



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

July 20, 2001

The Honorable Bob Stump
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed "Report to Congress on the Department of Veterans Affairs Bed Capacity in Support of Department of Defense Contingency Planning" is submitted for your information. The report, developed in accordance with Public Law 97-174, the "VA/DoD Health Resources Sharing and Emergency Operations Act," provides information on current contingency planning in support of the VA/DoD Contingency Hospital System. The information has been jointly reviewed with the Department of Defense.

We are providing separate letters transmitting a copy of this report to other appropriate Members of Congress. In accordance with Title 38, Section 116, enclosed is a statement of the cost of preparing this report and a brief explanation of the methodology used in preparing the cost statement.

Sincerely yours,

A handwritten signature in black ink, reading "Anthony J. Principi", is positioned above the printed name. The signature is fluid and cursive.

Anthony J. Principi

Enclosures

2001 REPORT TO CONGRESS ON THE
DEPARTMENT OF VETERANS AFFAIRS (VA) ESTIMATED BED CAPACITY
IN SUPPORT OF DEPARTMENT OF DEFENSE (DoD) CONTINGENCY PLANNING

The VA/DoD Health Resources Sharing and Emergency Operations Act, Public Law 97-174, was enacted on May 4, 1982. The law gave the Veterans Administration (now the Department of Veterans Affairs) an added mission - to serve as principal health care backup to DoD in the event of war or national emergency. Plans were developed jointly by VA and DoD to implement Public Law 97-174 by establishing a VA/DoD Contingency Hospital System. One important objective of the planning effort was to assess VA's bed capacity to care for sick and wounded Armed Forces personnel in time of war or national emergency.

VA medical centers assess 13 specific bed categories (that include highly specialized beds) required by DoD. Assessments take into account the impact on local operations of VA employees subject to mobilization, since long-standing VA policy is that no employee is unavailable for active military duty in a national emergency by reason of his/her VA position or assignment.

DoD policy requires Federal agencies to continually screen their ready reservists in peacetime to ensure immediate availability of these individuals during any mobilization. The DoD Authorization Acts of 1982 and 1983 elevated the mobilization priority of standby reservists and certain military retirees under age 60 in good physical health. VA's screening list now identifies approximately 16,331 employees who are subject to mobilization.

The reported bed estimates are for staffed operating beds in the modified 13 DoD evacuation categories and take into account contingency planning considerations such as projected loss of personnel to mobilization, other staffing issues, beds out of service due to construction, planned program reductions or expansions, and other factors that may affect bed capability.

VA's objective is to provide DoD with maximum bed availability in the specific contingency bed categories within 72 hours of activation of the VA/DoD Contingency Hospital System. In order to accomplish this, VA could arrange care for some patients at civilian community hospitals (subject to the President's approval).

The Secondary Support Centers (SSCs) would provide backup to the Primary Receiving Centers (PRCs) by accepting transfers of patients or providing resources. Fifty-four VAMCs (36 PRCs and 18 SSCs) and four outpatient clinics have been classified as Installation Support Centers. The Installation Support Centers could assist a neighboring DoD installation or medical facility with medical needs during a military mobilization. This report includes changes due to consolidation of VA medical centers and military base closures that occurred during calendar year 2000.

VA medical centers have completed their eighteenth annual capability assessment. The attached tables reflect information based on the individual VAMC VA/DoD contingency data submissions in January 2001. Table I identifies the estimated VA-staffed bed capability for contingency planning. Table II shows the same estimated staffed-bed capability of the Primary Receiving Centers. Table III reflects that of the Base/Installation Support and Secondary Support Centers. Table IV identifies the number of Veterans Health Administration (VHA) employees who are active in the reserves or military retirees by VHA network location and shows the total number of VA/VHA employees subject to military mobilization.

VA will continue to furnish health care services to the Department of Defense in time of war and national emergency, to include medical preparedness in the event of catastrophic disasters. The VHA Emergency Management Strategic Healthcare Group maintains liaisons with partner agencies (Federal Emergency Management Agency, Department of Health and Human Services, and DoD) to ensure that the National Disaster Medical System provides a civilian backup component to the VA/DoD Contingency Hospital System if needed. Involvement in this ongoing emergency preparedness effort enables VA to improve its response capability in communities across the Nation. Furthermore, VHA's medical facilities regularly test and upgrade emergency response plans through training and exercises.

