

**U. S. Department of Labor**  
**Occupational Safety and Health Administration**  
**Notice of Alleged Safety or Health Hazards**

		Complaint Number	
Establishment Name	U.S. Department of Veterans Affairs		
Site Address	810 Vermont Avenue, NW		
	Site Phone	844-698-2311	Site FAX
Mailing Address	810 Vermont Avenue, NW		
	Mail Phone	844-698-2311	Mail FAX
Management Official	Robert L. Wilkie, Secretary	Telephone	844-698-2311
Type of Business	U.S. Department of Veterans Affairs		
<b>HAZARD DESCRIPTION/LOCATION</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
<p>Please see the attached addendum for the narrative portion of this complaint.</p>			
Has this condition been brought to the attention of:	<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Other Government Agency(specify)	
Please Indicate Your Desire:	<input type="checkbox"/> Do NOT reveal my name to my Employer <input checked="" type="checkbox"/> My name may be revealed to the Employer		
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Mark "X" in ONE box) <input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input checked="" type="checkbox"/> Representative of Employees <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Other (specify) _____		
Complainant Name	Alma L. Lee, President, AFGE/NVAC	Telephone	540-345-6301
Address(Street, City, State, Zip)	3441 Brandon Avenue SW, Roanoke, VA 24018		
Signature	<i>Alma L. Lee</i>	Date	3/31/20
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name:	Your Title: President, AFGE National VA Council #53		

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### For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

### For Federal Employees:

This report format is provided to assist Federal employees or authorized representatives in registering a report of unsafe or unhealthful working conditions with the U.S. Department of Labor.

The Secretary of Labor may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have occupational safety and health committees established in accordance with Subpart F, 29 CFR 1960; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1-3, Executive Order 12196; or in the case of a report of imminent danger when such a committee has not responded to the report as required in Sec. 1-201(h).

### INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local OSHA office.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than \$10,000, or by imprisonment of not more than six months, or by both. (Section 17(g))

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.

OMB Approval# 1218-0064; Expires: 11-30-2020

Do not send the completed form to this Office.

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The undersigned representative, Alma L. Lee, President of the American Federation of Government Employees, AFL-CIO, National VA Council #53, represents 260,000 bargaining unit employees working at hundreds of facilities within the U.S. Department of Veterans Affairs.

The U.S. Department of Veterans Affairs (VA) is in violation of the General Duty Clause of the Occupational Safety and Health (OSH) Act of 1970, requiring employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.” 29 U.S.C. §654(a)(1); see also 29 C.F.R. §1960.8.

For purposes of the OSH Act and corresponding government-wide regulations, please be advised that this complaint reports “imminent danger” insofar as the VA’s workplace conditions and practices are “expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through normal procedures.” 29 C.F.R. §1960.2. Accordingly, the undersigned representative requests that an inspection be conducted immediately and within 24 hours of this complaint. 29 C.F.R. §1960.28(d)(3); Executive Order 12196 (Occupational Safety and Health Programs for Federal Employees). The VA’s actions, as described below, are causing the proliferation of a known and deadly contagion within the nation’s largest healthcare system, as well as in the VA’s regional offices and national cemeteries, thereby jeopardizing the safety, health, and welfare of Veterans and federal employees.

Specifically, the VA, under the direction of the Honorable Robert L. Wilkie, Secretary of Veterans Affairs, has directed federal employees throughout the VA, who have come in contact with or have been in close proximity to individuals who show or have shown symptoms of the Novel Coronavirus Disease (COVID-19) to report to work without regard for the 14-day, self-quarantine guidance promulgated by the Centers for Disease Control and Prevention. The CDC also published specific guidance entitled “Healthcare Personnel with Potential Exposure to COVID-19,” which includes recommended work restrictions and other precautions for healthcare personnel exposed to COVID-19 patients based on certain epidemiologic risk factors and the nature of the exposure. CDC guidance indicates that certain individuals, including those aged 65 and older as well as those with certain underlying medical conditions, may be at a higher risk for severe illness from COVID-19. Despite this guidance, the VA has directed federal employees, including those at high risk for COVID-19, to continue reporting to work even when these employees are known to have been in close proximity to individuals and patients exhibiting symptoms of COVID-19 or who have met the testing criteria for COVID-19.

