

**STATEMENT OF
JOY J. ILEM
ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
HOUSE VETERANS' AFFAIRS COMMITTEE
SUBCOMMITTEE ON HEALTH
APRIL 10, 2002**

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to present the views of the Disabled American Veterans (DAV) on H.R. 3253, the National Medical Emergency Preparedness Act of 2001, and H.R. 3254, the Medical Education for National Defense in the 21st Century Act. As an organization of more than one million service-connected disabled veterans, DAV is especially concerned about maintaining a Department of Veterans Affairs (VA) health care system that can meet its primary mission of providing medical care to our nation's veterans and effectively carry out all its other missions.

The National Medical Emergency Preparedness Act of 2001, H.R. 3253, seeks to establish at least four medical emergency preparedness centers in VA to carry out research on and develop methods of detection, diagnosis, vaccination, protection, and treatment for chemical, biological, and radiological threats to the public health and safety. It also seeks to provide education, training, and advice to health-care professionals throughout the United States, and to provide contingent rapid response laboratory assistance to local health care authorities in the event of a national emergency.

The Medical Education for National Defense in the 21st Century Act, H.R. 3254, seeks to establish a joint program between VA and the Department of Defense (DoD) to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities. The programs developed would focus on the recognition of chemical, biological, and radiological agents that may be used in terrorist activities and training for health care professionals to identify potential symptoms of those agents, long term health consequences, emergency and follow-up treatment, and protection against contamination from such agents. Under this measure the education and training programs would be disseminated to health professions students, graduate medical education trainees, and health practitioners in a variety of fields.

DAV does not have a resolution from our membership on either of these measures; however, their purposes appear beneficial. DAV does not oppose favorable consideration of H.R. 3253 and H.R. 3254 by the Subcommittee. These bills would allow VA to enhance its support role in Federal security and homeland emergency efforts. VA's extensive health care system, graduate medical education and research program, and unique specialized services make VA an essential asset in responding to potential chemical, biological and radiological attacks. Clearly, VA's foremost responsibility is its primary mission of providing medical care to our

Nation's veterans; however, VA is a unique national resource, and all Americans benefit from its exceptional health-related training and research programs.

The VA's Veterans Health Administration (VHA) is the Nation's largest direct provider of health care services, with over 1,300 care facilities, including hospitals, ambulatory care and community based outpatient clinics, counseling centers, nursing homes and domiciliary facilities. VA's primary mission is to provide health care to our Nation's veterans. Its second mission is to provide education and training for health care personnel. VA trains approximately 85,000 health care professionals annually and is affiliated with nearly 1,400 medical and other schools. Its third mission is to conduct medical research. VA's fourth mission, defined in Public Law 97-174, the Veterans Administration and Department of Defense Health Resources Sharing Act, enacted in 1982, provides that VA is the principal medical care backup for military health care "[d]uring and immediately following a period of war, or a period of national emergency declared by the President or the Congress that involves the use of the Armed Forces in armed conflict[.]"

Currently, multiple federal agencies, including VA, are involved in emergency response for potential terrorist acts and other domestic disaster or emergency situations. State and local agencies have the primary responsibility for managing medical response during catastrophic events. VA's role is to augment the efforts of state and local authorities should such events occur. As part of its emergency preparedness responsibilities, VA is charged with planning for emergency health care service for VA beneficiaries, active duty personnel, and, as resources permit, to civilians in communities affected by national security emergencies. In the past, VA has been there in times of crisis, providing emergency relief following earthquakes, hurricanes, and flood disasters. Following the terrorist attacks of September 11, VA stood ready to respond. Although casualties were minimal, VA cared for patients, deployed staff, supplies, and made its inventory readily available. In New York, VA assisted emergency workers and the National Guard to help them carry out their duties in the immediate aftermath of the terrorist attacks. Staff from VA's National Center for Posttraumatic Stress Disorder (PTSD) began to assist DoD in its relief efforts at the Pentagon. In the months following the attacks, VA also broadcast the DoD sponsored series on "Medical Management of Biological and Chemical Casualties" and "Medical Response to Chemical and Biological Agent Exposure" throughout its satellite Network.

VA plays a key supporting role as part of the Federal Response Plan and the National Disaster Medical System. VA's Medical Emergency Radiological Response Team is trained to respond to radiological emergencies. VHA also supports the Public Health Service and Health and Human Service's office of Emergency Preparedness to ensure that adequate stockpiles of antidotes and other necessary pharmaceuticals are maintained nationwide in case of a catastrophic event such as the use of weapons of mass destruction. Additionally, VA, well known as a leading authority in treating PTSD, makes available its highly trained mental health staff to assist victims traumatized by large-scale disasters.

