

Statement of
The Honorable Anthony J. Principi
Secretary of Veterans Affairs
Before the
House Committee on Veterans' Affairs
on VA's Ability to Respond to
Department of Defense Contingencies and National Emergencies

October 15, 2001

Mr. Chairman, I thank you for the opportunity to testify before the committee on VA's preparedness to perform its missions under the conditions of military conflict abroad and terrorist attacks at home. I am accompanied by Dr. Frances Murphy, VA's Deputy Under Secretary for Health; Mr. James Farsetta, Director of the VA New York/New Jersey Healthcare System; and Mr. John J. Donnellan, Director of the VA New York Harbor Healthcare System.

My testimony will cover four significant areas:

- how VA responded on, and in the days following, September 11;
- VA's emergency response missions;
- the challenges facing VA; and
- the actions we are taking in response to those challenges.

Mr. Chairman, I will take this opportunity to again thank all VA employees for their efforts – whether they have been directly involved or have been a part of local VA and community efforts – in responding to the needs of victims and their families in New York, Washington, and Pennsylvania. I particularly want to commend VA staff in the immediate areas for their efforts to continue serving veterans in very difficult circumstances and beyond this – to support community family and victim assistance efforts in New York, New Jersey, and at the Pentagon.

VA operates the largest integrated national health care system in the country and with our 1200 sites nationwide, provides direct care benefits and memorial services in every state. We expect that this national resource will be called on to provide significant assistance should mass casualty situations arise. We have responded well in this circumstance and are prepared to provide assistance to the Department of Defense should the need arise. We are reexamining our plans and will be taking steps to strengthen them. We also stand ready to assist Governor Ridge and our other federal partners in the weeks ahead as they

strengthen the Nation's ability to prevent and respond to any future terrorist attack.

VA's Response to the Events of September 11

Veterans Health Administration

VA reacted very quickly to the events of September 11, 2001. Immediately following the second aircraft crash into the World Trade Center, the VA Continuity of Operations Plan (COOP) was activated. Alternate sites, which serve as command centers and give VA leadership the ability to manage a crisis in the event VA's headquarters is closed down, were operational and key personnel were deployed within a few hours.

While staff in the Central Office assured the continuity of operations, the Veterans Integrated Service Networks (VISN) 3 and 5 command centers were activated. VISN 4 provided support to the response following the downed aircraft in Pennsylvania. VA staff supported the special security mission during the President's address to the Nation.

In New York, VA was dealing with the greatest national tragedy to touch our shores in a very immediate way, caring for patients, managing emergent situations, heightening security, deploying staff, sharing inventory, assuring continuous communications, all very close to ground zero. It should be noted that in New York nearly every person in the VA family has been affected in some personal way by the tragedy. Some VA staff work so close to where the World Trade Centers stood that they watched the entire catastrophe unfold before their eyes. Some staff had loved ones and close friends in the towers who haven't come home.

While the wounded were few, they were significant, and VA facilities in New York provided much needed supplies to the emergency workers and the National Guard to help them carry out their jobs in the immediate aftermath. VA continues to provide medical support to 3,000 members of the National Guard who are providing security to the city and its critical infrastructure. The Network's centralized kitchen and laundry operations worked miracles in keeping food and clean linens stocked at all of our medical centers in New York and New Jersey, fighting bridge and tunnel closures, rigorous inspection stops and using VA Police escorts to get around town and into the suburbs. Whereas many businesses and hospitals in the city were without telephone communications, our team had telephones continuously up and working.

Since the tragedy, VA outreach teams have been staffing family and victim assistance centers around the city and in New Jersey. We are now gearing up for the emotional and traumatic impact this event is likely to generate in the weeks and months ahead. The mental health team across the network is reaching out to those who are at risk.

As a part of VA's support of civilian emergencies under the Federal Response Plan, two VA critical care burn nurses were deployed to Cornell Medical Center Burn Unit and four critical care burn nurses were deployed to the Washington Hospital Center Burn Unit in Washington, DC to augment their staffs.

