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United States Government Accountability Office
Washington, DC 20548

March 23, 2005

The Honorable Steve Buyer
Chairman
The Honorable Lane Evans
Ranking Democratic Member
Committee on Veterans' Affairs
House of Representatives

The Honorable Christopher H. Smith
House of Representatives

Subject: *Veterans Health Care: VA's Medical Support Role in Emergency Preparedness*

Since the terrorist attacks on September 11, 2001, the Department of Veterans Affairs (VA) has increased its efforts to plan for and respond to national emergencies, including acts of terrorism and natural disasters. Additionally, in August 2004, the Federal Bureau of Investigation and the Department of Homeland Security announced that military and VA medical facilities were potential terrorist targets. In light of military casualties from conflicts in Afghanistan and Iraq and continued threats of terrorist incidents, you asked us to review VA's medical support role in emergency preparedness.

Specifically, we agreed to provide information on the following questions: (1) What is VA's role in providing medical support within the U.S. to military personnel in wartime and during national emergencies? (2) What actions has VA taken to improve its internal emergency preparedness to ensure that it is ready to maintain continuity of operations and provision of medical services to veterans? (3) What is VA's role in participating in emergency medical response measures with other federal, state, and local agencies?

To answer these questions, we reviewed the laws that establish VA's emergency preparedness responsibilities, VA policies and procedures relating to emergency preparedness, and our past reports on VA's medical support role in emergency preparedness. In addition, we observed a VA crisis response team meeting and a continuity of operations exercise. We also interviewed officials responsible for VA's emergency preparedness programs. Our work was performed from September 2004 through February 2005 in accordance with generally accepted government auditing standards.

In summary, Public Law 97-174 authorizes VA to provide inpatient medical care to active duty members of the armed services during or immediately following their involvement in armed conflicts during wartime and national emergencies. According to VA, while the Department of Defense (DOD) has never requested priority care from VA based on this law; VA has routinely reported to the Congress and DOD the number of inpatient beds available for military personnel. We also found that VA has taken numerous actions to improve emergency preparedness, such as developing educational and training materials for its staff, training staff at 134 VA medical centers, and increasing security at its facilities by requiring a minimum of two patrolling VA police officers on duty at all times. Other activities, such as developing a systemwide strategy for protecting its facilities and acquiring decontamination equipment, are still in progress. Finally, VA participates in emergency medical response measures with other federal, state, and local agencies by providing assistance in seven support functions outlined in the Department of Homeland Security's National Response Plan. For example, if requested, the types of support VA would provide include public health and medical services, emergency management, and public safety and security. Enclosure I contains briefing slides on our findings.

We provided a draft of this report to VA for comment. In its written comments, VA concurred with the report's findings. VA also provided technical comments, which we incorporated were appropriate. (See encl. II for a copy of VA's comments.)

The information contained in this report was provided to your staff on December 2, 2004. As discussed with your staff during that briefing, we agreed to issue a report to you containing the information we provided. We also are sending copies of this report to the Chairman and Ranking Minority Member, Senate Committee on Veterans' Affairs, the Secretary of Veterans Affairs, and other interested parties. We will also make copies available upon request. In addition, the report will be available at no charge on GAO's Web site at <http://www.gao.gov>.

If you or your staffs have any questions about this report, please contact me at (202) 512-7101 or Michael T. Blair, Jr., Assistant Director, at (404) 679-1944. Cherie' Starck, Cynthia Forbes, and Julianna Williams made key contributions to this report.



Cynthia A. Bascetta
Director, Health Care—Veterans'
Health and Benefit Issues

Enclosures – 2



The Department of Veterans Affairs' Medical Support Role in Emergency Preparedness

Briefing Slides for the Staff of
The Honorable Steve Buyer
Chairman
and
The Honorable Lane Evans
Ranking Democratic Member
House Committee on Veterans' Affairs,
and
The Honorable Christopher H. Smith
House of Representatives



The Department of Veterans Affairs' Medical Support Role in Emergency Preparedness

- Introduction
- Key Questions
- Background
- Scope and Methodology
- Results in Brief
- Answers to Key Questions



Introduction

During national emergencies, the Department of Veterans Affairs' (VA) primary responsibilities are to ensure that eligible veterans have continuing access to health care and to safeguard VA employees, patients, and visitors within its medical centers and properties. VA also has a role in supporting the military medical system within the U.S. and in participating in emergency medical response measures with other federal agencies and with state and local governments.



