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VA'S FOURTH MISSION: SUPPORTING OUR NATION'S EMERGENCY PREPAREDNESS AND RESPONSE

HEARING

BEFORE THE

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VA'S FOURTH MISSION: SUPPORTING OUR NATION'S EMERGENCY PREPAREDNESS AND RESPONSE

WEDNESDAY, NOVEMBER 15, 2023

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 3:29 p.m., in Room SR–418, Russell Senate Office Building, Hon. Jon Tester, Chairman of the Committee, presiding.

Present: Senators Tester, Brown, Blumenthal, Hirono, Hassan, King, Moran, Tillis, and Tuberville.

OPENING STATEMENT OF HON. JON TESTER, CHAIRMAN, U.S. SENATOR FROM MONTANA

Chairman TESTER. I want to call this hearing to order. Good afternoon. Welcome to today's hearing to examine VA's readiness to support our Nation in times of crisis. I understand that we have four people who have never been in front of a Senate Committee today. We're going to work you over anyway. I'm sorry. Now, we appreciate what you do, and we appreciate you being here, and thank you for taking the time out of your busy schedule to join us.

We have seen an increase in the number of and intensity of natural and weather-related events, which have brought much hardship and destruction. In Montana, for example, we saw unprecedented flooding of the Yellowstone River in June 2022. More recently, Senator Hirono's beloved Hawaii was rocked by fast moving wildfires in Maui. That's why the VA's authority to provide humanitarian assistance or respond to FEMA's assignments is critically important.

Known as VA's Fourth Mission, this role is meant to improve the Nation's preparedness for response to war, terrorism, emergencies, and natural disasters. During the pandemic, we saw VA's ability to help communities nationwide with its vast emergency response capabilities. It completed nearly 200 formal mission assignments from FEMA, which helped citizens in 47 States, District of Columbia, American Samoa, and Guam.

In carrying out these missions, VA deployed more than 6,000 staff volunteers to help minimize staff shortages nationwide and help train others in critical infection control measures that admitted nearly 500 non-Veteran patients to VA facilities when the community was overrun with COVID patients or experiencing staffing shortages.

This is critically important in my home State of Montana, where our VA hospital at Fort Harrison stepped up to serve folks in the community. The acute nature of COVID–19 pandemic highlighted how fragile the Nation supply chain is. Essential medications were in short supply and materials to make PPE dwindled. I hope to hear from the VA about its efforts to address those challenges ahead of future disasters.

As the largest integrated healthcare system in the United States, VA stands in a unique position to bolster the supply chain and address some of these challenges. VA has long relied on an all-volunteer workforce to respond in emergency situations. I want to know if this is a sustainable staffing model, given the increasing frequency of which they're being called up.

These are about a handful of areas VA will need to consider as it seeks to make its system more robust to manage caring for our Nation's Veterans, and acting as a backstop for our Nation's broader healthcare system in times of crisis.

With that, I'll turn it over to Senator Moran.

OPENING STATEMENT OF HON. JERRY MORAN, RANKING MEMBER, U.S. SENATOR FROM KANSAS

Senator MORAN. Mr. Chairman, thank you. I remember when I was the Chairman of this Committee. I was never late.

Chairman TESTER. So I was here on time.

[Laughter.]

Senator MORAN. But you were late, I think, then. Late was defined by the one who had the gavel, I believe.

I thank all of our witnesses for joining us today. I appreciate the opportunity to be with you and discuss the VA's emergency preparedness and response, including the work the VA does through its so-called Fourth Mission.

I didn't really know much about the Fourth Mission until the arrival of the pandemic, and then saw the value of the preparation that had occurred in advance, and the role that the VA and its employees played. It was an integral role during that pandemic, and not only in caring for Veterans, which was an increased challenge itself, but also helping to support State and local hospitals, and healthcare authorities. I saw it in the State of Kansas, and I'm grateful.

I'm grateful for the hard work that the VA leaders and frontline staff provided during the pandemic. I'm also grateful for the hard work that the VA staff continues to do every day in response to natural disasters and emergencies. Today, I want to hear how the VA is leveraging the lessons learned from, during the pandemic to improve the Department's capacity to care for Veterans, avoid VA staff burnout, and provide needed support to Federal, State, and local authorities during emergency circumstances.

In recent months, I have heard from a number of Kansans, VA healthcare workers specifically, who are worried about their ability to efficiently and effectively respond to crisis scenarios. That is partly due to the vulnerabilities of the VA's healthcare infrastructure, which outdates the private sector by decades, and was built to meet a very different model of care than the one we have today.

I hope the VA witnesses will be able to tell me how the VA's emergency preparedness efforts are addressing that challenge.

I would be remiss, at least from my perspective, if I did not take this opportunity to talk just a moment about the VA's pending rulemaking regarding reimbursement rates for emergency medical transportation services. Every day, Veterans in the midst of medical emergencies rely on air and ground ambulances to get them the care they need as quickly as possible. Significantly reducing payment rates for these lifesaving services, which the VA is currently on track to do in February, will have a devastating impact on Veterans.

Chairman Tester, Senator Boozman, Senator Murray, and I have been leading the charge against this reduction, and I want to take this opportunity today to once again call on Secretary McDonough to do what I think is the right thing and reverse course on this rule before it jeopardizes Veteran lives.

Mr. Chairman, I thank you and yield back.

Chairman TESTER. Thank you, Senator Moran for your statement.

Today, we're going to hear from just one panel of witnesses, but they're powerful. We have Bobby Small Jr. who's the Acting Executive Director of the Office of Emergency Management and Resilience at VA. He's accompanied by two VHA colleagues, Dr. Michelle Dorsey, the Deputy Assistant Under Secretary for Health Operations, and Derrick Jaastad, the Executive Director of the Office of Emergency Management. I also want to welcome Dr. John Balbus, the Deputy Assistant Secretary for Climate Change and Health Equity at HHS.

Welcome you-all to the Committee. Mr. Small, you may begin.

STATEMENT OF BOBBY SMALL JR., ACTING EXECUTIVE DIRECTOR, OFFICE OF EMERGENCY MANAGEMENT AND RESILIENCE, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY MICHELLE DORSEY, MD, DEPUTY ASSISTANT UNDER SECRETARY FOR HEALTH OPERATIONS, VETERANS HEALTH ADMINISTRATION; AND DERRICK JAASTAD, EXECUTIVE DIRECTOR, OFFICE OF EMERGENCY MANAGEMENT, VETERANS HEALTH ADMINISTRATION

Mr. SMALL. Good afternoon, Chairman Tester, Ranking Member Moran, and Members of the Committee. I'm pleased to be here today to discuss the Department of Veterans Affairs emergency response to natural climate change-driven disasters, and how VA help the communities impacted by disasters.

VA's Fourth Mission is to improve the Nation preparedness to respond to war, terrorism, national emergencies, natural disasters by developing plans and taking action to ensure continued services to Veterans, as well as support to the Nation, State, local emergency management, public health, public safety, and homeland security efforts.

The Fourth Mission is a critical operation capability that leverages VA personnel, equipment, and infrastructure to support greater resource sharing across Federal departments and agencies in accordance with Presidential Policy Directive 8 and the National Response Framework.

Each administration supports the VA Fourth Mission by developing and implementing policies, programs, and capabilities to ensure access to and delivery of healthcare services and benefits while building a culture of preparedness and resiliency. VA has emergency managers strategically located around the country who work with local VA facilities and communities on a daily basis to assist with mitigation, preparedness, and response and recovery efforts.

These emergency managers deploy to State emergency operation centers during emergencies to support ongoing operations and serve as the eyes and ears of the administration. This construct allows the VA to have a comprehensive approach to coordinating Fourth Mission requirements, from the VA's Integrated Operations Center down to a State, local government, or facility.

Strengthening VA's capabilities to support Fourth Mission natural disaster operation requires planning against risk and associated impacts that would exceed local, State, territory, or tribal resources, including high consequence and plausible concurrent disasters like those that unfolded across the Nation throughout COVID–19.

It equally requires a well-trained resource and coordinated approach between internal and external stakeholders, and a consistent and effective means for exercising our planning, continuity, decision support, and communication capabilities in a complex emergency environment.

The Department's annual continuity exercise, Eagle Horizon, tests our readiness and capabilities in event of a major emergency. It allows us to test our continuity of operations procedures, and emergency communications, internally, and with our Federal partners.

VA knows firsthand the effects of climate and natural disaster on our missions workforce and the Veteran community we serve. For example, last year's, hurricane season saw three landfalls along the coast of the U.S. mainland with Hurricane Ian, tying for the fifth strongest hurricane wind speed at landfall in the U.S. These three storms alone affected 3.2 million Veterans and 30,000 VA staff providing care and benefits to many of them.

VA's Climate Action Plan outlines VA's response to the projected impacts of climate change to the Department with the goal of ensuring sustained operations to support uninterrupted delivery of benefits and service and VA's Fourth Mission. Given the wide distribution of VA facilities throughout the U.S. and its territories, VA facilities are impacted by most major national disasters. VA will continue to focus on mitigation strategies and preparedness activities, as un-remediated facilities or more frequently damaged or destroyed due to increased storm activities and sea level rise.

I appreciate this opportunity to share VA's emergency response to natural climate change-driven disasters and demonstrate how VA helps the community impacted by disasters. Our objectives, even in an all-hazards environment, is to give our Nation's Veterans the top quality care they have earned and deserve, and support our Fourth Mission capabilities when called upon to do so.

I appreciate this Committee's continued support and encouragement in identifying and resolving challenges as we find new ways

to care for Veterans. This concludes my opening statement. My colleagues and I are prepared to respond to any questions you may have, sir.

[The prepared statement of Mr. Small appears on page 25 of the Appendix.]

Chairman TESTER. We'll have questions. Thank you, Mr. Small. Dr. Balbus, you are up next, and know that both of your full written comments will be a part of the record.