On the Saturday following the terrorist attacks, staff from VA's National Center for PTSD arrived in Virginia to assist DoD in its relief efforts at the Pentagon. They provided education for counselors and debriefing and psychoeducational support for relief staff that included Red Cross personnel and DoD Casualty Assistance Officers. Among the tools they created for assisting the relief workers were a Debriefing Facilitators Manual, an evaluation questionnaire for Casualty Assistance Officers, and a computerized self-assessment for the Army Community Support Center staff.

Within days following the event, VA broadcast the Department of Defense-sponsored series on “Medical Management of Biological and Chemical Casualties”, throughout the VA system using the VA’s Knowledge Satellite Network. In addition, a nationwide satellite videoconference on “Medical Response to Chemical and Biological Agent Exposure” will be broadcast to VA facilities on October 16, 2001, followed by “Medical Response to Radiological Agent Exposure” in November.

Veterans Benefit Administration

The Veterans Benefits Administration (VBA) has had an active role in administering benefits to veterans and their families affected by the events of September 11. The New York Regional Office (NYRO) has been very involved in helping the survivors and family members affected by the World Trade Center disaster, while the Washington Regional Office (WRO) and personnel from VBA Headquarters have been supporting the Department of Defense in providing assistance to family members of the victims of the attack on the Pentagon.

On September 17, VBA established an information, assistance, and on-site processing unit at DoD’s Family Assistance Center. The Washington Regional Office, along with VA headquarters staff, are providing the coverage for this unit and VA’s Insurance Center in Philadelphia and each of the benefits programs within VBA are supporting them.

The New York Regional Office (NYRO) established a team of employees who are providing help at the New York City Family Assistance Center, located at Pier 94. Vocational Rehabilitation and Employment, Loan Guaranty, and Veterans Benefits and Services Divisions developed alternate plans to provide counseling, to close home loans, and to interview veterans at off-site locations. Telephone

calls about benefits issues were rerouted to other Regional Offices until the NYRO toll-free service was restored.

In an effort to ensure control and efficient, effective service to the survivors of this terrible tragedy we issued a letter to each of our field stations outlining procedures for handling all claims related to the attack. All claims processing for this initiative has been centralized to our Compensation and Pension Service at Headquarters.

We have also established a toll-free telephone number for the survivors, families of the victims, and DoD Casualty Assistance Officers to obtain information about benefits and services offered by VA. They are being notified of this special number in a letter that VBA is sending to each of the affected families. In addition, VA's web site offers information on benefits and services available to the survivors.

We have streamlined the claims process as much as possible in an effort to be as supportive as possible of the families at this difficult time. Working with DoD, we have obtained direct online access to the Defense Eligibility and Entitlement Records System (DEERS) to obtain data on dependents allowing us to conduct on-site claims processing. We are faxing claims for Servicemembers Group Life Insurance (SGLI) directly to the Office of SGLI in Newark where the claims are processed within 24 hours. We have also implemented similar procedures for processing burial claims and headstone or marker applications.

I am pleased to say that both DoD and the families have indicated appreciation for the support and services we have been able to offer in this very difficult time.

National Cemetery Administration

The National Cemetery Administration (NCA) was quick to respond to the events of September 11, 2001. After news of the terrorist attacks was received and the alternate site was activated, the NCA Continuity Of Operations (COOP) team was there to participate fully in guaranteeing that VA was able to continue meeting its missions.

As long as the COOP was activated, NCA was an active participant in the One VA effort to guarantee that key functions were carried out. For NCA, this included making decisions concerning burials for victims of the attacks. NCA remained sensitive to the needs of their families during this crisis, making accommodations wherever possible. All VA national cemeteries were directed to treat all VA burials resulting from this tragedy as high priority, and to honor requests for weekend burials and to extend hours, if necessary.

All national cemeteries remained operational with the exception of Ft. Rosecrans and Barrancas National Cemeteries, which, because of the attacks, were temporarily closed for burials. This was a result of the proximity of the cemeteries to military bases with restricted access. This interruption in service lasted only a short time and all burials scheduled before the attacks were successfully rescheduled and completed.

It was reported that there had been cancellations of military funeral honors by the Department of Defense. Cemetery Directors were urged to seek alternate honors approaches, including the use of cemetery representatives and/or other employees or additional Veteran Service Organization assistance if possible.

