided had been published on February 5, 2015, and indicated the following average completed wait times (calculated using preferred date) at the Greater Los Angeles Health Care System (HCS) as of January 2015:

- Primary Care: 4.17 days
- Specialty Care: 6.98 days
- Mental Health: 3.5 days

Dr. McDougall did not have wait-time averages for new patients alone. Had she understood the full question, she would have taken the question for the record and later provided the following numbers for new patients:

- Primary Care: 6.6 days
- Specialty Care: 11.3 days
- Mental Health: 6.6 days

I acknowledge that VA's failure to correct the record more quickly has contributed to the misperceptions and the sense of distrust among some Veterans, and we must work to repair that trust. However, it is patently false that Dr. McDougall intentionally misled Congress about wait-time data, and rescinding her appointment would be not only unfair to this qualified and dedicated public servant, but also not in the best interests of the Veterans served by VISN 16.

In your letter, you also referenced a CNN article from March 14, 2015, which alleged that the actual wait time for a new patient to be seen at the Greater Los Angeles HCS as of March 1, 2015, was 44 days for primary care and approximately 36 days for mental health. The wait-time data reported by CNN was not merely misleading but simply not true. We know from the source documents CNN sent VA that CNN misinterpreted a VA report listing referrals to the Veterans Choice Program and having nothing to do with appointment wait times for Veterans getting care directly from VA. In fact, average new patient wait times at Greater Los Angeles HCS as of March 2015 were as follows:

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The Honorable David Vitter

- Primary Care: 7.1 days
- Specialty Care: 9.7 days
- Mental Health: 6.2 days

Your letter also mentioned in passing allegations that Veterans died awaiting care in both Phoenix and Shreveport. While we regret that Veterans did not receive quality care in a timely fashion at the Phoenix VA Medical Center, I think it's important to note that VA's Office of Inspector General issued a report on August 26, 2014, noting that they were "unable to conclusively assert that the absence of timely quality care caused the deaths of these veterans." With respect to the Shreveport allegations, neither VA nor VA's Office of the Inspector General report released earlier this month substantiate that 37 Veterans died as a result of waiting for care.

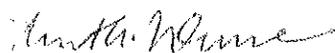
Dr. McDougall's appointment as Director of VISN 16 is part of VA's broader transformation effort. Her selection was announced to Congress on December 7, 2015, via email. In order to meet the needs of the Veterans we are honored to serve, it is critical to have qualified, dedicated leaders in place. Dr. McDougall is such a leader. Dr. McDougall is willing to confront difficult challenges and to work to successfully resolve complex issues for the benefit of Veterans. I personally witnessed this capability in working with Dr. McDougall to address challenges in West Los Angeles, and I am confident she will bring that same approach to best serve the Veterans of Louisiana and all of VISN 16.

I am committed to ensuring that Dr. McDougall has the appropriate resources necessary to care for Veterans living in VISN 16. I also look forward to visiting her in the immediate future and to holding town halls with Veterans of Louisiana and the Congressional delegation. Hearing directly from Veterans has been my most important source of information on how VA is doing in rebuilding the trust of our Nation's Veterans. I hope that you will be able to join me during my visit and participate in these town halls.

In closing, I respectfully ask that you afford Dr. McDougall the opportunity to do the necessary work to rebuild trust and improve care for Veterans living in Louisiana and throughout VISN 16. A similar letter is being sent to the cosigners of your letter.

Thank you for your support of our continued mission.

Sincerely,



Robert A. McDonald