STATEMENT OF JOHN M. BALBUS, MD, MPH, DEPUTY ASSISTANT SECRETARY FOR CLIMATE CHANGE AND HEALTH EQUITY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. BALBUS. Good afternoon, everybody, and Chairman Tester, and Ranking Member Moran, Members of the Committee. I'd like to thank you for this opportunity to discuss the work of the Office of Climate Change and Health Equity to build greater climate resilience and sustainability in the country's healthcare delivery systems.

The Secretary of Health and Human Services established our office in response to Executive Order 14008, and the Office was officially launched August 31, 2021, with the mission to help protect the health of people in the United States, especially those most vulnerable from the health impacts of climate change.

As a focal point for action to address the climate crisis within the entire Department of Health and Human Services, we've also taken on ensuring that health systems in the United States are resilient to increasingly severe climate-related threats, and also reducing their own significant contributions to greenhouse gas pollution.

I'm pleased to appear today together with colleagues from the Veterans Health Administration and plan to emphasize the following points. First, the health impacts of climate change are being felt now throughout the United States, but the suffering induced falls most heavily on low income, disadvantaged populations, and other vulnerable groups. In addition to the health impacts, the health system impacts of climate change are also being felt now with attendant health impacts from that and economic damages. Climate change compounds all the other financial stresses on health systems.

Fortunately, initial steps that address both health system resilience and greenhouse gas pollution reduction, like health system microgrids, also reduce energy costs for the systems that install them. The Office of Climate Change and Health Equity is helping coordinate an all-of-government approach to the health aspects of the climate crisis, including helping ensure the healthcare safety net of the country is able to take full advantage of technical assistance and financial resources provided for sustainability and resilience. For example, those that are available through the Inflation Reduction Act.

This past summer brought unprecedented human suffering and damage from extreme weather events across the country. From the wildfire smoke degrading air quality in New York City, to the devastation of Maui, many parts of the country directly experienced more frequent and more severe climate change impacts than ever

before. And these climate-related impacts directly impacted the health and well-being of those living in the United States.

But the impacts were not equitably distributed. We know certain populations such as children, older adults, those with chronic health conditions and living with disabilities, racial and ethnic minorities, and people experiencing homelessness are more at risk of negative health outcomes from climate-related hazards. This is true for both the general population and specifically for Veterans.

For example, a recent publication from the Department of Veterans Affairs, Stanford University, the University of Iowa, and the Centers for Disease Control and Prevention, found that Black and American Indian, Alaska Native Veterans were more likely to be diagnosed with heat-related illnesses, and Veterans with coexisting medical conditions also saw a greater increase in heat-related illness over time. And importantly, that report found that the rate of heat-related illness in Veterans had increased between 2002 and 2019.

After a summer of record breaking temperatures, Maricopa County, Arizona recently announced there were 425 heat-related deaths in 2023, tying the record from 2022, but with nearly 200 deaths still under investigation. In 2022, 42 percent of the heat-related deaths in Maricopa County were among individuals experiencing homelessness, and 67 percent involved substance use. And of those deaths involving substance use, over half were among individuals experiencing homelessness.

These sobering statistics from Arizona are relevant to the care of Veterans as well. In 2022, over 33,000 Veterans were experiencing homelessness on any given night comprising approximately 7 percent of all adults experiencing homelessness in the U.S. And additionally, more than 20 percent of Veterans with post-traumatic stress disorder also have concomitant substance use disorder.

In addition to these health impacts, climate change also poses risks of stress and disruption to healthcare delivery. Climate-related extreme weather events and disasters can disrupt healthcare systems at multiple points, creating a surge in demand, resulting in staffing shortages, affecting critical supply chains, and damaging infrastructure. And we've seen how health system failures have resulted in loss of life after Hurricane Ida, Superstorm Sandy, and especially Hurricane Maria in Puerto Rico, where roughly 3,000 excess deaths occurred over the four months following the storm.

And we know that climate change will continue to have an impact. A 2022 study found approximately one-third of metropolitan statistical areas on the Atlantic and Gulf Coasts have half or more of their hospitals at risk of flooding from even relatively weak hurricanes. Sea level rise, increased frequency and severity of hurricanes will further increase this risk. And unfortunately, there's been very little investment in studies like this that highlight future risks, and especially studies that analyze the specific tipping points that have caused health systems to fail in extreme events. We hope this evidence base can be built to make facilities and systems more resilient and to save lives.

Our office aims to have the entire health sector working together to meet the challenges of climate change. That means becoming more prepared for climate events and also more sustainable, de-

creasing the health sector's 8.5 percent contribution to our country's greenhouse gas emissions.

Reducing greenhouse gas emissions through interventions like increased energy efficiency and renewable energy sources can reduce operating costs, freeing resources for investment in essential patient services, and this has been documented in several instances.

Moreover, emissions reduction and resilience are closely related. As an example, the VA makes renewable power part of its facility infrastructure and equipment upgrades where feasible.

Chairman TESTER. I would ask you to wrap it up.

Dr. BALBUS. Okay. VA hospitals use 38 percent less energy per square foot in the national average, and by installing onsite renewable power, VA facilities become more resilient to grid failures.

I have much more to talk about. I want to highlight that our office is convening the Federal Health Systems, the Indian Health Service, the Veterans Health Administration, the Defense Health Agency, and the Bureau of Prisons to work on climate resilience and sustainability of the systems, and especially as required by Executive Order 14057 to reduce the greenhouse gas emissions. We've also created——

Chairman TESTER. That's good enough. Senator Moran has another hearing he needs to get to, and so we're going to go to questions. Thank you. Your entire statement will be part of the record.

Dr. BALBUS. It's all in writing, and so I appreciate the opportunity.

[The prepared statement of Dr. Balbus appears on page 36 of the Appendix.]

Chairman TESTER. Senator Moran.

Senator MORAN. Thank you for your testimony. I apologize for the intrusion by the Chairman, but he's trying to be helpful to me. And I'm grateful for that.

Mr. Small, I'm going to ask my—I think my questions to you. There's a whistleblower from the U.S. Customs and Border Protection that recently reached out to my staff indicating that the VA is paying for healthcare services provided to non-citizens in detention.

A VA portal established for community providers to submit claims to the VA for healthcare for non-citizens, includes documentation that this has been going on since at least 2020. ICE reporting to Congress references, "a service level agreement between the VA and DHS for the provision of those services."

Under what authority is the VA providing claims processing services to non-citizens at the border?

Mr. SMALL. Yes, Senator. Thank you for that question. I'm not aware of these allegations. I will defer to my colleagues in Veterans Health Administration to see if they're aware of such allegations.

Chairman TESTER. Are either of you aware of the situation Senator Moran talked about?

Mr. JAASTAD. I am not aware of enrollment and beneficiaries or delivery of healthcare services being provided. I am aware of the support that VHA is providing to our Veteran service members within Customs and Border Patrol, and specifically counseling and

making sure that they are able to continue to receive the services that they're entitled to.

Senator MORAN. That makes sense, Mr. Jaastad, to me, but I would be interested if you could follow up with a response. I'd like to make sure we're prioritizing the healthcare for Veterans that—we regularly hear about the shortage of providers, and I want to make sure that we're focused as our priority at the VA is on Veterans.

And then if there, I'm told is a copy, there is a service level agreement that I mentioned, and it would be useful—that's between the VA and DHS—it would be useful if me and my staff could see a copy of that agreement.

VA Response: VA is currently gathering the requested Service Level Agreements (SLAs) with DHS in response to the Committee's request. We are working to have copies to the Committee early January.

And then Mr. Small, I would think you would defer answering this question as well. And I say that with a smile, I'm not cringing at that, but you heard me mention the emergency transportation issue. It is an important one. It's an important one now, it's an important one when we have a significant emergency or national disaster in our country.

In February, the VA's reimbursement rates for air and ground ambulance services are going to be significantly reduced in accordance with a pending VA rule change. Ambulance providers across the country have told me that this will substantially reduce the availability of ambulance services for Veterans and for other Americans. This is particularly an important issue for me as a Kansan in the rural nature of our State, and air ambulance service is hugely important in the delivery of a patient to a regional hospital.

I understand that the VA is considering delaying implementation of that rule, and I indicated in my testimony that the Chairman, Chairman Tester, and Senator Boozman, Senator Murray, we've all been calling on the VA to do so. I've been asking the VA for the last month for clarity on their path forward and yet to receive a response.

My question is, is the VA intending to delay implementation of the rule to reset reimbursement rates for emergency transportation services beyond the current February 2024, effective date?

Mr. SMALL. Yes, Senator, thank you for that question. Yes, my colleagues in VHA do manage a patient movement program for the Department. So I will defer to my colleague Derrick Jaastad for a response.

Mr. JAASTAD. Ranking Member Moran, while I cannot speak to the day-to-day transportation, I can speak to what we are doing within the realm of Federal patient movement as the Executive Director of the Office of Emergency Management.

The efficient, timely, and consistent ability to move survivors of disaster or uniformed service members to definitive care is my number one priority. We maintain 48 Federal Coordinating Centers as well as hundreds upon hundreds of NDMS partner facilities. Over the last 18 months, I am very, very proud of the number of full-scale exercises that we have had the opportunity to conduct, re-

establishing relationships within healthcare coalitions within our emergency medical service providers, as well as with other community partners.

And so when we speak of the need to move patients, especially those impacted by disasters or other events, I am very confident in our ability to ensure that those survivors are reaching definitive care.

Happy to take the transportation question on the day-to-day back for record.