NCA has provided or scheduled burials for 15 victims in its national cemeteries, with three additional requests having been made but services not yet scheduled. We immediately provided Presidential Memorial Certificates (PMC) to the families of over 75 active-duty personnel or veterans killed on September 11. PMCs bear the President's signature and commemorate a person's honorable service to the Nation. NCA has begun to provide a headstone or marker for several victims. In those cases where remains are unrecoverable, we will be able to provide a memorial marker in lieu of an actual burial.

NCA will continue to meet the burial needs of the victims of this horrendous act in a compassionate manner.

In short, VA's response to the attacks was swift, orderly, and effective. And that response is consistent with VA's history of being there in times of great need.

VA's History of Disaster Response

We are proud of our history of responsiveness to local and national disasters. The list is too long to include all our efforts, but just within the past 12 years, we have compiled a notable record of service in times of crisis. For example:

In 1989, as aftershocks of the October 17 earthquake continued to rock Northern California, VA opened the doors of its San Francisco and Martinez Medical Centers to supplement local emergency medical activities. Employees of the San Francisco VAMC staffed a mobile health-screen clinic that was deployed to area homeless shelters, and VA personnel were on hand at 17 federal disaster centers in the area.

When Hurricane Hugo struck Puerto Rico and the Eastern U.S. in 1989, VA facilities took direct hits, but their preparations enabled them to recover quickly and get to the business of helping their neighbors with services and shelter.

VA was ready in Florida in 1992 after Hurricane Andrew, and we quickly deployed to serve veterans and their communities stunned by that overwhelming disaster.

Even before the waters of the devastating 1993 Midwest floods receded, VA was helping veterans cope with the damage by instituting fast-response, one-day approval and processing of home-loan insurance issues, and delaying payment dates to allow veterans to recover from the disaster. We did this even though our own offices were flooded and many of our employees were working from home.

VA's Emergency Response Mission

The preceding are vivid examples of the manner in which VA responds to emergencies. The primary responsibilities and authorities governing VA's emergency management efforts include:

- VA and Department of Defense Contingency Hospital System, Public Law 97-174, May 1982, requires VA to serve as the primary contingency back-up to the Department of Defense medical services.
- National Disaster Medical System (NDMS) was established in 1984 by agreement between Department of Defense, Department of Health and Human Services, VA, and Federal Emergency Management Agency. It operates to provide capability for treating large numbers of patients who are injured in a major peacetime disaster within the continental United States, or to treat casualties resulting from a conventional military conflict overseas.
- Federal Response Plan, (updated 1999) implemented Public Law 93-288, the Robert T. Stafford Disaster Relief and Assistance Act as amended, and

established the architecture for a systematic, coordinated, and effective Federal response to a disaster or emergency situation.

- Executive Order 12656, Assignment of Emergency Preparedness Responsibilities, November 1988, charged VA to plan for emergency health care services for VA beneficiaries in VA medical facilities, active duty personnel, and, as resources permit, to civilians in communities affected by national security emergencies and for mortuary services for eligible veterans and to advise on methods for interment of the dead during national security emergencies.
- Federal Radiological Emergency Response Plan (FRERP) (May 1, 1996) established and organized an integrated capability for coordinated response by Federal agencies to peacetime radiological emergencies. VA's Medical Emergency Radiological Response Team (MERRT) is a federal resource available to respond to radiological emergencies.
- Presidential Decision Directive – 62, Combating Terrorism, May 1998, tasked U.S. Public Health Service (USPHS), working with VA, to ensure that adequate stockpiles of antidotes and other necessary pharmaceuticals are maintained nationwide and to train medical personnel in NDMS hospitals.
- Presidential Decision Directive – 63, Critical Infrastructure Protection (May 22, 1998) tasks VA to develop and implement plans to protect its infrastructure, including facilities, information systems, telecommunications systems, equipment and the organizations necessary to accomplish our mission to provide benefits and services to veterans.
- Presidential Decision Directive – 67, Continuity of Operations (October 21, 1998) tasks all Federal Departments and Agencies, including VA to ensure

that their critical functions and operations continue under all circumstances and a wide range of possible threats.

VA works closely with the Federal Emergency Management Agency to ensure compliance with the Continuity of Government and Continuity of Operations requirements in Presidential Decision Directive 67, titled *Enduring Constitutional Government and Continuity of Government Operations*.

