**STATEMENT FOR THE RECORD**

**PARALYZED VETERANS OF AMERICA**

**FOR THE**

**HOUSE COMMITTEE ON VETERANS’ AFFAIRS**

**SUBCOMMITTEE ON HEALTH**

**ON**

**“MISSION READINESS: VA’S PREPAREDNESS FOR NATURAL DISASTERS DURING A PANDEMIC”**

**JUNE 3, 2020**

Chairwoman Brownley, Ranking Member Dunn, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on VA’s ability to respond to natural disasters in light of the ongoing pandemic. Because the existence of COVID-19 may pose threats not yet considered in the department’s contingency plans, we agree that assessing the department’s capabilities now is a prudent decision.

The Veterans Health Administration’s (VHA) Office of Emergency Management (OEM) is the program office for the VHA Comprehensive Emergency Management Program (CEMP), and has overall responsibility for CEMP program development and implementation. In an emergency or disaster, OEM coordinates essential VA emergency medical response and support services at the local, regional, and national levels to ensure the health and safety of veteran patients and their families, staff, and visitors, and continued delivery of VHA health care services. While VHA has several National Disaster policies, we could not locate any policies on how VA evaluates the readiness of VA’s three administrations (VHA, the Veterans Benefits Administration, and the National Cemetery Administration).

The recent pandemic has spotlighted the need for VA to implement improvements to its Emergency Management program so it can be ready to respond to a pandemic. PVA also remains concerned about the integration of VA disaster planning and proper attention to the concerns of veterans with disabilities in the nation’s broader emergency preparation, response, and recovery context. A lack of proper planning here puts this vulnerable population at greater risk.

PVA witnessed a number of these problems when its leadership visited Puerto Rico soon after Hurricane Maria. In a statement PVA submitted for the record in March 2018, we highlighted problems that VA had in locating veterans after the storm, confusion over local pharmacies’ responsibilities to fill prescriptions issued by VA, and lack of clarity over the availability of generators for veterans in need of this durable medical equipment to maintain critical supports. During Hurricane Maria, FEMA requisitioned most of the oxygen supplies on the island which caused a shortage at the VA medical center; so, it would appear that the recent issues surrounding FEMA’s commandeering of Personal Protective Equipment (PPE) meant for other agencies like the VA may be on going.

The only information we could locate about VA’s past performance during national disasters was a 2007 VA Office of Inspector General (OIG) report titled, “Audit of VA’s Response to Hurricane Katrina.” While VA’s overall response was effective and employees were recognized for their heroic efforts in helping Hurricane Katrina victims in a difficult environment, actions taken by VA needed strengthening to fulfill the department’s requirements as outlined in the National Response Plan.

VAOIG provided six recommendations to VA in its report which included developing mechanisms for the department to provide oversight of housing support provided in the event of a disaster, and the development of site-specific emergency plans for VA facilities in accordance with Federal Preparedness Circular 65. These were scheduled to be addressed by December 2007, but it is unclear if the recommendations were fully resolved by VA.

Almost a year ago—on June 19, 2019—Mr. Larry Reinkemeyer, Assistant Inspector General for Audits and Evaluations, Office of Inspector General appeared before this Subcommittee to discuss VA’s Emergency Response and Cache program. Established following the 9/11 attacks, the Emergency Cache Program is part of VA’s national emergency preparedness efforts to make drugs and medical supplies available to treat veterans, VA employees, and civilians in the immediate aftermath of a terrorist attack, or biological or natural disaster.

In 2018, OIG staff conducted visits to 26 randomly selected cache locations to determine if VHA ensures caches are ready to mobilize in the event of a disaster or terrorist attack. The OIG’s examination of the same 25 drugs at each site, for a total of 650 drug inspections, yielded seven key findings:

1. All 26 inspected caches had expired drugs.

2. Twelve inspected caches were not fully stocked.

3. Eight inspected caches had excess quantities of cache drugs.

4. OEM did not always conduct the required annual inspections.

5. Facility directors did not always conduct the required activation exercises.

6. Medical facilities missed opportunities to use soon-to-expire cache drugs.

7. Lack of effective governance resulted in inefficient program oversight.

The Subcommittee should schedule a hearing soon to examine the current status of the Cache program, it’s role in the present pandemic, and its preparedness to support the department if it is forced to respond to other disasters, in addition to its COVID-related efforts.

PPE has been in short supply for most healthcare systems, including VA, during the pandemic. Many veterans with spinal cord injuries or disorders (SCI/D) use PPE such as gloves daily to help prevent infection as they perform certain procedures like wound, bowel, and bladder care. Since the start of the pandemic, PPE has been rationed, at times, by VA and limited for veterans with SCI/D. We worry that if a major hurricane hit the country and thousands of veterans’ PPE and medications were lost that VA might not be able to react quickly to restore these items.

Also, if much of VA’s available bed space in a particular area remained consumed by COVID-19 patients, it is unclear exactly what the department would do if large numbers of veterans were suddenly in need of care or displaced by a simultaneous natural disaster. Could they safely receive veterans in existing patient populations without exposing them to the COVID-19 virus (or vice versa)? Do existing plans include bringing in additional staff where displaced veterans will be seen?

In closing, it is unclear if VHA has tested the department’s ability to simultaneously handle two or more disasters, and if they have, what were the results. The department may have to respond to multiple hurricanes but to properly assess their capabilities, these evaluations should also assess its ability to respond to two or more different types of disasters in the same geographical area, at the same time (e.g., a pandemic and a hurricane). Congress should require the department to establish mechanisms to regularly evaluate its capability to respond to single and multiple national disasters and employ an outside agency to regularly evaluate VA’s readiness. These appraisals should also be submitted to Congress.

While the challenges facing VA, are numerous, and often frustrating, it is important to remember that regular planning and assessment can help the department identify weaknesses and needed resources. Today’s review of VA’s current capabilities will help ensure they are ready to meet the needs of millions of veterans who depend on VA’s quality health care for their lives. We thank you for the opportunity to present our views on this important matter.

**Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

***Fiscal Year 2020***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $253,337.

***Fiscal Year 2019***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $193,247.

***Fiscal Year 2018***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $181,000.

**Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public.  However, in some very rare cases we receive direct donations from foreign nationals.  In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.