VA Response: VA is changing the rates that we pay for special mode transportation services—including air ambulance transportation—to better align with the rest of the health care industry while continuing to provide world-class, affordable care to those we serve. According to a report from the Inspector General in 2018, VA had been paying about 60% more than the industry standard (CMS rates) for ambulance services. To address this discrepancy and be good stewards of taxpayer money, VA undertook rulemaking to change the rates VA pays for air ambulance services. Under the new regulation, VA will pay the lesser of actual charge associated with an ambulance service, or the standard CMS rate for that service, unless a separate rate has been established based on local contracts between air ambulance providers and local VA medical centers. VA intends to include terms in these contracts to ensure that Veteran care will not be adversely impacted, and that Veterans will not receive bills for these services. More information about these changes can be found here: https://www.federalregister.gov/documents/2023/02/16/2023-03013/change-in-rates-va-pays-for-special-modes-of-transportation.

These changes were originally slated to become effective on February 16, 2024, but VA is currently developing a rule that will delay the effective date by approximately one year, until February 2025. VA expects the rule delaying the effective date to be published prior to February 16, 2024.

Senator MORAN. Mr. Jaastad, would you, or Mr. Small, or Dr. Dorsey, would you visit with my staff at the conclusion of this hearing and see if we can find a path forward to get information from the VA with your assistance?

Mr. SMALL. Yes, Senator.

Senator MORAN. Thank you all very much.

Thank you, Mr. Chairman.

Chairman TESTER. Senator Hirono.

HON. MAZIE K. HIRONO, U.S. SENATOR FROM HAWAII

Senator HIRONO. I just wanted to submit for the record a statement, especially after the Maui fires. So thank you.

Senator HIRONO. In August, Hawaii experienced our worst natural disaster since becoming a State in 1959 and the deadliest wildfire in our country since 1918 when wildfires ripped through communities in West upcountry Maui. And in mere moments, an entire town, Lahaina was destroyed and thousands of people lost their homes and all their belongings, including many Veterans.

There is some 7,000 people still living in hotels and Airbnbs, and providing long-term homes, including, of course, for the Veterans in those communities remain a huge priority. But thankfully, VA of the Pacific Islands Healthcare System was able to operationalize quickly, contacting the most vulnerable Veterans by phone or text, and assessing whether there would be issues accessing critical services like dialysis or treatments like oxygen.

In the days following the wildfire, leaders at the VA central office were communicative about steps that they had already taken and

planned to take to support Veterans impacted by the wildfire. In addition, VA was present at hotels, housing those who were displaced, and the Disaster Resource Center to let Veterans and family members know what services were available to them.

In this extremely challenging time, VA stepped up to ensure our Veterans and others in the community had the essentials they needed. Unfortunately, we know that natural disasters, like the fires of Maui, are only becoming more commonplace, underscoring the importance of VA's own preparedness and its Fourth Mission.

I hope we can use this hearing to capture any lessons learned from VA's response to the wildfires, and ensure we're equipping local VA facilities and staff with the tools they need to respond to other disasters in the future.

Thank you, Mr. Chairman, for holding this hearing so that we can begin to work with our agency partners to bolster preparedness and response to extreme weather events that are becoming far too commonplace. And I'm glad that we have a witness who is very much focused on climate change as being one of the reasons that we are seeing so many of these natural disasters.

Chairman TESTER. Thank you, Senator Tuberville.

HON. TOMMY TUBERVILLE,
U.S. SENATOR FROM ALABAMA

Senator TUBERVILLE. Thank you, Mr. Chairman. Thanks for appearing today. Your first time up, huh? Interesting.

Dr. Balbus, you're talking about medical centers implementing microgrid and solar power systems on top of parking lots. Given in my State of Alabama, but I'm going to a couple of them next week before Thanksgiving, we have some good ones and we have some not so good. How do we use our priorities in terms of whether we put something on top of a building for solar panels or whatever, how do we make a decision on what's more important, the building or the microgrid? I mean, how do you do that? Because we've got a lot of bad buildings in the country.

Dr. BALBUS. I think that's an excellent question, and it really has to be decided on an institution-by-institution basis, and an assessment of the risks. Your point as well taken that for some facilities, the flooding could be such a risk that that's where the first dollar should go.

All of this is about risk management and ensuring, you know, reducing the financial risk to an already stressed health system. Loss of revenue from being shut down by a flood or shut down by another event is as devastating as a decrease in reimbursement. But the fact that there is this financial incentive for the renewable energy and microgrids, and that the operation costs decline after that, make that a financially viable investment. But again, I wouldn't say—it'd have to be decided on a case-by-case basis whether you——

Senator TUBERVILLE. You don't do that then? You don't make those decisions.

Dr. BALBUS. I do not make those decisions. No.

Senator TUBERVILLE. All right. Let's go back to Senator Moran's question. Mr. Small, since 2021, 6.5 million people have been apprehended at our southern border. It's no secret that a lot of our

States are beyond capacity. Does the VA consider the border surge a national emergency?

Mr. SMALL. Senator, thank you for that question. The VA considers anything that impacts the Department's ability to provide service to our Veterans as something we should be concerned about.

As far as the VA's position on the southern border, sir, I'm an emergency manager, sir, so I'm not equipped to answer that question, but I can take it back for clarification.

VA Response: VA does not provide or fund any health care services to individuals detained in U.S. Immigration and Customs Enforcement (ICE) custody. At no time are any VA health care professionals or VA funds used for this purpose. Congress has authorized VA to provide health care to non-Veterans under limited circumstances. The vast majority of this authorized non-Veteran care is provided to Veteran families—including the spouses and children of Veterans with severe disabilities, the spouses and children of Veterans who died from conditions associated with their military service, and the spouses and children of Veterans who died in the line of duty. VA is also authorized to provide or cover some health care for Veteran caregivers, family members of Veterans who served at Camp Lejeune, and allied Veterans in rare cases (at the expense of their home nations). VA also occasionally provides authorized care through its ''Fourth Mission,'' in which VA employees support our nation's preparedness for response to war, terrorism, national emergencies, and natural disasters. Our top priority at VA is making sure that Veterans have timely access to the high-quality, world-class health care they deserve. In fiscal year 2023, VA provided the most health care appointments to Veterans in VA history, and Veteran outpatient trust scores reached 91%.

Senator TUBERVILLE. So what would be the VA's role if we considered it a national emergency? I mean, are we taking people in? I'm just asking.

Mr. SMALL. I think the VA's role would be, Senator, to respond to any Fourth Mission requirement we may receive to support a national emergency.

Senator TUBERVILLE. Do you know if we're providing illegals with healthcare in VAs?

Mr. SMALL. No, Senator, I'm not aware of that.

Senator TUBERVILLE. How could we find that out?

Mr. SMALL. Senator, I would have to take that back to the Department and find an answer for you.

VA Response: VA does not provide or fund any health care services to individuals detained in U.S. Immigration and Customs Enforcement (ICE) custody. At no time have any VA health care professionals provided health care to individuals in ICE custody. Nor are any VA funds used for this purpose. The ICE Health Service Corps (IHSC) provides and pays for all health care services for individuals detained in its custody.

The Financial Services Center (FSC), which is part of VA's Office of Management, is a franchise fund organization that offers the administrative function of medical claims processing services to VA and other government agencies. Since 2002, FSC has had an Interagency Agreement with the Department of Homeland Security's IHSC to provide these administrative medical claims processing services. Under this agreement, IHSC pays fees to FSC for the claims processing services rendered and covers all disbursements made to pay for medical claims payments to providers. IHSC is solely responsible for the authorization of health care services and obtaining the providers to deliver the health care.

Senator TUBERVILLE. What about doing abortions on illegals in VAs? Do you know of any of that happening?

Mr. SMALL. No, Senator, I'm not aware of that happening.

Senator TUBERVILLE. Would anybody else like, like to chime in on this about the southern border? Anybody else?

Mr. JAASTAD. Senator Tuberville, Derrick Jaastad. One of the things that we have done and under our Fourth Mission is really taking care of our Federal interagency partners. We did so with COVID vaccines and administered thousands. We again, as I mentioned, are taking care of our colleagues in uniform in the Customs and Border Patrol with counseling services through readjustment counseling through ensuring that the Veterans that are entitled to care are being—that we're able to deliver care in those outpost areas.

And so, whether that's the CBP, hopping in a van and going to one of our medical centers, or whether that's RCS and traveling out to their outposts. We're ensuring that those that are entitled to care are receiving care.

Senator TUBERVILLE. Well, I'll be going to a couple of them next week and close to the southern border. So we'll find out. I just hope we're taking care of our Veterans. As Senator Tester said, we need to take care of our Veterans. And I can understand that we need to give everybody healthcare, but it's real important to me we take care of our Veterans. Thank you-all. Thanks, Mr. Chairman.

Chairman TESTER. Senator Hirono.

Senator HIRONO. Thank you. This is for Dr. Balbus—am I pronouncing correctly? So in your testimony, you stated that the climate-related extreme weather events and disasters can disrupt healthcare systems at multiple points, creating a surge in healthcare demand, resulting in staffing shortages.

So can you speak to how these kinds of events could further exacerbate our existing staffing shortages, and what are you doing to prepare for these kinds of eventualities?

Dr. BALBUS. So I think to just unpack that testimony a little bit. Events like heatwaves, like wildfire smoke events, or hurricanes, create injured patients, exacerbate underlying diseases, and that creates a patient demand. But in terms of staffing shortages in the setting of a disaster, that's more in the setting of flooding, or wind damage, or things like that in a very specific short-term sense.

But of course as you're pointing out, that acute staffing shortage, because people can't get to work and—you know, but I take this from things like the analysis of Superstorm Sandy and what shut down the health systems. And in many cases, it was because the people who work there couldn't get there because of the flooding or because of having to care for their families.

My office is not the office that manages healthcare workforce. That's part of HRSA, and so I can't answer, personally, how we are trying to address the workforce shortage overall. But, importantly, by doing the proper kind of an assessment, which is what our office is doing to create the guidance and the tools so that a healthcare facility can assess its accessibility in the setting of an unprecedented flood using forward-looking data, we can start to anticipate that kind of a problem and they can do workarounds on a facility-by-facility basis.

Senator HIRONO. So of the panelists, how does the VA prepare? You have a lot of buildings, for example, facilities. And to prepare these facilities to withstand these natural disaster events, how do

you do that in terms of making sure that your staff can get there and patients can get to your facilities, et cetera?