VA also supports the Department of Health and Human Services in its mission of providing health and medical response following disasters, including terrorist incidents. In this regard, VA has significant medical assets that could assist the Nation should mass casualties occur. VA operates the Nation's largest integrated health care system; treating almost four million patients per year in hospitals and clinics in every state and Puerto Rico; and employing over 14,000 physicians and 37,000 registered nurses. As a partner in the National Disaster Medical System, VA is involved in planning, coordination, training and exercises to prepare for a variety of catastrophic events.

VA also provides support to the primary departments and agencies identified in Presidential Decision Directive 62, titled *Protection against Unconventional Threats to the Homeland and Americans Overseas*. Our Veterans Health Administration supports HHS's Office of Emergency Preparedness in ensuring that adequate stockpiles of antidotes and other necessary pharmaceuticals are maintained nationwide. Four pharmaceutical caches are available for immediate deployment with a HHS National Medical Response Team in the event of an actual weapons of mass destruction incident. We also maintain a fifth cache that is placed on-site at special high-risk national events, such as the Presidential Inauguration. VA also procures pharmaceuticals for the Centers for Disease Control and the Prevention National Pharmaceutical Stockpile Program.

VA is known worldwide as the authority in treatment of stress reactions and post traumatic stress disorder (PTSD). A vast number of highly skilled mental health staff are available for continuing response to the victims of the September 11 terrorist attacks and to respond to future events that psychologically traumatize our citizens.

VA has recently developed a nationwide registry of VA employees who volunteer and are trained to respond to disasters. In the future this registry will provide an inventory of personnel with skills and experience that can be matched to response requirements for both internal (VA) and external emergencies. VHA is developing a national policy and plan for training and equipping our facilities and staffs to manage victims of a WMD incident. A Technical Advisory Committee (TAC) of both VA and non-VA experts was established in early 2000 to advise VA on WMD issues. The plan will include specific precautionary and response measures to be implemented at all VA facilities. We expect to establish a national policy and initiate system wide implementation before the end of 2001.

Public Law 97-174 authorized VA to furnish health care services to members of the armed forces during a war or national emergency. VA and DoD have established contingency plans whereby facilities of the VA healthcare system would provide the principal medical support to the military healthcare system for active duty military personnel when DoD does not have adequate medical resources under its own jurisdiction to meet medical contingencies. These plans are reviewed and updated annually. This annual review is shared with DoD and a subsequent report is provided to Congress. VA also completes quarterly bed reporting exercises to ensure that procedures are familiar to staff and are ready for implementation on short notice should contingency support become necessary.

Emergency Preparedness Working Group

Although VA has plans in place to meet our critical emergency response missions, we know that there are new threats to America that we must address, and address quickly and effectively.

Given that this new threat is real and potent, I immediately formed a senior-level working group to undertake an assessment of the ability of the VA in its entirety to manage a multi-scenario crisis. This group assessed our ability to carry out our missions in case of a biological, chemical or radiological weapons attack. It also examined our capacity for reconstituting our ability to fulfill our missions, if need be.

This assessment has identified some deficiencies and opportunities to improve our ability to carry out all of our missions in today's environment. The challenges we face do not outweigh our overall strengths, and they do not compromise our primary mission to care for the nation's 25 million veterans. But they do represent challenges we must, and will, deal with quickly and appropriately.

In the following, I will outline some of the challenges that the working group has identified. However, in order to deny terrorists any sort of roadmap, I will avoid mentioning specifics at a public hearing. I will certainly be available to discuss such details with members and staff of this Committee after the hearing.

We are now facing the potential of having to respond to terrorists' attacks in the U.S., of providing contingency support to DoD, as well as continuing to care for our patients. Here are examples of our findings:

1. Some regions of VA's health care system would be hard-pressed if they were required to treat military and civilian casualties of chemical or biological agents in addition to carrying out their primary mission of providing health care to veterans.

2. VA needs to enhance its medical preparedness to respond to casualties from chemical and biological agents by providing training to its health care workers on decontamination procedures, and on diagnosis and treatment of chemical, biological and radiation injuries. VA medical centers are likely to play a crucial role in the initial response to an attack in their area. Yet their inventories of equipment and pharmaceuticals may not be adequate to address medical needs in the critical first hours of an attack, especially one involving chemical agents. As a result, VA Medical Centers need substantial upgrades to their personal protection gear, equipment, and training.