Key Questions

1. What is VA's role in providing medical support within the U.S. to military personnel in wartime and during national emergencies?
2. What actions has VA taken to improve its internal emergency preparedness to ensure that it is ready to maintain continuity of operations and provision of medical services to veterans?
3. What is VA's role in participating in emergency medical response measures with other federal, state, and local agencies?



Background

VA's expenditures for its medical emergency preparedness activities for fiscal year 2003 were about \$37 million. Estimated total amounts for fiscal years 2004 and 2005 are approximately \$44 million and \$50 million, respectively. These expenditures would be less than 1/10 of 1 percent of VA's annual budget.



Background

Two main entities within VA are responsible for emergency preparedness.

- The Office of Operations and Readiness, under VA's Office for Policy, Planning, and Preparedness, is responsible for emergency preparedness activities VA-wide and serves as VA's primary liaison with the Department of Homeland Security and other federal agencies.
- The Emergency Management Strategic Health Care Group (EMSHG), under VA's Veterans Health Administration (VHA),¹ is responsible for providing guidance and support to VA medical facilities for emergency preparedness activities including coordination and planning with state and local entities. EMSHG staff are located in VA headquarters and medical centers throughout the country.

¹VHA's primary responsibility is the delivery of health care to veterans. VHA operates 157 VA medical centers and more than 800 outpatient clinics. In fiscal year 2004, VHA provided care to over 4.7 million veterans.



Background

On January 6, 2005, the Department of Homeland Security issued its National Response Plan.² The purpose of this plan is to provide a consistent nationwide framework to standardize management practices and procedures to ensure that federal, state, and local governments can work together effectively and efficiently to prepare for, respond to, and recover from domestic incidents, including acts of terrorism, major natural disasters, or man-made emergencies.

²Prior to the National Response Plan, the federal government had a Federal Response Plan that outlined the roles of federal agencies in a national emergency. Unlike the National Response Plan, this plan did not incorporate the roles of state and local governments.



Background

- One component of the National Response Plan is the National Disaster Medical System (NDMS), which is a joint effort of the federal and private sectors to provide backup to state and local health care resources in the event of disasters producing mass casualties.
 - As part of the National Response Plan, the nation also maintains strategically placed stockpiles of drugs and medical supplies (pharmacy caches) to be used in emergencies. VA procures and maintains some of these caches for the Department of Homeland Security and the Department of Health and Human Services' Centers for Disease Control and Prevention.
 - VA also maintains pharmacy caches for the internal use of its medical centers.
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Scope and Methodology

To do our work, we interviewed VA staff from offices with responsibility for emergency preparedness, including the

- Office of Operations and Readiness,
- Office of Security and Law Enforcement,
- Office of Public Health and Environmental Hazards,
- Emergency Management Strategic Health Care Group, and
- Office of Facilities Management.



Scope and Methodology

We also

- reviewed laws that establish VA's emergency preparedness responsibilities, including Public Law 97-174 (VA and Department of Defense (DOD) Health Resources Sharing and Emergency Operations Act), Public Law 93-288, as amended (Robert T. Stafford Disaster Relief and Emergency Assistance Act), and Public Law 107-188 (Public Health Security and Bioterrorism Preparedness and Response Act of 2002);
 - reviewed VA directives, guidebook, handbooks, and a manual relating to emergency preparedness activities;
 - observed a crisis response team meeting and a continuity of operations exercise; and
 - reviewed the standard operating procedures for maintaining a VA pharmacy cache.
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Scope and Methodology

Our review was conducted from September 2004 through February 2005 in accordance with generally accepted government auditing standards.



Results in Brief

- VA's primary role to support the military medical system during wartime and national emergencies is to provide inpatient medical care in the U.S. for military personnel. VA routinely reports to DOD the number of VA beds available for active duty casualties. VA's role is outlined in a memorandum of understanding (MOU) between the two departments.