Because in Hawaii, we have a number of VA facilities, CBOCs, we have the hospitals, et cetera. So can somebody respond to me, do you have something in writing that says here are all the different things that we're going to need to do to mitigate what happens in a disaster so that you can continue to provide services to the Veterans?

Mr. SMALL. Yes, Senator. VA Office of Acquisition Logistics and Construction, is the lead for coordinating with various VA administrations and staff offices to evaluate available information to determine climate change-related risk affecting VA facilities.

The results are used to develop a climate change risk list that is used to evaluate VA design standards and identify gaps, and help identify mitigation and preparedness measures the Department should take.

Senator HIRONO. And that includes instances where your infrastructure and facilities are destroyed during a natural disaster. There's a plan B?

Mr. SMALL. Yes. The VA climate plan addresses new design standards as we bring on new facilities to make sure those new facilities are equipped for occurring climate change and sea level rises.

Senator HIRONO. So something specific as the wildfires in Lahaina. 7,000 people living in hotels. Do you know how many of those people are Veterans?

Mr. SMALL. I do not, ma'am. I will refer to my colleagues in VHA. Maybe they can provide——

Senator HIRONO. They should know, right? The VA Pacific Healthcare System should know who the Veterans are or who have lost their homes. This is just an example of what can happen during a disaster, and how do you keep track of the Veterans, and how you provide them continuity of services?

Mr. JAASTAD. Yes. Senator, thank you for the question. While absolutely tragic, the loss of life, the loss of infrastructure, the loss of property. We were able to identify many promising practices coming out of the response, specifically of the VA, in Maui. The fact that we were able to deliver needed medicines, and medical supplies, prescriptions to our Veterans where they were. Our ability to track who was picking up prescriptions in order to understand who is still alive and receiving the necessary medicines that they require.

Our ability to do outreach pre-event, or during the event, and post-event through our vulnerable patient care program and our VEText program is unprecedented. The ability for VA providers that we're moving from O'ahu to Maui, bringing supplies is a best practice. While there were many lessons learned, do we have the names of those that are still in hotels, no, but our providers know who they are.

Senator HIRONO. Thank you very much for your commitment and your ongoing presence to help us. Recovery will be long and take a lot of resources. Thank you, Mr. Chairman.

Chairman TESTER. Senator King.

HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE

Senator KING. Thank you, Mr. Chairman.

I'll bet when you prepare for these hearings, you don't sit around saying, how will we handle a compliment? I want to deliver a serious compliment. We had a horrendous mass shooting in Maine just about a month ago today. And VA Maine stepped up immediately. They cleared beds in their hospital facility. They set up an incident command center. They made their chaplain available on a 24-hour basis. They provided outreach to the reserve squadron that this shooter was a member of.

They did everything that they could have possibly done. They postponed a non-emergency surgery in order to be available as a backup to the local hospital. So I just want to get that on the record. This was a prime example of the Fourth Mission carried out in a stunningly effective and important way. And I want to thank you, and hope you'll pass my thanks on to the folks at Maine because they did a great job.

Second question, dealing with emergencies, and this was a good example, almost all emergencies end up being handled primarily by the State and local authorities. FEMA has an important role, of course, but often the first responders are the State police or the State emergency management people.

And I guess my question is, Mr. Small, to what extent do you have an institutional—develop an institutional Fourth Mission relationship with State and local emergency personnel?

Mr. SMALL. Yes, Senator. Thank you for that question. VA emergency manager are embedded in the communities, but I would refer to my colleague here, Jaastad, to provide details how they work with the local communities on a daily basis, Senator.

Senator KING. Thank you.

Mr. JAASTAD. Thank you, first and foremost, for the compliment. It's very unfortunate that we have become proficient in having these services ready. We have a storied history in supporting mass shootings. The Pulse nightclub shooting. We deployed a number of Mobile Vet Centers as well as mobile medical units, and actually had to save at that event. In 2017, we also supported the Las Vegas mass shooting with, again, readjustment counseling service Mobile Vet Centers, as well as mobile medical units.

The Northeast is unique. It is a tight-knit community. VA is a member of that community, whether it's the CBOC in Lewiston——

Senator KING. Maine is a big small town with very long streets.

[Laughter.]

Mr. JAASTAD. But whether it's Lewiston or the Medical Center in Togus, there was no daylight between the State, between FEMA, between our area emergency managers, and those providers on the ground. When we look at how do we maintain those relationships with the State and with the communities, we do so deliberately and with intentionality——

Senator KING. That's what I'm looking for. There's a pre-existing structure. It's not ad hoc when an emergency strikes.

Mr. JAASTAD. No, it is not. And when we look at—when emergency strikes, that's 25 percent of emergency management is response. 50 percent of emergency management is proactive. It's pre-

paredness, and it is mitigation. It's developing those relationships locally and being that force multiplier to bring the full force and weight of multi agencies, many agencies in order to minimize the time we spend in response and the time we spend in recovery.

The more we prepare, the more we mitigate, the more resources we can bring to bear for our Fourth Mission.

Senator KING. And it's important to me, it seems to me that the local and State emergency preparedness folks know of your capacity and as part of their toolkit.

Mr. JAASTAD. It absolutely is. And really, when we look at the investment that has been made in preparedness and in our ability to respond, we maintain a tremendous amount of national assets. Whether that's our mobile ICUs, our high water vehicles, our deployable resources, mobile medical units, Mobile Vet Centers, we have the reach because we are embedded in the communities and we've invested in our communities.

Senator KING. And I think you've answered this, but to be clear, this is a preexisting, conscious relationship that's built up prior to crisis. In other words, are there meetings, are there regular communications just to integrate the resources that you bring with local and State resources?

Mr. JAASTAD. There absolutely are.

Senator KING. This isn't a case where an emergency occurs and you call up and say, can we help? I presume there's already a relationship established.

Mr. JAASTAD. Within three minutes of the shooting being reported, the medical center director in Togus received a call. We're part of the community. We're part of the response.

Senator KING. Thank you.

Thank you, Mr. Chairman. It was very impressive the way that came together.

Chairman TESTER. Indeed. Mr. Small, senior leaders from VHA participated in the daily coordination meetings hosted by FEMA during the pandemic. And what they found was there was considerable inter-agency fragmentation, at least early on. In some instances, the bureaucratic process for getting FEMA assignments delayed VA from providing care that was much needed.

Now with the pandemic behind us, can you speak to any changes being made to the national framework that will benefit VA's ability to help in local communities even faster?

Mr. SMALL. Thank you, Senator. VA headquarters maintain consistent coordination and participation in governing bodies, which allows continuous awareness of potential support at the local levels. During emergencies, we provide VA liaison to the National Response Coordination Center, and we are members in good standing of FEMA-led recovery support function leadership group, and emergency support leadership groups.

This governing body coupled with continuous partnership with other Federal departments and agency, as well as the National Security Council, provide us an ability to translate local needs into improved policies and practices.

Chairman TESTER. So in your testimony, you know, the VA is partnering with DoD to conduct a DoD, Military-Civilian National Defense Medical System Interoperability Study—it is a mouthful.

I trust a lot of lessons from the pandemic and other formal missions will inform this review. Are you able to provide this Committee with an update on the timeline for this work's completion?

Mr. SMALL. Yes, Senator. My esteemed colleague, Mr. Jaastad, will provide the details, sir.

Mr. JAASTAD. Thank you, Chairman Tester, the MCNIS, if I can, the Military-Civilian National Disaster Medical System Interoperability Study is conducted by DoD through the National Disaster Medical System of which VA—there are five pilot sites.

VA maintains two of those pilots, and these are our Federal Coordinating Centers, or FCCs. The two VA FCCs are in Denver and in Omaha. Year 1 of the pilot study was really the study part of it. Years 2 through 5, are implementation, years 5 and beyond, are expansion.

Chairman TESTER. So are you done?

Mr. JAASTAD. And just a little bit more.

Chairman TESTER. Keep going.

Mr. JAASTAD. We have partnered with DoD on this, and yes, we are looking at lessons learned. As a matter of fact, both the current director and the former director have been out to Martinsburg, West Virginia to walk through our assets.

Chairman TESTER. So can you talk about year 1? You're talking about year 2 through 5? You talked years 5 through 10. When was year 1?

Mr. JAASTAD. It predated me. I want to say it was 2020.

Chairman TESTER. 2020. So by 2025, you'll have the first assessments all done and ready for us to review?

Mr. JAASTAD. DoD is the primary.

Chairman TESTER. Right? But the assessments DoD is doing with you will be done so that we can review them?

Mr. JAASTAD. I cannot speak to DoD, sir.

Chairman TESTER. Neither can I. Well, Okay. We'll, we'll keep our eye out for that.

Dr. Balbus, do you oversee pharmaceuticals within HHS?

Dr. BALBUS. My small office does not oversee pharmaceuticals that——

Chairman TESTER. So could you take this for the record?

Dr. BALBUS. Sure.

Chairman TESTER. There are more than a 100 high-use pharmaceutical products that are not produced domestically, but they're essential for common diseases like diabetes. These drugs are susceptible to global supply chain disruptions, and those supply chain disruptions occurred during the COVID–19 pandemic. I believe they constitute a national security risk.

So can you go back to your people and ask them what is being done in this realm to ensure that those supply chain challenges and disruptions don't occur in the next pandemic, or don't occur in the next natural disaster, or how about just don't occur?

Dr. BALBUS. Absolutely. Post-COVID, there is a lot of work on supply chain resilience as per the Administration for Strategic Preparedness and Response in the Food and Drug Administration, and we can come back with a summary of that.

Chairman TESTER. That'd be great.

That same question for the VA. Not only pharmaceuticals, but beyond pharmaceuticals, critical supplies and equipment to help keep VA facilities running and serving Veterans. Some of it now is manufactured right here in America because of the pandemic. Is there anything the VA is doing to ensure that we have access to those supplies when we need them?

