

**STATEMENT OF
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NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
TO THE
U.S. HOUSE OF REPRESENTATIVES, COMMITTEE ON VETERANS'
AFFAIRS, SUBCOMMITTEE ON HEALTH
ON THE
NATIONAL MEDICAL EMERGENCY PREPAREDNESS ACT OF 2001, AND
MEDICAL EDUCATION FOR NATIONAL DEFENSE IN THE 21ST CENTURY
ACT**

APRIL 10, 2002

Mr. Chairman and Members of the Subcommittee:

Thank you for the invitation to contribute The American Legion's views regarding these very important issues of enhancing the Department of Veterans Affairs' role in preparations for a national medical emergency. The events of September 11th shocked not only a sense of outrage and safety in this nation, but also forced the nation to take a serious look at its ability to respond in the event of a national emergency.

H.R. 3253 – National Medical Emergency Preparedness Act of 2001

This act would provide the Secretary the authority to establish at least four medical emergency preparedness centers at Department medical centers and staffed by Department employees. The mission of the centers includes carrying out research and developing methods of detection, diagnosis, vaccination, protection, and treatment for chemical, biological, and radiological threats to the public health and safety. The centers would also provide education, training, and advice to health-care professionals, including health care professionals outside the Veterans Health Administration (VHA); and provide contingent rapid response laboratory assistance and other assistance to local health care authorities in the event of a national emergency.

The Department of Veterans Affairs (VA) unilaterally responded to the tragic events of September 11th very quickly. The Veterans Benefits Administration (VBA), Veterans Health Administration and the National Cemetery Administration were mobilized to assist in answering questions, provide mental health services, filing for benefits, and assisting with burial arrangements. VA also worked with Federal Emergency Management Agency (FEMA), the Office of Crime Victims (OCV), American Airlines and the American Red Cross. VA's National Center for Post-Traumatic Stress Disorder (PTSD) sent six team members from the Palo Alto Education Division to the Pentagon Family Assistance Center within days of the attack. For more than two weeks, this team provided psychological support and education to the recovery workers and family members at two separate locations.

Even though the response was quick and more than adequate, much work remains to be done on the ability of this Nation to respond immediately in the event of a national emergency. The establishment of these emergency preparedness centers is a step in the right direction. However, there already exists a Center within VA that performs many of the functions proposed in this Act. A team from The American Legion conducted an on-site visit and was very impressed with the operation. We would like to see close involvement of this entity in the establishment of the proposed additional emergency preparedness centers.

The Emergency Management Strategic Healthcare Group (EMSHG) Emergency Operations Center was activated in response to VA's concerns over Y2K, and has remained the alternate site for VA Central Office in the event of a national emergency. It has been revised to oversee VA's response to combat and civilian casualties resulting from weapons of mass destruction (WMD); nuclear, biological, or chemical (NBC) attacks or natural or accidental disasters. The mission of EMSHG is to provide comprehensive emergency management services to VA, coordinate backup to DoD and assist the public via the National Disaster Medical System (NDMS) and the Federal Response Plan (FRP).

The EMSHG has National, District, and Area Emergency Managers (AEM) in each of the 21 Veterans Integrated Service Networks (VISNs). The EMSHG works to ensure that the Continuity of Operations Plan (COOP) will be able to be activated in the event of a wide scale emergency, so that mission essential functions will continue, risks mitigated, assets protected, security enforced, and recovery achieved. The COOP was activated after the September 11th attacks, for the first time in VA history.

In 1982, Public Law 97-174 created VA's fourth mission, which is to act as a contingent for the DoD healthcare system in times of war or other national emergencies. In 1984, VA signed an interagency Memorandum of Understanding (MOU) agreement with the Department of Health and Human Services (HHS), FEMA, and civilian hospitals to provide support as part of NDMS as part of the FRP. There are 27 FRP agencies. HHS is always the lead agency under the FRP, while VA acts as a support agency. Under this MOU, VA may be tasked to provide engineering services, mass care and sheltering, resource support and health and medical services. Under Executive Order 12657, VA is also tasked to provide support under the Federal Radiological Emergency Response Plan (FRERP) in the event of an accident at a nuclear power plant or attacks resulting in radiological injuries. Finally, Presidential Directive 62 charges VA with the responsibility of maintaining pharmaceutical caches (antidotes, vaccines and ventilators) and training for NDMS hospitals. The emergency cache is deployed to high threat events, i.e. the Olympics, Presidential Inauguration, etc. VA does not activate under the National Transportation Safety Board (NTSB) plan and was not part of the Pentagon response effort until DoD arranged for VA to be on site.

Much of the emergency management mission in the community falls to the AEM. When they are not actually in the midst of responding to a disaster, they are the organizers and

trainers in the networks. They arrange and maintain VA's partnerships with state and county governments, other hospitals that could take patients in an emergency, the Red Cross and the professional associations (i.e. International Critical Incident Stress Foundation.) They arrange joint training exercises between VA and DoD and the other NDMS facilities.

The EMSHG has divided the VA medical centers into three levels. There are 66 hospitals designated as Primary Receiving Centers (PRC) for DoD casualties and injured Prisoners of War (POW). There are 65 hospitals that are Secondary Support Centers and 58 Installation Support Centers. Since DoD has downsized so many of its inpatient beds, it is primarily interested in the PRCs and bed availability. Both VA and DoD have reduced their bed space by approximately 60 percent since 1993. In 1994, VA had 75 PRCs in its VA/DoD contingency planning. The greatest need for these beds would be in orthopedics, spinal cord injury, burn units and neurology. EMSHG has a liaison at the Global Patient Movement Requirements Center at Scott Air Force Base in Illinois who facilitates the transfer of patients.