Results in Brief

- VA has taken numerous actions to improve emergency preparedness for its medical facilities. Actions include the development of an *Emergency Management Program Guidebook*, educational and training materials, and a Continuity of Operations Plan (COOP). VA has also established internal pharmacy caches, developed medical center decontamination programs, trained staff from 134 VA medical centers on decontamination procedures, and increased security at its facilities by requiring a minimum of two patrolling VA police officers on duty at all times. Other activities, such as developing a systemwide strategy for protecting its facilities and acquiring decontamination equipment, are still in progress.
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Results in Brief

- VA participates in emergency medical response measures with other federal, state, and local agencies by providing the support for seven functions outlined in the National Response Plan. For example, if requested and resources are available, the types of support VA could provide include public health and medical services, emergency management, and public safety and security.



Question 1: VA's Role in Providing Medical Support within the U.S. to Military Personnel

Public Law 97-174 authorizes VA to provide medical services to members of the armed forces during wartime or national emergencies. This law, enacted in May 1982, was intended for use in the event DOD has insufficient resources to take care of military casualties. Under the law, the Secretary of VA is authorized to give active duty personnel responding to or involved in a war or national emergency a higher priority for medical services than all veterans, except those with a service-connected disability. According to VA officials, DOD has never requested priority care from VA based on this law.



Question 1: VA's Role in Providing Medical Support within the U.S. to Military Personnel (continued)

- In December 1982, VA and DOD signed an MOU outlining each agency's responsibilities pertaining to wartime or national emergencies under the law. On the basis of the MOU, VA projects the number and types of beds available for active duty personnel. In accordance with the MOU, the types of beds reported include critical care, medical/surgical, and psychiatric.
 - Every other month, and upon request, VA reports to DOD the number of beds that could immediately be made available for active duty casualties within 24 hours. Annually, VA also reports to the Congress and DOD the number of beds likely to be available in 24 hours, 72 hours, and in 30 days. In developing estimates, VA takes into account the number of veterans that could be discharged or transferred to other VA medical centers.
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Question 1: VA's Role in Providing Medical Support within the U.S. to Military Personnel (continued)

In August 2004, VA reported that, as of January 1, 2004, the following numbers of beds were available for military personnel³

- 2,945 in 24 hours,
- 4,618 in 72 hours, and
- 6,035 in 30 days.

³VA's National Bed Control System reports that a total of about 18,500 hospital beds were available in the VA health care system on September 30, 2004.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness

VA has taken numerous actions to improve its internal emergency preparedness, including

- developing an *Emergency Management Program Guidebook*,
- developing educational and training materials for health care providers,
- developing a COOP,
- establishing pharmacy caches at 143 VA medical centers,
- developing a VA medical center decontamination program, and
- improving physical security at VA facilities.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VHA has issued an *Emergency Management Program Guidebook* for developing an emergency preparedness program. The guidebook is intended to

- provide VA medical centers with a uniform approach to develop, implement, and evaluate an emergency preparedness program;
- provide VA medical centers with “best practice” templates that can be modified to meet local needs; and
- help ensure compliance with the Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO)⁴ emergency management standards.

⁴JCAHO is an independent not-for-profit organization and the nation's predominant standards-setting and accrediting body in health care. Its standards set performance expectations for activities that affect the safety and quality of patient care.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VA developed a series of educational and training modules for health care professionals on the medical response to a potential attack with weapons of mass destruction. The training materials include information on

- the role of clinical leadership at a local VA facility,
 - chemical warfare agents,
 - biological warfare agents,
 - radiological warfare agents,
 - blast and explosive weapons, and
 - potential effects of weapons of mass destruction on mental health.
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Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VA developed an agencywide COOP so that it can maintain essential services to veterans during emergencies. The COOP includes

- a Readiness Operations Center that operates 24 hours a day, 7 days a week to monitor and respond to emergencies;
- a succession plan that identifies personnel that can replace key VA management if they are unavailable in an emergency; and
- two alternate command locations that can be used to house and support key VA management in the event VA operations cannot be managed from headquarters in Washington, D.C.