Mr. SMALL. Yes, Senator. VA follows, complies with the Buy American Act, Trade Agreements, and Infrastructure Investment and Job Acts. Additionally, procurement officers interact with industry frequently to educate and inform them that the Federal Government, VA, must comply with the BAA, TAA, and we are very interested in products that are made in America.

Chairman TESTER. So the last question that I have is that you have volunteer teams called DEMPS. They play a critical role in the VA's Fourth Mission. Between the COVID–19 pandemic and near continuous use for responding to national and weather disasters across this country, the all-volunteer force is experiencing a high level of burnout.

So, Mr. Small, can you update the Committee on recent efforts to establish a collection of dedicated deployment-ready teams?

Mr. SMALL. Yes, sir.

Chairman TESTER. Or maybe you have a different view on the burnout issue.

Mr. SMALL. No, I do not, Senator. But before I hand this question over to my esteemed colleague, Derrick Jaastad, I just would like to reiterate our commitment to conducting realistic national level exercise permitting us to test our strategic level-readiness of the Department through engagements of our senior leadership on the complexity associated with emergency environment.

Additionally, this continued engagement and exercise of our continuity of operations, emergency relocation groups, our devolution emergency relocation group provides a mechanism for testing and training our communications to the administration and the staff officers. But I will defer to——

Chairman TESTER. I've got that. And that's good work. The question becomes, Senator King brought up an issue with the shooting in Lewiston, Maine, and how you guys were able to respond really quick. You were able to do that, I assume, because you've had a volunteer force ready to go in that region. Is that correct?

Mr. SMALL. Yes, Senator. We do. I would defer to Mr. Jaastad. He can provide details on the DEMPS program.

Chairman TESTER. So the real question is, is that these folks are getting used more, and more, and more. We heard the testimony from Dr. Balbus. We see what's happened in the country from a disaster standpoint, whether it's man-made or nature made. And if you see burnout as a problem, we heard from Mr. Small, what else is being done so we make sure we got the people on the ground?

Mr. JAASTAD. Chairman Tester, indeed we did stress our DEMPS system. But, I think, it's also very important to note that our DEMPS volunteers have a warrior spirit and a servant's heart. Over the last year, we've added an additional 1,200 volunteers to those ranks.

When we look at applying lessons learned from COVID, we have to address our ability to respond to multiple events, whether it's

hotspots, whether it's hurricanes, whether it's mass shootings, or wildfires. The CDT program, the Clinical Deployment Team program, was funded in January of last year. $85 million to hire 360 clinicians, 20 per VISN, 5 doctors, 11 nurses, 2 social workers, and 2 LPNs.

As a function of this cohort of FTE, they are eligible, or they are scheduled for possible deployment of 30 days twice a year. That's under the auspices of OEM. And so every month, I will have 60 providers ready to deploy in under 72 hours. This is a complementary program to the 12,000 DEMPS volunteers that are still active within our rosters.

Chairman TESTER. Okay. You're talking nationwide figures, right?

Mr. JAASTAD. Yes.

Chairman TESTER. Yes. So the question becomes in a more sparsely populated State like Maine or Montana. It worked in Maine. Do you feel that confident throughout the rest of the United States as far as availability of volunteer manpower?

Mr. JAASTAD. Volunteer manpower, yes.

Chairman TESTER. Okay. I lied. I got one more question. You got a cache program that was established after 9/11 because of what transpired on 9/11. We're two decades since 9/11, things have changed significantly. Can you speak to what you're doing to revisit the contents of those caches to make sure that they reflect our environment today?

Mr. JAASTAD. Chairman Tester, the cache program is managed by three separate program offices. The Office of Public Health, Emergency Pharmacy Services, and the Office of Emergency Management.

Chairman TESTER. And how often are you revisiting them, and are they being changed to reflect the challenges of today?

Mr. JAASTAD. We meet as co-chairs quarterly to review inspections. We are also a standing member on the Public Health Emergency Medical Countermeasures Enterprise, hosted by HHS.

Chairman TESTER. And are the contents of those caches being changed? Have they changed significantly? Have they changed at all since 9/11?

Mr. JAASTAD. Actually, the PHEMCE, or Public Health Emergency Medical Countermeasures Enterprise, works in conjunction with the CDC to do an annual report in terms of what we see as threats, what the SNS or Strategic National Stockpile has, and how the all-hazards emergency cache should complement that. And so, yes, we do make adjustments within the inventory.

Chairman TESTER. Within the inventory to reflect. Okay. Good enough. Senator Blumenthal.

HON. RICHARD BLUMENTHAL,
U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Thanks, Mr. Chairman. Thanks for holding this very important hearing and apologies for being detained. I just want to say about this issue, it is so important in Connecticut where COVID caused many of our staff, the docs, the nurses, maintenance, to be burned out. But also what we've seen lately in terms of resiliency challenges, climate change and extreme

weather causing flooding at our facilities—the West Haven facility—emphasizing, again, the importance of replacing that facility as is ongoing, new parking, new surgical unit around the way.

But we need the investment in capital. And, I think, with all due respect, the President's been great to the VA, but I think the investment in capital still falls short of where it has to be to meet many of these emergencies that you've been discussing today.

And I guess my question to you is what do you see as the priority in terms of the facilities, the structural sustainability? Where do you see as the main challenges that can be met by investment in the actual structures, the infrastructure, the facilities that the VA does?

Mr. SMALL. Yes. Thank you, Senator. I will defer to my colleague in VHA to speak to the VHA medical facilities.

Dr. DORSEY. Thank you for that question. I will say that the VA has just completed their climate vulnerability assessment. That was in 2023, and we're using this as a tool to really assess and evaluate the overall vulnerability of our VA assets.

So we've looked at two different components. Our physical vulnerability, which is combines actually three different climate metrics. So exposure so the probability that a site may be susceptible to climate phenomenon, for example, sea level rise and flooding, sensitivity of that site to a climate-related hazard, and then the adaptive capacity to be able to adapt to those situations.

We've also taken a look at the social vulnerability of the population in that area. For example, socioeconomic status, housing characteristics, race, age, educational level, disability status. So we are using the results of this climate vulnerability assessment to really help inform deeper dives, and look at specific facilities and areas of concern, but also to make plans for our future infrastructure investments.

Senator BLUMENTHAL. Thank you.

Thanks, Mr. Chairman.

Chairman TESTER. I want to thank our witnesses for being here today. I appreciate the—yes. Senator King, you may have the floor.

Senator KING. Mr. Balbus, first a story about your title. Deputy Assistant Secretary. I worked in this institution some years ago as a staff member, and I once called the Office of Management and Budget to seek a witness at a hearing. And the fellow said we'll send you, I think it was a deputy assistant secretary or a deputy undersecretary.

And I said, well, I don't really know the titles. Can you tell me who this is? And the fellow gave me an answer—if I ever write a book about Washington, this will be the title—he said, "He's at the highest level where they still know anything." That's you, Mr. Balbus.

[Laughter.]

Dr. BALBUS. I'll take that one.

[Laughter.]

Senator KING. I've come to realize that I'm now above that. The question I have is, in your title, Climate Change and Health Equity, do you see trends in terms of climate change affecting the frequency and severity of disasters? I mean, I realize you're not a climate scientist, but tell me about the relationship between climate

change and things like the Maui wildfires, or flooding in the West, or severe hurricanes.

Dr. BALBUS. Well, absolutely. I mean, there's no doubt that we've seen substantial warming, for example, of the oceans, and the warmth of the ocean fuels the hurricanes. So we see much more rapid strengthening and intensity of the hurricanes that are hitting the Gulf Coast as one example. We're seeing more extremes of drought, which is partly why Maui experienced its devastating wildfire.

So the trend line is very clear. In NOAA's billion-dollar disasters graph, many people have seen this, they keep having to actually change the y-axis because the number of billion-dollar disasters keep setting records year after year in the last few years.

Senator KING. Could you get hold a copy of that and supply it to the Committee, please?

Dr. BALBUS. Absolutely.

Senator KING. Thank you.

Thank you, Mr. Chairman.

Chairman TESTER. There is no doubt from a fiscal standpoint, we cannot continue to forward what's been going on from a disaster standpoint. We need to figure out common sense ways to get arms around this.

Senator KING. One suggestion that Senator Rubio and I are working on is funding preventive measures so that we're preventing the disaster, which is much more expensive to remedy than it is to prevent.

Chairman TESTER. That's 100 percent correct.

Senator KING. Thank you.

Chairman TESTER. I want to thank the witnesses today. I appreciate you being here. Now, you're seasoned Veterans. I appreciate the robust conversation around this topic. There were several questions that were asked for the record. I'd ask you to get them back in a timely manner. We will keep the record open for a week, and this hearing is adjourned.

[Whereupon, at 4:29 p.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statements

STATEMENT OF
MR. BOBBY SMALL JR.
ACTING EXECUTIVE DIRECTOR FOR EMERGENCY MANAGEMENT AND RESILIENCE, OFFICE OF HUMAN RESOURCES AND ADMINISTRATION/OPERATIONS, SECURITY AND PREPAREDNESS
DEPARTMENT OF VETERANS AFFAIRS (VA)
VA'S FOURTH MISSION: SUPPORTING OUR NATION'S EMERGENCY PREPAREDNESS AND RESPONSE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

WEDNESDAY, NOVEMBER 15, 2023

Good afternoon, Chairman Tester, Ranking Member Moran and Members of the Committee. Thank you for the opportunity to discuss the Department of Veterans Affairs (VA) emergency response to natural/climate change-driven disasters and how VA helps the communities impacted by disasters. I am accompanied today by Michelle Dorsey, M.D., Deputy Assistant Under Secretary for Health Operations, Veterans Health Administration and Mr. Derrick Jaastad, Executive Director, Office of Emergency Management, Veteran Health Administration (VHA).