Further, the CDC’s guidance states that “healthcare facilities are responsible for protecting their [healthcare personnel] from exposure to pathogens, including by providing appropriate [personal protective equipment].” Recommended infection control practices state that healthcare personnel should be supplied with all necessary PPE, such as N95 respirators, eye protection, facemasks, and gowns, to reduce the risk of exposure to COVID-19. However, the VA has not supplied all federal employees with the PPE they desperately need to protect themselves, their peers, and patients from COVID-19 exposure. These failures further violate various OSHA standards, such as the PPE Standard, 29 C.F.R. §1910.134, the Bloodborne Pathogens Standard, 29 C.F.R. §1910.1030, and the Respiratory Protection Standard, 29 C.F.R. §1910.134.

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Within VHA, the VA has created an unsafe work environment by failing to isolate suspected and confirmed COVID-19 patients within healthcare facilities. This failure poses yet another risk to employees, especially those with underlying medical conditions, who are unable to mitigate the potential harm of COVID-19 by secluding themselves from suspected and confirmed patients. This, too, defies CDC guidance for healthcare personnel. The VA has also refused to provide COVID-19 testing to those employees who come in close contact with known or suspected COVID-19 individuals.

As of March 31, 2020, the VA has reported 1,347 confirmed Veteran cases of COVID-19 in at least 98 facilities across the country. As of March 27, 2020, the VA has also reported 185 confirmed cases of COVID-19 within the VA workforce. To date, the VA has failed to introduce the workplace controls needed to mitigate or prevent exposure to COVID-19. It has not implemented engineering controls, such as high efficiency air filters or air scrubbers, to minimize the airborne nature of COVID-19. Administrative controls, such as mandating administrative leave or work-at-home procedures for employees suspected or known to have been exposed to COVID-19 patients or those exhibiting COVID-19 symptoms, are likewise absent from VA's response to this pandemic.

Below is a listing of VA facilities reporting a confirmed Veteran case of COVID-19.

- Alaska VAHSRO (Anchorage AK): 1 outpatient
- Alexandria, LA: 1 outpatient
- Amarillo HCS (Amarillo TX): 1 inpatient
- Ann Arbor, MI: 7 inpatient, 5 outpatient
- Asheville, NC: 1 outpatient
- Atlanta, GA: 15 inpatient, 43 outpatient
- Augusta, GA: 2 outpatient
- Battle Creek, MI: 1 outpatient
- Bay Pines, FL: 1 inpatient, 3 outpatient
- Bedford, MA: 2 outpatient
- Birmingham, AL: 1 inpatient, 1 outpatient
- Boston HCS (Boston): 1 inpatient, 6 outpatient
- Bronx, NY: 13 inpatient, 47 outpatient
- Butler, PA: 1 outpatient
- Central Alabama HCS (Montgomery AL): 2 inpatient
- Central Arkansas HCS (Little Rock AR): 2 inpatient, 3 outpatient
- Central California HCS (Fresno CA): 1 outpatient
- Central Plains HCS (Omaha NE): 3 inpatient, 6 outpatient
- Central Texas HCS (Temple TX): 1 inpatient, 1 outpatient
- Cheyenne WY: 4 outpatient
- Chicago (Westside), IL: 4 inpatient, 35 outpatient
- Chillicothe, OH: 1 inpatient
- Cincinnati, OH: 2 inpatient, 17 outpatient
- Cleveland, OH: 5 inpatient, 12 outpatient
- Coatesville, PA: 2 outpatient