3. A call-up of Reserve or National Guard units, or a crisis causing staff to be unable to report to work, could result in a significant medical staffing shortage. This is part of the concern raised by Congressman Evans.

4. A major terrorist attack, especially one involving chemical or biological agents, would require a greater amount of post-traumatic stress counseling for military personnel, veterans, their families, VA employees – notably VA medical professionals and support staffs – and civilians. Long deployments of VA mental health staff could also have an impact on our ability to treat veterans.

5. VA's security forces need to be enhanced in numbers and training, both to manage a domestic crisis requiring medical care, and to protect our veteran patients, key personnel, facilities, and systems.

6. As this committee is well aware, we need to do a far better job securing our information and data bases from cyber-terrorism and to ensure that our key data centers are protected and their data back-up systems fully tested.

7. VBA is dependent on the Department of the Treasury to complete our payment process and issue payments. We need a back-up plan and process in the event that this link is inoperable.

8. Our National Cemetery Administration needs a comprehensive back-up plan to address increased interment workload in the event of an emergency.

9. VA needs to strengthen its communications protocols and its coordination efforts with the Department of Defense.

10. There is a need for a more robust VA headquarters Operations Center, for a stronger emergency operations command and control structure, and for a better-defined plan for mobilizing personnel to relocation sites.

11. We must periodically test our ability to respond to any terrorist attack through more training and periodic exercises.

12. Finally, and most importantly, we need to educate our employees and veterans on the realities of chemical and biological agents and how best to protect themselves.

New Actions Being Taken

VA has already begun to meet these challenges. As mentioned above, I immediately formed a working group to conduct a quick, but thorough, review of our readiness. Based on their findings, I have already authorized the following three actions:

First, as you are aware, the VA has the foremost source of medical care assets in the federal government and the largest integrated medical system in the nation. We are enhancing our emergency operations center to keep that system

functioning fully in the event of a crisis of any nature. I have ordered this center to institute daily, around-the-clock coverage, with secure data and voice communications links, to closely monitor VA's operational status, and to track the location of essential personnel for mobilization in the event of a crisis. We will also be improving our information technology capability system-wide.

Second, to make sure that we can respond fully in the event of a crisis, I have directed that an immediate review be made of the working group's many recommendations, that those requiring immediate action be identified, and that a fast-track decision be adopted to implement them. VA wants to ensure that it can continue its mission of caring for the nation's veterans, while supporting DoD in case of heavy casualties on battlefields abroad, and supporting FEMA, HHS and CDC and state and local authorities in case of casualties at home. We safeguard, maintain and deliver stockpiles for HHS and CDC and have emergency teams available on call in case of an emergency, particularly one involving biological, chemical or radiological weapons.

We will fully support Governor Ridge in fulfilling the mission of providing for homeland security, even as we continue to serve our nation's veterans. Above and beyond close coordination with the Homeland Security Council, we will continue to support DoD, HHS, CDC, FEMA, and state and local authorities in responding to future threats to our homeland.

VA's Future Role

Mr. Chairman, beyond the measures I have discussed today, VA will, no doubt, be a vital force in America's ability to meet tomorrow's challenges. I envision a VA that participates even more proactively in helping our communities maintain a high-degree of readiness in the event of natural disasters or terrorism on our homeland. Our primary mission will always be to serve America's veterans with honor, to acknowledge their sacrifices on our behalf, and to be there for them as

they were there for America. In any discussion of homeland defense, I want to assure the Nation's 25 million veterans that we will stand tall with our federal, state, and local colleagues to protect them, their families, and their communities.

The challenges we have defined in our preparedness assessment will also help us develop emergency response training and medical education opportunities that we can share with our civilian health professionals across America. As you know VA Medical Centers are often allied with medical schools and I believe these partnerships – enhanced by our lessons learned -- will help tomorrow's health care professionals meet the challenges we have talked about today.

Mr. Chairman, that concludes my statement. Thank you.

My colleagues and I would be pleased to respond to your questions.