In addition, each VA medical center developed a site-specific COOP.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VA established pharmacy caches at 143 VA medical centers.

- In an emergency, these caches would be used for short-term treatment of veterans, VA staff, and visitors at the VA facility.
 - Caches come in two sizes, which provide drugs and supplies to treat either 1,000 or 2,000 patients for 48 hours.
 - The contents of all caches are managed centrally through a database in Hines, Illinois. However, each VA medical center must follow standard operating procedures for cache management. For example, VA medical centers must regularly verify that the cache is stored and secured in a manner consistent with VA policy and that its contents are accounted for, current, and available for use. EMSHG staff are also required to inspect the caches annually.
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Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VA developed and funded a decontamination program that includes training staff, purchasing equipment, and conducting drills at 134 VA medical centers.⁵ VA has recently hired a program manager to provide oversight of the decontamination program across its medical centers.

- As of September 2004, staff from all 134 VA medical centers had completed decontamination training at either North Little Rock, Arkansas, or Bay Pines, Florida. Each VA medical center usually sent four staff to the training.
- VA Medical centers that have received their equipment are required to conduct two decontamination drills per year.

⁵Not all VA medical centers require their own decontamination program. For example, some medical centers may receive decontamination services from DOD or nearby affiliated hospitals.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

As of January 2005,

- 57 VA medical centers had ordered and received decontamination equipment,
- 48 VA medical centers had ordered and were waiting for decontamination equipment, and
- 29 VA medical centers were in the process of submitting an order for decontamination equipment.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VA created a physical security assessment methodology and between July 2003 and July 2004 assessed physical security vulnerability at 118 sites that VA has determined to be most critical to its missions.

- Facilities critical to VA's missions were identified and ranked based on criteria such as location and importance to VA's operations.
- Almost all of the sites were VA medical centers; others included VA regional offices, data centers, and a cemetery.
- VA systemwide strategies for protecting its facilities are currently being developed in response to the findings from these initial assessments.
- Further assessments are planned for additional sites and new facilities.



Question 2: VA's Actions to Improve Its Internal Emergency Preparedness (continued)

VA has also increased security at VA medical centers by requiring a minimum of two patrolling VA police officers on duty at all times.



Question 3: VA's Role in Participating in Emergency Response Measures with other Federal, State, and Local Agencies

- 43 VA medical centers are designated as NDMS federal coordinating centers. EMSHG staff at these centers are responsible for coordinating and reporting on resources available for NDMS efforts, such as patient reception, transportation, and communication plans.
- VA is participating in emergency medical response measures with other federal, state, and local agencies as outlined in the National Response Plan.
- Under the plan, VA has a support role in seven emergency support functions.



Question 3: VA's Role in Participating in Emergency Response Measures with other Federal, State, and Local Agencies (continued)

Emergency support functions that VA would provide if requested include

- Public Works and Engineering—provide engineering personnel and support for repair, construction, and restoration of facilities;
- Emergency Management—provide coordination of management efforts, including financial and human capital resources;
- Mass Care, Housing, and Human Services—provide food preparation, medical supplies and personnel, and facilities suitable for mass shelter;



Question 3: VA's Role in Participating in Emergency Response Measures with other Federal, State, and Local Agencies (continued)

- Resource Support—provide technical assistance in identifying and procuring medical supplies and other medical services;
- Public Health and Medical Services—provide medical support to state and local governments and assistance in managing human remains;
- Public Safety and Security—provide security planning and traffic and crowd control; and
- External Affairs—provide emergency public information, as well as media and community relations.



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON
March 18, 2005

Ms. Cynthia Bascetta
Director, Health Care – Veterans'
Health and Benefits Issues
U. S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Bascetta:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, **VETERANS HEALTH CARE: VA's Medical Support Role in Emergency Preparedness**, (GAO-05-387R) and concurs with GAO's findings. Further discussion and comments are included in the enclosure.

VA appreciates the opportunity to comment on your draft report.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. James Nicholson".

R. James Nicholson

Enclosure

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