TABLE I
2001 - ESTIMATED VA CONTINGENCY BEDS
(All VA Medical Centers)

<u>BED CATEGORY</u>	<u>WITHIN 72 HOURS</u>	<u>>THAN 72HOURS</u>
Medicine	2,288	3,194
Psychiatry	1,566	2,067
Surgery	802	1,143
Orthopedics	154	214
Spinal Cord Injury	231	332
Burns	3	5
OB/GYN	4	3
Pediatrics	0	0
Neurosurgery	82	115
Maxillofacial Surgery	58	67
Ophthalmology	89	122
Thoracic Surgery	100	144
Urology	123	168
TOTAL	5,500	7,574

TABLE II
2001 - ESTIMATED VA CONTINGENCY BEDS
(66 Primary Receiving Centers)

<u>BED CATEGORY</u>	<u>WITHIN 72 HOURS</u>	<u>>THAN 72 HOURS</u>
Medicine	1,597	2,167
Psychiatry	1,049	1,350
Surgery	604	894
Orthopedics	131	189
Spinal Cord Injury	231	332
Burns	3	5
OB/GYN	4	3
Pediatrics	0	0
Neurosurgery	79	111
Maxillofacial Surgery	55	64
Ophthalmology	80	111
Thoracic Surgery	94	139
Urology	105	147
TOTAL	4,032	5,512

TABLE III
2001 - ESTIMATED VA CONTINGENCY BEDS
(Installation Support Centers and Secondary Support Centers)

<u>BED CATEGORY</u>	<u>WITHIN 72 HOURS</u>	<u>>THAN 72 HOURS</u>
Medicine	691	1,027
Psychiatry	517	717
Surgery	198	249
Orthopedics	23	25
Spinal Cord Injury	0	0
Burns	0	0
OB/GYN	0	0
Pediatrics	0	0
Neurosurgery	3	4
Maxillofacial Surgery	3	3
Ophthalmology	9	11
Thoracic Surgery	6	5
Urology	18	21
TOTAL	1,468	2,062

**TABLE IV
VHA EMPLOYEES
SUBJECT TO MILITARY MOBILIZATION**

22 VISNs = Veterans Integrated Service Networks

		READY RESERVISTS			RETIREEES	
		AGE	AGE	AGE	AGE	AGE
		18-45	46-59	60+	18-45	46-59
	<u>VISN No./Location</u>					
1 -	Boston, MA	276	245	13	14	88
2 -	Albany, NY	82	104	3	11	53
3 -	Bronx, NY	121	114	4	23	37
4 -	Pittsburgh, PA	209	282	2	25	120
5 -	Baltimore, MD	156	168	3	17	74
6 -	Durham, NC	192	312	4	58	243
7 -	Atlanta, GA	381	600	1	110	315
8 -	Bay Pines, FL	536	563	5	98	295
9 -	Nashville, TN	255	427	0	75	198
10 -	Cincinnati, OH	135	188	3	29	92
11 -	Ann Arbor, MI	158	159	5	9	40
12 -	Chicago, IL	153	182	11	13	72
13 -	Minneapolis, MN	84	154	6	17	79
14 -	Omaha, NE	63	106	1	5	67
15 -	Kansas City, MO	169	310	1	30	151
16 -	Jackson, MS	508	830	9	152	495
17 -	Dallas, TX	260	605	2	96	423
18 -	Phoenix, AZ	201	201	9	58	241
19 -	Denver, CO	82	159	4	18	91
20 -	Portland, OR	235	318	3	71	246
21 -	San Francisco, CA	186	285	4	29	208
22 -	Long Beach, CA	199	336	2	69	292
TOTALS		4,641	6,648	95	1,027	3,920

Subtotal, Ready Reservists All Ages

11,384

Subtotal, Military Retirees, Age 18-59*

4,947

TOTAL EMPLOYEES SUBJECT TO MOBILIZATION

16,331

*Excludes military retirees age 60 and over

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

Title of Report: 2001 Report to Congress on the Department of Veterans Affairs Bed Capacity in Support of Department of Defense Contingency Planning.

Report Required by: Section 881A, Title 38, U.S.C.

In accordance with title 38, section 116, listed below is a statement of the cost of preparing the 2001 Report to Congress on the Department of Veterans Affairs Bed Capacity in Support of Department of Defense Contingency Planning, and a brief explanation of the methodology used in preparing the cost statement:

Staff cost:	\$1,951
Contract cost:	\$ 0
Printing cost:	\$ 0
Total estimated cost:	\$1,951

Cost assumes over 66 staff hours at approximately \$30 per hour (salary and benefits).