Fourth Mission

VA is committed to serving Veterans, their families, caregivers and survivors throughout their life journey. VA's three Administrations and major staff offices deliver benefits, care and services to improve well-being, outcomes and memorialization services to honor Veterans' sacrifice and contributions to our Nation. VA's Fourth Mission is 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.

VA's Fourth Mission is an operational capability that leverages VA's personnel, equipment and infrastructure to support greater resource sharing across Federal departments and agencies. By providing expanded Federal Government emergency response capacity, VA improves the Nation's preparedness and resilience to a broad range of threats and hazards during war or national emergencies in accordance with Presidential Policy Directive Number 8 and the National Response Framework. In support of the Fourth Mission, VA maintains capabilities and develops plans for supporting Federal response activities and processes.

The Fourth Mission is a statutory requirement and commitment that has been evolving since 1985 and is sustained daily. As part of daily operations and responsibilities, VA coordinates emergency management preparedness, logistics, training, exercises and assessments, manages emergency plans, processes and procedures, and develops emergency management policies and directives to sustain VA's emergency and disaster preparedness and optimize the continuity of care for Veterans.

Each Administration supports VA's Fourth Mission by developing and implementing policies, processes, programs and capabilities to provide mission assurance of access to and delivery of health care services and force protection of people and assets while building a culture of preparedness and resilience. Through a combined, proactive approach, VA is the most prepared and responsive integrated health care system in the Nation.

Climate Impacts

VA knows first-hand the effects of climate and natural disasters on our missions, workforce and the Veteran community we serve. For example, last year's hurricane season saw three landfalls along the coast of the U.S. mainland, with Hurricane Ian tying for the 5th strongest hurricane ever to make landfall in the U.S. These three storms alone affected 3.2 million Veterans and 30,000 VA staff providing care and benefits to them. Around the world, the frequency and intensity of natural disasters are

altering the operational environment and demanding a new understanding of current and future associated risk. The impacts on critical infrastructure alone can pose devastating or debilitating effects on our ability to provide services to Veterans and their beneficiaries.

With our broad mission and geographical distribution of facilities, we understand we cannot put at risk those Veterans who rely on our continued service delivery through any threat or hazard. Our effectiveness and ability to provide support to Veterans and their beneficiaries, while simultaneously being prepared and ready to answer the call of our Federal, state, local, tribal and territorial partners, hinges on maintaining overall readiness through the planning, training and properly equipping of our VA Emergency Management workforce, along with effective internal and external coordination and communication.

VA's Climate Action Plan outlines VA's response to the projected impacts of climate change to the department with the goal of ensuring sustained operations to support the uninterrupted delivery of benefits and services and VA's Fourth Mission. Our action plan is nested with President Biden's Executive Order 14008, Tackling Climate Crisis at Home and Abroad, and focuses on VA's physical infrastructure, resources, supply chain and the effects of climate related disasters on the health of VA employees and the Veterans we serve.

VA will continue its effort to identify mission critical functions at risk from the impacts of a changing climate. As impacts are further identified by the best available science, VA will incorporate climate change adaptation and resilience across agency programs and the management of Federal procurement, real property, public lands and waters and financial programs. Mitigation of known risks are incorporated into the agency's normal business operations to the extent practicable.

This plan draws on VA's ongoing efforts and establishes a pathway for expanding climate adaptation and resilience opportunities across all agency missions

and roles and incorporated into VA's governance process. The plan identifies five vulnerabilities tied to management function and decision points, five priority adaptation actions, efforts to enhance climate literacy and actions to enhance climate resilience of facilities, supplies and services.

VA identified a variety of climate change impacts to existing VA facilities. These include: (1) inundation due to sea-level rise, (2) increased inland flooding due to severe precipitation events, (3) increased wildfire activity, (4) increased severe storm and hurricane activity, (5) increased risk of drought-related water shortages, (6) increased risk of power disruptions, (7) increased fuel disruption, (8) increase in water disruption and availability of adequate quality, (9) increased extreme temperatures in summer and winter, and (10) facility access interruptions. These threats are also considered in the planning process for new VA facilities.

Given the wide distribution of VA facilities throughout the U.S. and its territories, VA facilities are impacted by most major natural disasters. VA will continue to focus on mitigation strategies and preparedness activities as un-remediated facilities are more frequently damaged or destroyed due to increased severe storm activity and sea level rise.

Strategic Readiness

Strengthening VA's capacity to support Fourth Mission national disaster operations requires planning against risks and associated impacts that would exceed local, state, territorial or tribal resources, including high consequence and plausible concurrent disasters like those that unfolded across the Nation throughout the Coronavirus Disease 2019 (COVID-19) pandemic. It equally requires a well-trained, resourced and coordinated approach between internal and external stakeholders, and a consistent and effective means for exercising our planning, continuity, decision support and communications capabilities in a realistic and complex environment.

The Department's annual continuity exercise, Eagle Horizon, tests our readiness and capabilities in the event of a major emergency. It allows us to test our continuity of operations procedures and emergency communications with our Federal partners. This national exercise provides an opportunity for our Department's key leaders to practice reconstitution, identification and mitigation of risks, creating shared understanding, and marshalling resources to support Veterans and the community. In August 2023, we conducted exercise Eagle Horizon 22-23 where Principals, Senior Leaders and Key Officials from across VA participated in a multi-scenario event, including a 9.0 magnitude earthquake causing a complete rupture along the 700-mile Cascadia Subduction Zone fault line. The severity and intensity of this disaster scenario effectively tested our ability to sustain essential functions through distributed operations, while simultaneously devolving through orders of succession the delegations of authority of the Department.

To further train disaster related responsibility and accountability throughout VA, all our new Senior Executive Service leaders are led through a national emergency tabletop exercise during their Senior Leadership Course.

VA maintains a Comprehensive Emergency Management Program (CEMP) for building, sustaining and delivering capabilities to continue mission essential functions and serve the Nation's Veterans during a National emergency under any condition regardless of threat or hazard. VHA maintains an Administration-specific CEMP for ensuring health security of Veterans and managing incident-specific impacts to Veteran health and medical services. Resiliency is an outcome of a CEMP and defined as the ability to maintain mission-critical business operations and regular health care services, ensuring health security despite the effects of a disaster or emergency.

Collectively, CEMPs address reducing or eliminating impacts from potential hazards (mitigation), building organizational capacity and capability to manage impacts (preparedness), managing or supporting consequence management (response) and

working to stabilize or restore essential functions (recovery). These programs are implemented through an integrated emergency management process.

This year, VA implemented the Emergency Management Readiness Assurance Program (EMRAP) to assess the readiness of medical facility emergency management programs utilizing a multi-phased, holistic approach, consisting of three primary modalities over a 3-year consecutive cycle: self-assessments, focused site and/or assistance visits and an exercise/demonstration. EMRAP evaluates VA medical facilities' CEMP, in accordance with Department policy, to provide an evidence-based system for developing and improving readiness (resiliency/preparedness) to deliver health care services to VA patients, military personnel and the public, as appropriate, in the event of a disaster, emergency or other contingency.

Additionally, VA is piloting a new patient outreach initiative, Vulnerable Patient Care, Access and Response to Emergencies (VP CARE). VP CARE is designed to assist line officials with establishing Veterans Integrated Service Networks-wide capabilities that enhance the readiness and resilience of patients and caregivers from the impacts of hazards and ensure consistency and proficiency with conducting outreach and assistance to these persons during emergencies. The goal is to enhance the safety and welfare and provide for the continuity of care of all Veterans and particularly those whose medical conditions contribute to their vulnerability from the impacts of hazards. VP CARE technologies facilitate unity of effort between health care system leaders, public affairs officers, emergency management specialists, core and extended clinicians, administrative support team members, caregivers, family members and vendors to achieve this goal.

VA is a critical interagency partner in Federal preparedness efforts and disaster operations in accordance with National doctrine and policy and associated emergency or recovery support functions. To enhance coordination, VA deploys liaisons to Federal homeland security and disaster response partners to facilitate information flow, conduct

interagency planning and coordination and to ensure VA's ability to support Federal disaster response efforts.

VA maintains liaisons directly in the Department of Health and Human Services (HHS), the lead for Emergency Support Function 8, Public Health and Medical Services and embeds liaisons in interagency operations, including the Federal Emergency Management Agency's (FEMA) National Response Coordination Center and 10 Regional Response Coordination Centers. VA also maintains Senior Executive level membership on FEMA's Emergency Support and Recovery Support Function Leadership Groups. Forums such as these provide VA the opportunity to discuss policy, programs and resourcing initiatives designed to mitigate the effects of natural disasters and align the thinking and resource effectiveness of the interagency community.

Locally, VA has Emergency Managers strategically located around the country who work with local VA medical facilities and communities daily to assist with mitigation, preparedness, response and recovery efforts. These Emergency Managers deploy to state emergency operation centers during emergencies. This construct allows VA to have a comprehensive approach to coordinating Fourth Mission requirements from VA's Integrated Operations Center (IOC) level down to a state, local resource or facility.

In support of greater internal coordination and communications, VA's IOC fuses information from all of VA's Administrations, Staff Offices and external partners. IOC Watch Officers work in close collaboration with the Administrations and Staff Offices, including VHA's Emergency Management Coordination Cell (EMCC).

EMCC is the incident management structure within VHA and activates during emergency situations. EMCC coordinates with all VHA Program Offices, Federal, state and local agencies and offices, private sector partners and stakeholders, and non-governmental organizations. EMCC serves as the central point of communication and coordination for VHA and the Under Secretary for Health in planning, responding and recovering from significant incidents or events that require national-level direction and

support or Federal interagency requests for assistance. EMCC coordinates national-level VHA incident planning, operations, logistics, administrative and financial support during incidents and events.

EMCC organizational structure is modular, flexible and scalable based on the incident and corresponding mission requirements. In the context of an emergency threat or an incident in progress, EMCC is tailored specifically to provide appropriate information management planning and resource coordination support in response to critical needs identified.

