



National Veterans Affairs and Rehabilitation Commission

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**STATEMENT OF
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VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
DEPARTMENT OF VETERANS AFFAIRS' FOURTH MISSION**

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Mr. Chairman and Members of the Subcommittee.

Thank you for the opportunity to present the views of The American Legion concerning this extremely important but sometimes neglected topic. The American Legion applauds the foresight of this Committee in bringing this topic back to a place of importance. As we discuss this issue today, I am reminded that on the morning of September 11, 2001, then-National Commander of The American Legion, Rick Santos, was preparing to deliver the Legislative Priorities of The American Legion for FY 2002 in this very room. How quickly the priorities of our nation changed that fateful morning. Today, after almost ten years, we, as veterans' advocates still have priorities that affect the lives of America's veterans and their families. Perhaps lulled into a sense of security since September 11, 2001, we are now focused on the extreme disability claims back log, increased employment opportunities for veterans, and better access to quality healthcare for veterans. While these concerns are of great importance, it is equally important that we do not lose sight of the fact that our world, and priorities, could once again change just as quickly.

As was seen during Hurricane Katrina in 2005, the recent flooding in Oklahoma City and Nashville this year as well as Iowa and the Dakotas last year, the earthquake in Haiti, and tornadoes across the southern US, a natural disaster can be only days, hours, or minutes away. Additionally, a weapon of mass destruction can turn an urban area into a mass casualty area, crippling communications and overwhelming traditional emergency services. Prior planning and coordination are the difference between managing a disaster effectively or adding to the chaos and suffering.

The Department of Veterans Affairs (VA) has published policies and given guidance concerning emergency preparedness. There is no question that VA's Central Office understands and accepts its responsibility to prepare for and execute its "fourth mission" in support of National Emergency Preparedness. In VA's 2009 Performance and Accountability Report, "Strategic Goal 4, Contributing to the Nation's Well-Being," the strategic goal for emergency preparedness addresses Continuity of Operations (COOP) at the Under Secretary and Assistant Secretary levels as 100 percent prepared.

While The American Legion applauds VA for its approach to preparedness, we are concerned that there may be a lack of oversight and feedback concerning preparedness at the Regional Office, VISN and facility levels. The American Legion is concerned that the participation and preparedness at the Regional Office, VISN and facility may be overshadowed by primary day-to-day operations. This would potentially lead to confusion and delay in a disaster situation in the attempt to organize a response.

In a January 2006 VA Office of Inspector General (VAOIG) report on Emergency Preparedness in Veterans Health Administration Facilities, it was reported that "At the national level, VHA had developed comprehensive initiatives and directives to address emergency preparedness training, community participation, and decontamination activities. However, at the facility level, VA employees did not consistently receive emergency preparedness training, and emergency plans did not always include some critical training elements as required."

VA's Emergency Management Strategic Health Care Group (EMSHG) has as part of its mission statement an approach that "...assures the execution of VA's Fourth Mission to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."

The EMSHG publication, "Legal Authorities of the Veterans Health Administration Emergency Management Program" states, in support of Emergency Mobilization Preparedness, "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."

The American Legion has also studied VA's 2009 Emergency Management Guidebook, a well organized framework identifying duties and responsibilities. The Guidebook goes into great detail concerning training, to include sample scenarios which cover a wide range of incidents including hurricanes, earthquakes, and relatively small incidents such as a multiple bus accidents involving numerous injuries. What we were not able to determine is a feedback mechanism to confirm implementation at the Regional Office, VISN, or facility level. The American Legion believes that disaster preparedness and response cannot be trained and implemented in a short period of time. Effective communication networks and routine relationships are critical to efficient response. For this reason we feel a greater emphasis on requiring reporting for annual exercises and training at the local level is necessary to insure the proper networks are in place to ensure a quick and effective response.

The American Legion's System Worth Saving Task Force annually conducts site visits at VA Medical Centers nationwide to assess the quality and timeliness of VA healthcare. In follow-up conversations we have found there is a wide range of actual response preparedness across VHA. We believe that this range is symptomatic of the decentralized nature of VA. As with other programs there appears to be limited follow-up on compliance by Central Office.

For example, The American Legion and other VSOs have been briefed on VHA's pandemic preparedness efforts; in particular, the District of Columbia VA Medical Center's preparations for a forecasted H1N1 flu epidemic last fall. The facility should be complimented on its proactive approach to stockpiling vaccine and its preparedness for the potential epidemic. Also during various briefings VSO's were advised of the existence of 50 vehicles, 6 of which are specifically allocated to VHA, the remainder controlled by VBA. These 38-foot vans are primarily tasked with providing veteran counseling outreach, but were specifically designed to be adapted for medical purposes during disaster relief efforts. In particular, each has satellite communications capability critical in a disaster situation. This is an excellent program that shows how a specific component can be utilized to fulfill multiple roles when the demand exists.