Currently, VA inpatient capacity operates at approximately 85 percent utilization. In the event of military casualties, VA is able to estimate bed availability by considering occupancy, elective surgery cancellations, staff leave cancellations and reliance on its MOUs with private sector hospitals.

VA Bed Availability for DoD casualties:

24 hours	72 hours	30 days
3,272 beds	5,500 beds	7,574 beds

However, it is significant to note that bed availability could be opened up if additional staff were made available to cover those beds. Currently, VA does have excess bed space, but not the staff to activate those beds. In an emergent situation, The American Legion believes that Reservists and Guardsmen could be brought in to activate those beds, as long as that space is not lost in the CARES process. However, the converse also needs to be taken into consideration when there are VA employees who are Reservists and National Guard members who would be deployed during a national emergency. If the local AEM could communicate more with the military installations in their networks, then they might be better able to evaluate what the bed space and other needs of the military might be and how to best respond to them in a crisis situation. It seems that the challenge for VA is that DoD is not a homogenous entity and command, structure, regulations, missions vary between Army, Navy, Marine Corps and Air Force bases. In addition, the types of commands (i.e. infantry, armored, air wing) will also be extremely varied. Assessing needs is difficult in such a diverse environment, especially since VA is an outside entity to DoD commanders.

Another source of aid to help in a personnel shortage is the retiree community. Veterans Service Organizations could help in identifying retired health care professionals willing to respond to national emergencies. Other essential professionals could also be identified such as law enforcement and administrative personnel. These professionals could be

placed on a National Registry and accessed in the event of a national emergency to augment existing staff.

The American Legion was very impressed with the team and its operations at the EMSHG and is very supportive of its efforts to facilitate coordination in the event of a National disaster. Many things remain to be done that The American Legion would like to see incorporated into the medical emergency preparedness centers based on some of the observations we made during the EMSHG site visit. These include the following:

1. Assess how VA will continue to act as a back up for DoD and the NDMS under the CARES process. The EMSHG should be incorporated into any further VISN evaluations and as the options are implemented in VISN 12;
2. Increase coordination with the National Center for PTSD and the Readjustment Counseling Services as part of the strategic planning process;
3. Garner DoD input in developing a better understanding of their needs through national and local efforts, especially in evaluating their bed space needs;
4. Consider VA's role with the NTSB when military assets and personnel are involved.
5. VA needs to identify unutilized space available for use.
6. Create a National Registry of personnel to contact in the event of a national emergency.

The American Legion reiterates its support for the establishment of the emergency preparedness centers. Duplication of effort is a waste of time. There is already a role model out there that can be used to structure these new centers. While some adjustments will need to be made, the EMSHG should be used as a vital resource to integrate these emergency preparedness centers into the overall mission smoothly and quickly and make them a viable strategic piece of VA and national security.

H.R. 3254 – Medical Education for National Defense in the 21st Century Act

This act would provide the Secretary of Veterans Affairs and the Secretary of Defense the authority to carry out a joint program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities. Specifically the programs would include:

- recognition of chemical, biological, and radiological agents that may be used in terrorist activities;
- identification of the potential symptoms of those agent;
- understanding of the potential long term health consequences, including psychological effects, resulting from exposure to those agents;
- emergency treatment for exposure to those agents;
- appropriate course of follow-up treatment, supportive care, and referral;
- actions that can be taken while providing care for exposure to those agents to protect against contamination;

- information on how to seek consultative support and to report suspected or actual use of those agents.

Again, the Department of Veterans Affairs (VA) already has entities established that conduct education, research and training in some of those areas if not all of them. The National Center for Post-Traumatic Stress Disorder (PTSD) and the Readjustment Counseling Service were both key responders to the September 11th attacks. The reputation and consultation services of the National Center for PTSD are recognized throughout the world. The National Center provides Disaster Mental Health along with many other types of care.

Also, the Education and Research division of EMSHG (located in Indianapolis) is a significant mission that supports and executes the training, education, and research needs and requirements consistent with the established mission and goals of the VA. It works with internal and external partners to produce products and services for emergency preparedness. Within this section, there is the Emergency Management Academy that combines web-based training, videos, conferences, and emergency management team exercises. Training and education have been areas where VA and DoD, along with the private sector, have worked well together. They have recently conducted a large-scale mass casualty training exercise at Consequence Island (PR) in cooperation with a decontamination team from Pfizer Pharmaceuticals, Inc.

The American Legion believes that there is a direct focus on the translation of research into practice in this area. Within VHA, there is already a model for improving research translation into practice via the Quality Enhancement Research Initiative (QUERI), which has been very helpful in providing the field with evidence-based best practices.

The American Legion believes that the National Center for PTSD, the EMSHG, and the Readjustment Counseling Service should be involved in any emergency management strategic planning to include education and research since they are the ones who actually respond to an incident. The mental health component of VA's mission plays a major role in the aftermath of a traumatic incident and has long-term implications for resource demands and community involvement.

The American Legion supports the establishment of these emergency medical education programs. We feel it would be most beneficial to incorporate those entities discussed into the planning and implementation phases of the education programs. There seems to be plenty of information and experience already out there and it would be a shame not to take advantage of it by integrating already existing entities and their missions into the educational programs proposed by this Act. The knowledge gained would almost certainly serve to enhance the quality of the education programs.

Mr. Chairman, that concludes this statement.