VA supports internal and external requirements with Disaster Emergency Medical Personnel System (DEMPS), Clinical Deployment Team (CDT) and Surge Capacity Force (SCF). This pool of both volunteer and ready-to-deploy personnel allows VA to provide clinical and non-clinical staff support during an emergency or disaster. Established in 1997, DEMPS has grown in scope and complexity. The program identifies core groups of skilled and trained VHA personnel capable and ready to meet emergent requirements as they unfold. DEMPS may be used for internal VHA missions, as well as supporting external missions identified under VA's Fourth Mission and in direct support of the National Response Framework and Emergency Support Functions.

Established from COVID-19 lessons learned, CDT will provide 360 permanent clinical staff dedicated to the continuity of Veteran health care and support to communities in times of crisis. These staff are highly skilled, trained in emergency response and deployment ready. The additional 360 CDT staff complement the DEMPS program, creating robust response capabilities to ensure continued readiness for Veterans and those who care for them.

When an incident exceeds the capacity of the FEMA disaster workforce, the Secretary of the Department of Homeland Security (DHS) is authorized to activate the DHS SCF to change the Federal response to a catastrophic disaster. FEMA manages

this program that relies on Federal employees, including VA, to support its mission of helping people before, during and after disasters.

National Disaster Medical System

In 1984, HHS, the Department of Defense (DoD) and FEMA created the National Disaster Medical System (NDMS) as a cooperative, asset-sharing partnership. VA joined the partnership in 1987 and coordinates the receipt and distribution of civilian casualties for definitive medical care at civilian NDMS health care facilities through Federal Coordinating Centers (FCC) in major metropolitan areas across the United States. VA is also responsible for the receipt, distribution and definitive medical care of prioritized military casualties supporting the VA-DoD Contingency Plan during armed conflicts or national emergencies. VA and DoD operate FCCs with trained medical and logistical personnel. VA operates 50 FCCs and DoD operates 14.

VA recently partnered in the DoD Military Civilian NDMS Interoperability Study. This DoD-led study is being used to identify the issues, needs and best practices of NDMS. The results and findings of the study will guide pilot implementation for long-term changes needed to strengthen NDMS to provide definitive care for combat casualties.

In 2023, VA participated in numerous DoD full-scale exercises such as Ultimate Caduceus and Patriot South, to integrate VA priorities and Federal patient movement capabilities within the framework of both NDMS as well as support to DoD in the event of a large-scale combat operation resulting in military casualties that would be more than the capacities of the military medical treatment system, requiring VHA support.

VA participated in numerous local, state and regional medical contingency planning events, most notably for the state of Louisiana Medical Institution Evacuation Planning effort, the U.S. Virgin Islands hurricane capstone exercise and numerous local planning initiatives.

VA participates in the VA-DoD Contingency through VA medical facilities designated as Patient Reception Centers (PRC) and through the provision of definitive medical care. PRCs receive, triage, stage, transport and track military patients relocated to military treatment facilities capable of providing the required definitive care due to disaster or military conflict. Additionally, during PRC operations, VA provides the required definitive medical care to prioritized, affected uniformed Service members. VA maintains mission-capable readiness of patient reception sites greater than 90%.

VA All-Hazard Emergency Cache

The VA All-Hazard Emergency Cache (AHEC) Program is designed to assist VA in response to a chemical, biological, radiological, nuclear and explosive (CBRNE) event and involves using potentially life-saving pharmaceuticals and medical supplies.

DHS and HHS are responsible for identifying specific high-priority CBRNE threats. The Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), a Federal Government interagency group led by HHS, publishes an annual list of the high-priority threats used to guide developing, procuring and stockpiling of pharmaceuticals and medical supplies for the Strategic National Stockpile (SNS). SNS is designed to respond to CBRNE events with delivery goals of 12 hours or less to states impacted by the event. The states, in turn, distribute assets to designated hospitals or other facilities in accordance with established agreements and protocols. In a catastrophic public health emergency, most hospitals will need to function with on-hand stock and limited re-supply for at least 24-48 hours.

VA's AHEC is designed to complement SNS and local pharmacy formulary and stock levels to ensure short-term preservation of VA's health care infrastructure until other resources can be made available in the immediate area.

As part of a VA medical facility's emergency operations plan, VA medical facilities must prepare to provide care on a humanitarian basis for these victims and provide necessary support and protection to Veterans and VA staff. While AHEC does

not provide all emergency supplies required for a local disaster such as a flood, earthquake, hurricane or fire, AHEC may be used in response to an epidemic that arises from a local disaster.

Conclusion

We appreciate this opportunity to share VA's emergency response to natural/climate change-driven disasters and how VA helps the communities impacted by disasters. Our objective is to give the Nation's Veterans the top-quality care they have earned and deserve, even in an all-hazards environment, and to support our Fourth Mission responsibilities when called upon to do so. We appreciate this Committee's continued support and encouragement in identifying and resolving challenges as we find new ways to care for Veterans. This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.

Written Testimony for Dr. John M. Balbus, M.D., M.P.H.
Office of Climate Change and Health Equity Director
U.S. Senate Committee on Veteran's Affairs
November 15, 2023

Chairman Tester and Ranking Member Moran, and Members of the Committee, thank you for the opportunity to discuss the work of the Office of Climate Change and Health Equity to build greater climate resilience and sustainability in the country's health care delivery systems.

The Secretary of Health and Human Services established our Office in response to Executive Order 14008, and the Office was officially launched August 31, 2021, with the mission to help protect the health of people in the United States, especially those most vulnerable, from the health impacts of climate change. As a focal point for action to address the climate crisis within the Department of Health and Human Services, we have also taken on assuring the health systems in the United States are resilient to increasingly severe climate-related threats and are reducing their own significant contributions to greenhouse gas pollution.

I am pleased to be brought together with colleagues from the Veterans Health Administration and plan to emphasize the following points:

- The health impacts of climate change are being felt now in the United States, but the suffering induced falls most heavily on low-income, disadvantaged populations and other vulnerable groups.
- The health *system* impacts of climate change are also being felt now, with attendant health impacts and economic damages. Climate change compounds all the other financial stresses on health systems. Fortunately, initial steps that address both health system resilience and greenhouse gas pollution reduction, like health system microgrids, also reduce energy costs for the systems that install them.
- The Office of Climate Change and Health Equity is helping coordinate an all-of-government approach to the health aspects of the climate crisis, including helping assure the health care safety net of the country is able to take full advantage of technical assistance and financial resources provided for great sustainability and resilience, for example, through the Inflation Reduction Act.

This past summer of 2023 brought unprecedented human suffering and damage from extreme weather events across the country. From wildfire smoke in New York City to devastating wildfires in Maui, much of the country directly experienced more frequent and more severe climate change impacts than ever before. These climate-related events directly impact the health and wellbeing of those living in the U.S.

These impacts were not equitably distributed. We know that certain populations, such as children, older adults, those with chronic health conditions and disabilities, racial and ethnic minorities, and people experiencing homelessness, are more at-risk of negative health outcomes from climate-related hazards. This is true for both the general population and for veterans, specifically.

For example, a recent publication[1] from the U.S. Department of Veterans Affairs, Stanford University, University of Iowa, and the Centers for Disease Control and Prevention (CDC) found that Black and American Indian/Alaska Native Veterans were more likely to be diagnosed with heat-related illnesses,

[1] Trends in heat related illness: Nationwide observational cohort at the US department of veteran affairs - ScienceDirect

and veterans with existing medical conditions, including common comorbidities, also saw a greater increase in heat-related illness over time. Additionally, the report found that the rate of heat-related illness in veterans increased from 2002 to 2019.

After a summer of record-breaking temperatures, Maricopa County, Arizona recently announced that there were 425 heat-related deaths in 2023, tying the record number from 2022, with nearly 200 more still under investigation[2]. In 2022, 42% (178) of heat-related deaths in Maricopa County were among individuals experiencing homelessness and 67% (283) involved substance use. Of the deaths involving substance use, over half were among individuals experiencing homelessness. These sobering statistics from Arizona are relevant to the care of veterans as well. In 2022, over 33,000 veterans were experiencing homelessness on any given night, comprising approximately seven percent of all adults experiencing homelessness in the U.S. Additionally, more than 20% of veterans with post-traumatic stress disorder also have substance use disorder.[3][4]

In addition to these health impacts, climate change also poses risks of stress and disruption to healthcare delivery. Climate-related extreme weather events and disasters can disrupt healthcare systems at multiple points: creating a surge in healthcare demand, resulting in staffing shortages, affecting critical supply chains, and damaging infrastructure. We have seen how health system failures have resulted in loss of life after Hurricane Ida, Superstorm Sandy, and especially Hurricane Maria in Puerto Rico, where roughly 3000 excess deaths occurred over the four months following the storm.

We know that climate change will continue to have an impact on our health systems. A 2022 study[5] found that approximately one-third of metropolitan statistical areas (MSAs) on the Atlantic and Gulf Coast have half or more of their hospitals at risk of flooding from even relatively weak hurricanes. Sea level rise and increased frequency and severity of hurricanes from climate change will further increase this risk. Unfortunately, there has been very little investment in studies like this that highlight future risks, and especially studies that analyze the specific tipping points for caused health systems to fail in extreme events. We hope this evidence base can be built to make facilities and systems more resilient and save lives.