During 2009, massive flooding overwhelmed portions of the Midwest. In Fargo, North Dakota, where regular VA Medical Center operations were impacted by the flooding, VA dispatched three mobile vet centers for use as triage clinics to help bridge the gap for the community until regular operations could be restored. The use of these vehicles in a successful manner demonstrates that VA's mission as a Support Agency as part of Emergency Support Function #8 in the National Incident Management System (NIMS) works. However, on the other end of the spectrum, during recent discussions with a group of facility directors it was found that some had no knowledge of the mobile clinics' existence. Such a valuable resource must be part of the ingrained knowledge of any facility director or the value of these tools will be lost.

Another demonstration of how advanced preparation can be invaluable was pointed out during a recent American Legion staff visit to the Atlanta VAMC. Legion staff was briefed about how the facility coordinated with local hospitals and DoD personnel to provide medical services for individuals injured in the Haiti earthquake under the National Management Disaster Assistance program. Several VAMC staff members worked at local hospitals to provide assistance as needed for the situation. Atlanta VAMC emergency management personnel were the team lead for the disaster assistance.

Unfortunately, we have also found during our follow up to our System Worth Saving facility visits that at the local level there is in some cases a lack of awareness of the responsibility of facilities to prepare for non-veteran casualty assistance. The primary focus is on mutual support of VA facilities for assisting veterans in a disaster. Additionally it was discovered that turnover and shortage of personnel at most facilities require renewed emphasis on standardized procedures, quality review and individual training, as well as documentation of that training. The American Legion has concerns that if not properly prepared and trained to respond, these facilities will be quickly overwhelmed and unable to support the “4th mission” as effectively as needed in a time of emergency.

To further examine the specific, local level of disaster preparedness, it is important to go out into the field to assess exactly what those levels are, and how they differ from the expected and dictated policies.

The American Legion conducts Quality Review audits of Regional Offices across the country to identify issues relating to veterans claims. During the 2009 visit to the VA Regional Office (VARO) in New Orleans four years after the hurricane it was found that the VARO was only just starting to approach a sense of normalcy. Interviews with the workforce who had been present through the entire ordeal revealed two important facts. Every employee felt that the office did the best that they possibly could under unimaginable circumstances. However, they also felt that there were many failures and there was a hope that the lessons learned would be captured. The number one complaint with the response to the disaster of Katrina was the poorly defined lines of communication. The lesson that must be captured is that a clear-cut disaster protocol, with clear lines of communication, must be second nature in its actual application.

Some areas of concern regarding the VA’s emergency response mission are actually being addressed indirectly by the day-to-day improvements VA is implementing in assisting veterans. For example, cited in the Department of Health and Human Services (HHS) Medical Surge Capacity and Capability Handbook when discussing disaster assistance is, “many of the tenets of the MSCC Management System are not easily achieved.” For example, garnering support and participation from medical clinics and private physician offices, while laudable, is by no means a simple task to accomplish. Because the private medical community is so diverse and disconnected, there is wide variation in motivation and constraints to implementing these processes. There is an effort to develop Lifetime Virtual Electronic Records (LVER), which will cover an individual from “the day you raise your hand till after you are laid to rest.” This system will not only involve DOD/VA participation but in an effort to assist with VHA’s responsibilities it will also entail establishing networks with private physicians to share information. This network will, we believe, assist in the communications issues raised in the HHS handbook by establishing the internet connections and bridging firewalls between VA/DoD and civilian practices and developing mutual understanding of required information.

Additionally, the emphasis on rural health care clinics and telehealth in order to assist veterans will continue to expand the VA’s outreach and disburse critical assets and make them available in case of emergency. For example, should a VAMC’s operations in a relatively urban area be degraded due to a natural disaster, a relatively close rural clinic or clinics with functional

telecommunications could be developed as staging areas for directing resources and, to some degree, triage areas for evacuating casualties until the VAMC could resume full operation.

In conclusion, The American Legion fully realizes the importance of VA's fourth mission, not only to the veterans that VA serves, but to our nation as a whole. In a resolution approved in 2008 we urged the Secretary of Veterans Affairs to take an active role in the development and implementation of plans to enhance Federal homeland security initiatives and that Congress provide VA with the funding necessary to further enhance its capacity to act as a back-up to DoD and FEMA. We believe that at the national level VA is serious in this mission. However, we feel additional follow-up and reporting on activities on the local level is essential to ensure that the Central Office policies actually reach the ground level.

Thank you again for the opportunity to provide insight and analysis on this issue on behalf of The American Legion and it's more that 2.5 million members.