STATEMENT OF

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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 lan 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 nongovernmental 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 nationallevel 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 longterm 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.