The terrorist attacks in New York, Washington, D.C., and Pennsylvania made us feel vulnerable and keenly aware that attacks could occur anywhere in the United States at any time. The immediate establishment of the Office of Homeland Defense by the President was reflective of the urgency and serious threat of terrorism here at home and our resolve to be prepared to

handle the consequences of potential future attacks. The tragic deaths from anthrax fueled fears of other toxic agents being let loose on unsuspecting citizens. As a nation, we resolved to face these fears and to address new potential threats with concrete solutions. The introduction of these two measures is reflective of that goal. Clearly, VA has a multitude of resources and expertise that could be utilized should we experience a chemical, biological, or radiological attack. In past conflicts, veterans have experienced exposure to a variety of toxic substances during military service, prompting VA to develop a core of specialized medical programs and treatments. VA has expertise in areas such as radiation exposure, exposure to toxic chemical, biological, and environmental agents, and recently developed two new centers for the Study of War-Related Illnesses. VA also has unique expertise in diagnosing and treating stress-related disorders such as PTSD. Clearly, VA could contribute greatly to the advancement of knowledge and treatment of patients with exposure to chemical, biological, and radiological agents.

However, if we expect VA to address these new threats—and address them promptly and effectively—VA must be provided with sufficient funding to correct its deficiencies and carry out all its missions. VA is currently struggling to carry out its primary mission of providing timely, quality health care to our Nation's veterans. As this Subcommittee is aware, increasing numbers of veterans are seeking care from VA; however, medical care funding has not kept pace with inflation and increasing enrollment, which has placed significant financial stress on the VA system and caused longer waiting times for patient care. Continued budget shortfalls and open enrollment have stretched VA to its limits, making it extremely difficult for VA to provide the timely, quality health care services veterans deserve.

VA and the General Accounting Office (GAO) provided testimony before the House Veterans Affairs Committee on October 15, 2001, and discussed VA's ability to respond to DoD contingencies and national emergencies. Clearly, VA will play a vital role in helping our nation meet its new challenges, and a high degree of readiness is essential in the event of additional terrorist acts on our homeland. Some of the deficiencies and opportunities VA identified to improve its ability to carry out all its missions included substantial upgrades to personal protection gear, equipment, and training to properly respond to a chemical attack. Secondly, VA reported it would be very difficult to treat veterans, military personnel, and civilians at the same time, should a mass-casualty event occur. Thirdly, VA noted that significant staffing shortages could result if there was a call-up of Reserve or National Guard units. Finally, VA reported that long-term needs for PTSD counseling following a catastrophic event might impact on its ability to treat veterans. Despite these challenges, VA confirmed its intent to meet its critical emergency response missions.

GAO confirmed in its testimony that VA's role as part of the Government's response for disasters has grown with the reduction of medical capacity in the Public Health Service and military medical facilities. The testimony addressed VA's strengths and limitations in its emergency response capabilities and relative to planning for homeland security and noted that VA hospitals do not have the capability to process and treat mass casualties resulting from weapons of mass destruction. It also noted that VA hospitals are better prepared for treating injuries resulting from chemical exposure than those resulting from biological agents or radiological material. Notably, it pointed out that VA hospitals, like private sector community hospitals, lack decontamination equipment and supplies for treating mass casualties. Finally,

GAO stated that, “[c]urrently, VA’s budget authority does not include funds to address these shortcomings.”

In closing, DAV agrees with GAO’s concluding observations that VA, in its supporting role, makes a significant contribution to the emergency preparedness response activities carried out by the lead Federal agencies. We also concur that enhancing VA’s role may be beneficial; however, the potential impact on VA being able to carry out all its health care missions if suggested enhancements are made, is unclear, as is the impact on the VA medical care budget.

VA is clearly in a unique position to support other lead agencies in and managing large-scale disasters. H.R. 3253 and H.R. 3254 would certainly enhance VA’s capabilities and contributions in this regard, but without sufficient funding to meet its primary mission, it is questionable if additional obligations should be put upon VA to carry out these added responsibilities.

In closing, we thank the Subcommittee for holding this hearing today and providing DAV the opportunity to express our views on these two important measures.