Our Office aims to have the entire health sector working together to meet the challenges of climate change. That means becoming more prepared for climate events and also more sustainable, thereby decreasing the health sector's 8.5% contribution[6] to our country's greenhouse gas (GHG) emissions.[7] Reducing GHG emissions through interventions such as increased energy efficiency and renewable energy sources can reduce operating costs, freeing resources for investments in essential patient services. Moreover, emissions reduction and resilience are closely related. For example, the VA makes renewable power part of its facility infrastructure and equipment upgrades where feasible. VA hospitals

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[2] News Flash • Maricopa County, AZ • CivicEngage

[3] The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2022 (huduser.gov)

[4] PTSD and Substance Abuse in Veterans - PTSD: National Center for PTSD (va.gov)

[5] Flood Risk to Hospitals on the United States Atlantic and Gulf Coasts From Hurricanes and Sea Level Rise - Tarabochia-Gast - 2022 - GeoHealth - Wiley Online Library

[6] https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01247

[7] https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01247

overall use 38 percent less energy per square foot than the national average for all hospitals[8], and by installing on-site renewable power, VA facilities become more resilient to grid failures.

An example from the private sector is Kaiser Permanente's Richmond Medical Center, which implemented a microgrid that connects renewable energy and battery storage and includes a 250-kW solar power system installed on top of the medical center's parking garage. This project demonstrated the ability of a microgrid to support and sustain the functions of a health care facility. As a result, Richmond Medical Center stands to save an additional 2.63 megawatt hour of energy per year, resulting in annual savings as high as $394,000.[9]

The Office of Climate Change and Health Equity shares examples like the Kaiser's and the VA's so health systems understand the power and return on investment offered by these types of investments. The health sector has come a long way. Through the White House/HHS Health Sector Climate Pledge, a voluntary commitment to climate resilience and emissions reduction, organizations representing over 800 hospitals have signed on to be part of the solution.[10]

The Federal Health Systems – the Indian Health Service, Veterans Health Administration, Defense Health Agency, and Bureau of Prisons Health Services Division – are working to meet similar goals, as required by Executive Order 14057. This means that between the voluntary Pledge and the Federal Health Systems, over 1,120 hospitals have committed to resilience and sustainability, representing over 15% of U.S. hospitals.[11]

The Office of Climate Change and Health Equity coordinates the Federal Health Systems Learning Network, a collaboration focused on sharing best practices and addressing common challenges in reducing emissions and investing in resilience of federal health facilities. These health systems share their learning on sustainability and preparedness through regular exchange sessions with each other and public events.

In addition to working closely with Federal Health Systems, our Office works across HHS to achieve our vision of a climate resilient and sustainable health sector. For example, following a Request for Information created and analyzed with our Office[12], the Centers for Medicare & Medicaid Services (CMS) issued a categorical waiver permitting certain health care facilities regulated by CMS to utilize alternate sources of power via health care microgrids rather than traditional backup power sources like diesel generators.[13] This change facilitates use of reliable, clean energy through small-scale electrical microgrids. Our Office is also working with CMS on revisions to the Emergency Preparedness Rule that

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[8] https://www.ahrq.gov/sites/default/files/wysiwyg/healthsystemsresearch/decarbonization/decarbonization.pdf
[9] https://betterbuildingssolutioncenter.energy.gov/implementation-models/kaiser-permanente-pioneers-californias-first-medical-center-microgrid
[10] https://www.hhs.gov/climate-change-health-equity-environmental-justice/climate-change-health-equity/actions/health-sector-pledge/index.html
[11] https://www.hhs.gov/climate-change-health-equity-environmental-justice/climate-change-health-equity/actions/health-sector-pledge/index.html
[12] Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation (87 FR 49167)
[13] https://www.cms.gov/files/document/qso-23-11-lsc.pdf

will propose to update requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, including climate-related disasters[14].

Helping the American health sector, and particularly our safety-net health care organizations, become more resilient, energy-efficient, and sustainable, ultimately protects the health and safety of all people in this country.

That's why the Office of Climate Change and Health Equity is working closely with the Administration for Strategic Preparedness and Response (ASPR) to update our Sustainable and Climate-Resilient Health Care Facilities Toolkit, which highlights best practices to help health care facilities become more prepared for climate-related hazards. And why the Office has created guidance and webinars designed to help the health sector leverage government grants and tax credits that can support climate resilience and sustainability. A particular focus for us is the Inflation Reduction Act, which makes billions of dollars available for climate action.

In October, we held a *Roundtable on Leveraging the Inflation Reduction Act for Safety-Net Health Organizations* with the White House.[15] At that event, Admiral Rachel Levine announced that we will be leading a catalytic program in early 2024 to help safety-net health care organizations take advantage of the transformative tax credits and grant programs created by the Inflation Reduction Act.[16] That program will involve safety-net provider member associations like America's Essential Hospitals, the National Rural Health Association, and the National Association of Community Health Centers.[17] We hope to see many safety-net health providers become better prepared for climate hazards and more sustainable thanks to the Inflation Reduction Act.

The Office of Climate Change and Health Equity appreciates all Congress has done to help the American health sector prepare for the effects of climate change, and we look forward to continuing to advance our shared goals of advancing health equity, increasing community resilience, and improving sustainability across our nation's health care system.

[14] https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202304&RIN=0938-AV21
[15] https://www.whitehouse.gov/briefing-room/statements-releases/2023/10/20/readout-of-white-house-roundtable-on-leveraging-the-inflation-reduction-act-for-safety-net-health-organizations/
[16] https://www.hhs.gov/climate-change-health-equity-environmental-justice/climate-change-health-equity/health-sector-resource-hub/new-catalytic-program-utilizing-ira/index.html
[17] Wording of the WH Readout https://www.whitehouse.gov/briefing-room/statements-releases/2023/10/20/readout-of-white-house-roundtable-on-leveraging-the-inflation-reduction-act-for-safety-net-health-organizations/

Questions for the Record

Department of Veterans Affairs (VA)
Questions for the Record Submitted to
Mr. Bobby Small Jr., Acting Executive Director,
Emergency Management and Resiliency,
Office of Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP) from the
Committee on Veterans' Affairs
United States Senate

"VA's Fourth Mission: Supporting Our Nation's Emergency Preparedness and Response"

November 15, 2023

Questions for the Record from Senator Kyrsten Sinema

QUESTION 1(a): Director Small, in your testimony you discussed how the VA collaborates with local governments, including tribal communities, on disaster relief. In Arizona, we have one of the largest Native American populations of any state, with 22 federally recognized tribes. Additionally, tribal land makes up over 27% of our state.

VA Response: VA maintains continuous awareness of potential unique needs at the local, state, tribal, and Federal levels through coordination and participation in Government-wide governance bodies. VA is a member of the Recovery Support Function Leadership Group and Emergency Support Function Leadership Group led by the Federal Emergency Management Agency. During emergencies, the Department also provides a liaison to the National Response Coordination Center. Participation in these governance bodies, along with partnerships with other Federal entities and the White House National Security Council, helps VA translate local needs into innovative, adaptive, and improved policies and practices.

QUESTION 1(b): While my colleagues and I secured billions of dollars in the bipartisan infrastructure bill to fund improvements in water infrastructure and broadband for tribal communities, they continue to face unique problems that require innovative and adaptive approaches. How is VA ensuring that it is prepared to meet the unique needs of tribal communities when providing disaster relief?

VA Response: As part of daily operations and responsibilities, VA coordinates emergency management preparedness, logistics, training, exercises, and assessments and manages emergency plans, processes, and procedures and develops emergency management policies and directives in an effort to sustain VA's emergency and disaster preparedness and optimize the continuity of care for all Veterans to include the unique needs of Veterans who live in tribal communities.

VA serves as an asset to the Nation during disasters and emergencies, performing what VA refers to as its Fourth Mission. As a foundational part of Federal emergency management efforts through the National Response Framework, VA will lead the effort to meet Veteran needs and fill gaps in community services for Veterans, Service members, or civilians if needed. Additionally, VA will support and collaborate with other Government agencies working with Veterans at the Federal, State, local, tribal, and territorial levels in times of crisis. VA has an Interagency Agreement with the Indian Health Service to provide assistance during periods of public health emergencies.

QUESTION 2: Director Small, my priority is ensuring that care provided by VA facilities and community providers is accessible to our veterans. Accessibility has been particularly challenging in rural areas due to the long distances veterans sometimes must travel to receive care. VA facilities are also responsible for these large portions of States in the event of a natural disaster. How has your office ensured that it is ready to provide relief to expansive rural areas in a timely manner?

VA Response: The Office of Rural Health (ORH) implements programs that deliver increased care and support to rural Veterans nationwide in a more uniform manner. ORH fulfills its mission by supporting targeted research, developing innovative programs and identifying new care models. Working through its five Veterans Rural Health Resource Centers as well as collaboration with academia, state and local governments, private industry and non-profit organizations, ORH strives to break down the barriers separating rural Veterans from quality care. ORH programs and initiatives are extensive and may be found on their public-facing website at the following address: https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp.

QUESTION 3: Director Small, as climate change intensifies, wildfires are becoming more prevalent. According to the Arizona Department of Forestry and Fire Management, in 2020, Arizona had over 2,500 wildfires that burned nearly one million acres. Has VA been changing their response to wildfires as they become more frequent?

VA Response: In accordance with Veterans Health Administration (VHA) Directive 0320, VHA Comprehensive Emergency Management Program, and VHA Directive 0320.01, VHA Comprehensive Emergency Management Program Procedures, VA medical centers (VAMC) proactively identify localized vulnerabilities to infrastructure, security, and health care operations through annual Hazard Vulnerability Assessments (HVA) to assess impacts and mitigate hazards. Mandatory Emergency Operations Plans are based on the results of the HVA. The purpose of this directive is to ensure the continuity of medical and hospital services for Veterans and during a disaster or emergency, to civilians, as appropriate. VAMCs are required to conduct after-action reviews following an emergency to identify corrective or preventive actions to be added to the VA medical facility's improvement plan.

Additionally, VA's web application, Symphony, serves as the host for multiple reports that develop VAMC trigger systems, early warning systems, and issue briefs that require leadership awareness and action to include outreach to determine patient welfare and needs during emergency events, including those that pose clear danger to the health and welfare of persons living in the area affected by the hazard (e.g., tornado damage, path of a hurricane, and/or wildfire perimeters).

Department of Veterans Affairs
January 2024

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