

# An Introduction to the Department of Veterans Affairs and its Role(s) in National Emergency Management Programs

Under the Federal Response Plan (Public Law 93-288, as amended), and various other authorities, the VA is tasked with ensuring backup medical support for military personnel in wartime, and for the general public during natural, manmade or technological emergencies. Within VA, the Veterans Health Administration has responsibility for this emergency management function; this is generally referred to as VHA's fourth mission.

## VHA - A Brief Overview

The Veterans Health Administration is the federal agency responsible for managing the veterans healthcare system, the largest fully integrated healthcare system in the United States with medical care facilities located in all 50 states, as well as Puerto Rico, the Virgin Islands, Guam and Philippines. In FY 1999, VHA had a total operating budget (for medical care, construction, research, etc.) of over \$20 billion and approximately 185,000 staff, including more than 14,000 physicians, over 3,600 pharmacists and almost 60,000 nursing personnel. The veterans health care system has undergone a marked transformation during the past five years, and operates quite differently today than it has in years past. VHA has four statutory missions.

The first of VHA's four missions is to provide medical care to eligible veterans. This is done at over 1,100 sites of care, including 172 hospitals (4 of which are jointly managed with the Department of Defense), over 600 ambulatory and community based clinics, 132 nursing homes, 206 counseling centers and 40 domiciliaries (special residential care facilities), among other assets. VHA also contracts with many health plans, medical groups and private hospitals to provide emergency and "out-of-network" care. In FY 1999, VHA provided "hands-on" care to more than 3.5 million persons. VHA also works in partnership with 44 states in the operation of 97 state veterans homes.

VHA's second statutory mission is to train health professionals. Currently, 85% (107 of 126) of U.S. medical schools use 130 VA hospitals for training medical students and residents. About one-third of all residents and one-half of medical students receive training at a VA hospital each year. In addition, 47 types of non-physician health care professionals (e.g. dentists, nurses, pharmacists, optometrists, podiatrists, etc.) receive clinical training at VA hospitals each year (approximately 54,000 personnel in total). Altogether, about 112,000 trainees from universities and colleges throughout the nation rotate through VA hospitals each year.

VHA's third statutory mission is to conduct research, and it has combined intramural and extramural research funding of about \$1.1 billion. VHA's research program is widely regarded as being highly productive, and this is substantially

attributed to the close relationship of research and clinical care that exists in the VA.

VHA's fourth statutory mission is to support Department of Defense (DoD) and the Public Health Service (PHS) during times of national emergency. Within VHA, the Emergency Management Strategic Healthcare Group (EMSHG) - formerly the Emergency Medical Preparedness Office (EMPO) - has lead responsibility for the emergency management mission. The EMSHG has its headquarters located on the grounds of the VA Medical Center in Martinsburg, West Virginia; a budget of \$7.6 million for fiscal year 1999; and field personnel located in most major population and transportation centers in the U.S.

In addition to the above mission specifically encoded in federal law, VHA has various corollary missions, including being the nation's largest direct provider of services to homeless persons and an integral element in the federal public health safety net.

### Current VHA Emergency Management Functions

VHA's Emergency Management Strategic Healthcare Group (EMSHG) currently plans, coordinates, administers, and executes VHA's participation in six interrelated emergency management functions. These functions are as follows:

1. VA Contingencies - EMSHG's Area Emergency Managers (AEM) review VA hospital emergency plans for disasters and evacuations, and coordinate mutual aid agreements for patient transfers. Through such planning and coordination efforts, the AEM staff provide guidance to ensure the continuity of operations at VA Medical Centers (VAMCs) and more recently the VHA's 22 Veterans Integrated Service Networks (VISNs), 5 during emergency situations. Of note, during the eight-year period 1990-1997, VAMCs activated their facility emergency plans a total of 655 times.
2. Department of Defense Contingencies - Since 1982, pursuant to Public Law 97-174, VA has been tasked to be the primary backup to the military healthcare systems during times of war or other emergencies involving military personnel. To fulfill this mission, VHA maintains plans for redirecting up to 25 percent of its staffed operating beds for DoD casualties within 72 hours of being alerted of DoD's need for such capacity. Toward this end, 68 VAMCs are designated as Primary Receiving Centers; these Primary Receiving Centers are tasked with being prepared to receive DoD patients and execute plans for early release or movement of VHA patients to other VAMCs designated as Secondary Support Centers. Still other VAMCs are tasked with providing DoD installation support, as needed. The EMSHG continually maintains current data on the availability of VA beds and would coordinate the receiving and transfer of DoD and VA patients, if needed.
3. National Disaster Medical System (NDMS) - Under an interagency agreement signed in 1984, VA, DoD, the Department of Health and Human Services (HHS), and the Federal Emergency Management Agency (FEMA) are partners in administering and overseeing the NDMS, which is a joint effort between the federal and private sectors to

provide backup to civilian health care in the event of disaster. NDMS maintains memoranda of agreement with selected civilian hospitals to provide staffed, acute care hospital beds for treating large number of patients as a result of major disasters or military actions.

4. Federal Response Plan - Pursuant to Public Law 93-288, and its subsequent amendments, the FEMA promulgated the Federal Response Plan (FRP) in 1992. Under the FRP, VA may be tasked to provide engineering services, mass care and sheltering, resource support, and health and medical services during natural, manmade or technological emergencies. VA participation in such eventualities is planned and coordinated by the EMSHG headquarters staff, with assistance from VAMC field staff as needed. Both VHA headquarters and field staff are subject to deployment to disaster sites to assist FEMA and HHS in providing disaster relief. More than 1,000 VHA clinical personnel, along with large amounts of medical supplies, have been deployed since 1992. Support for deployed staff is coordinated and/or provides by EMSHG.

Beginning with Hurricane Andrew, VHA has provided healthcare or other health-related services in response to every major domestic disaster since 1992 (including earthquakes, hurricanes, tornadoes, floods, ice storms, and the bombing of the federal office building in Oklahoma City) and numerous special events involving the pre-positioning of medical assets for response to potential terrorist or other emergency incidents. These latter events have included the 1996 Summer Olympics, the Economic Summit of Eight, the 1996 Republican and Democratic National Conventions, the 1998 Papal visit, the 50th Anniversary of NATO, and the President's State of the Union addresses.

5. Natural and Technological Hazards - Under Federal Executive Order 12657, VA responds to natural and technological hazards as a participant in the Federal Radiological Emergency Response Plan and is tasked, along with DoD, to respond to accidents at nuclear power plants and accidents involving radiological threats or injuries.<sup>11</sup> The EMSHG is responsible for planning and coordinating VHA's participation to meet federal emergency management requirements and to provide coordination for federal deployments of VHA medical assets, which include a specially trained Medical Emergency Radiological Response Team (MERRT). This team consists of physicians and nuclear physicists that can supplement any federal response to a threat or incident involving nuclear materials.

6. Continuity of Government - Under Federal Executive Order 12656,<sup>12</sup> Presidential Decision Directive #67,<sup>13</sup> and other authorities, the EMSHG staff maintains a VA-specific relocation site in Martinsburg, West Virginia, and necessary communication facilities for use by VA top management in the event these are needed to continue Federal government functions during a national emergency.