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- Columbia, SC: 4 inpatient, 15 outpatient
- Connecticut HCS (Westhaven): 10 inpatient, 10 outpatient
- Dayton, OH: 1 outpatient
- Detroit, MI: 20 inpatient, 29 outpatient
- Eastern Colorado HCS (Denver CO): 6 inpatient, 47 outpatient
- Fargo, ND: 1 outpatient
- Fayetteville, NC: 3 outpatient
- Greater Los Angeles HCS (Los Angeles CA): 6 inpatient, 6 outpatient
- Hampton, VA: 2 inpatient, 1 outpatient
- Hines, IL: 1 inpatient, 4 outpatient
- Houston, TX: 5 inpatient, 5 outpatient
- Hudson Valley HCS (Castle Point, Montrose): 3 inpatient, 22 outpatient
- Indianapolis, IN: 13 inpatient, 17 outpatient
- Jackson, MS: 3 outpatient
- Lebanon, PA: 5 outpatient
- Lexington, KY: 2 outpatient
- Loma Linda, CA: 3 outpatient
- Long Beach HCS (Long Beach CA): 2 inpatient, 6 outpatient
- Louisville, KY: 7 inpatient, 5 outpatient
- Madison, WI: 3 outpatient
- Martinsburg, WV: 1 inpatient, 2 outpatient
- Maryland HCS (Baltimore MD): 3 inpatient
- Memphis, TN: 3 outpatient
- Miami, FL: 4 inpatient, 10 outpatient
- Milwaukee, WI: 12 inpatient, 15 outpatient
- Minneapolis, MN: 1 inpatient, 8 outpatient
- Montana HCS (Fort Harrison MT): 1 outpatient
- Mountain Home, TN: 6 outpatient
- Muskogee, OK: 2 outpatient
- N. Florida/S. Georgia HCS (Gainesville FL): 2 inpatient, 5 outpatient
- New Jersey HCS (East Orange): 6 inpatient, 15 outpatient
- New Mexico HCS (Albuquerque NM): 3 outpatient
- New Orleans, LA: 32 inpatient, 226 outpatient
- New York HHS (Brooklyn): 20 inpatient, 52 outpatient
- North Chicago, IL: 20 outpatient
- North Texas HCS (Dallas TX): 2 inpatient, 1 outpatient
- Northampton, MA: 1 outpatient
- Northern Arizona HCS (Prescott AZ): 3 outpatient
- Northern California HCS (Martinez CA): 1 inpatient, 6 outpatient
- Northport, NY: 8 inpatient, 20 outpatient
- Oklahoma City, OK: 1 inpatient, 1 outpatient
- Orlando, FL: 4 inpatient, 23 outpatient
- Palo Alto HCS (Palo Alto CA): 4 inpatient, 8 outpatient

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- Philadelphia, PA: 3 inpatient, 9 outpatient
- Phoenix, AZ: 2 inpatient, 1 outpatient
- Pittsburgh HCS (Pittsburgh PA): 1 inpatient, 1 outpatient
- Portland, OR: 2 inpatient, 3 outpatient
- Puget Sound HCS (Seattle WA): 6 inpatient, 19 outpatient
- Richmond, VA: 3 inpatient, 8 outpatient
- Roseburg HCS (Roseburg OR): 1 outpatient
- Salt Lake City HCS (Salt Lake City UT): 2 outpatient
- San Diego HCS (San Diego CA): 13 outpatient
- San Francisco, CA: 2 inpatient, 2 outpatient
- San Juan, PR: 2 inpatient, 29 outpatient
- Shreveport, LA: 5 inpatient, 9 outpatient
- Sierra Nevada HCS (Reno NV): 1 inpatient
- Sioux Falls SD: 2 outpatient
- South Texas HCS (San Antonio TX): 2 inpatient, 1 outpatient
- Southern Arizona HCS (Tucson AZ): 2 inpatient, 2 outpatient
- Southern Nevada HCS (Las Vegas NV): 7 inpatient, 4 outpatient
- Spokane, WA: 1 outpatient
- Tampa, FL: 3 outpatient
- Tennessee Valley HCS (Nashville TN): 3 inpatient, 9 outpatient
- Togus, ME: 1 outpatient
- Tomah, WI: 1 outpatient
- Upstate New York HCS: 9 inpatient, 5 outpatient
- VA Heartland East (Saint Louis MO): inpatient, 5 outpatient
- VA Heartland West (Kansas City MO): 4 inpatient, 8 outpatient
- Washington DC: 14 inpatient, 30 outpatient
- West Palm Beach, FL: 4 inpatient, 1 outpatient
- White River Junction VT: 2 outpatient
- Wilkes-Barre, PA: 2 inpatient, 2 outpatient
- Wilmington DE: 2 Outpatient