

## **Chapter 17: VA's Role in Support of the Department of Defense and in a Federal Response to Domestic Incidents**

### **Less Visible, Extremely Important 4th Mission**

In addition to caring for veterans, engaging in research and medical education, and operating the Veterans National Cemetery System, there is a fourth mission assigned to the Department of Veterans Affairs. That mission is to serve in a primary back up role to the Department of Defense Military Healthcare System (MHS) during war or national emergency, and also to assist other Federal agencies in providing medical and other services during natural disaster or terrorist attack.

While the CARES planning model cannot predict future conflicts or national emergencies, CARES planning guidance does require VHA to consider these responsibilities as decisions are made about the placement, size and scope of hospitals and clinics, and to ensure that decisions do not compromise emergency management and support functions.

Even before describing VHA's specific role in supporting DoD, this reassuring statement can be made: planning initiatives developed in the Draft National CARES Plan did not pose significant downsizing of acute care beds in any VA facility designated to play a key (receiving center) role in the contingency support mission. This means, essentially, that no VA in-house space that might be required by DoD in this context is at risk because of CARES process decisions.

Preparing to meet VHA's fourth mission is an ongoing challenge. The principle risk for VHA is the ability to secure staff to meet emergency surge requirements to care for patients. VHA annually assesses the number of beds that could be available in 24, 48, and 72 hours. VHA also retains the authority to contract for care in times of emergency and has flexibility in using that authority. CARES addresses support to DoD in a couple of ways. First, CARES plans for an 85 percent occupancy rate when planning for space needs in its hospitals. This creates a 15 percent margin for surge space in the event of an emergency. In addition there is no significant downsizing of future beds in Primary Receiving Centers that would place any in house space requirements at risk in the future. Second, VHA is constantly improving and testing the process by which facilities would make this surge space available in time of war or national emergency.

### **CARES Market Plans Impact on National Defense and Homeland Security**

VISNs were required to discuss in their CARES Market Plans the impact of planning initiative solutions on the VA's fourth mission. They were asked to describe the strategy the VISN would use to meet a realistic estimate for DoD contingency needs and those contingency needs provided by VA's Emergency Management Strategic Health Care Groups. As indicated previously, the overwhelming majority of planning initiative solutions, and other bed gap solutions, had either no impact or a positive impact on support to DoD contingency needs. The potential positive impact is a result of the expected improvement in the acute inpatient infrastructure that will ensure that

VA's facilities are available to meet any contingency needs and the overall expansion in space proposed in the plan.

Potential negative impact from planning initiative solutions are anticipated in the following areas:

#### Contracting Services in the Community

VISNs that proposed planning initiative solutions involving significant community contracts had different views on the impact on DoD contingency planning. Most did view contracting as eliminating the medical center's contingency support capacity, and proposed working with DoD to find ways of ensuring preparedness in the future or including national emergency provisions in contracts. However, a few facilities saw expansion of contract services as a chance to develop a closer relationship with community hospitals that could support disaster preparedness in the future. A few facilities felt the delivery of mental health services dealing with PTSD and potential outcomes in the event of a conflict, would be better delivered by VA than through community providers due to expertise in these areas.

#### Small Facilities

Facilities with fewer than 40 acute beds, which the Draft National CARES Plan recommended should eliminate acute beds or change to a Critical Access Hospital (CAH) designation, will no longer be a resource for hospital beds in the event of military action or national emergency. A list of these facilities can be found in Chapter 8, "Strategic Direction of Small Facilities." The extent that these small facilities would be used in the event of a conflict would determine the extent of the impact on DoD contingency planning. However, none of these small facilities is currently designated as a Primary Receiving Center<sup>1</sup>.

#### Consolidations and Realignment (Proximity)

Facilities proposed for closure as part of the solution of a Proximity Planning Initiative can be found in Chapter 9, "Proximity and Campus Realignment." Closures will not have an impact on DoD contingency planning in those markets.

#### Out Leasing

VISNs which lease space to the National Guard or other agencies involved with national defense were reluctant to terminate the leases to gain space back for patient care services. In many cases, the leases were retained and other alternatives for space expansion at the facility were proposed.

#### Staffing

Although VISN CARES Market Plans include infrastructure or service expansions at many facilities that support VHA's emergency response role, the ability to acquire emergency staffing to provide the additional care is an issue not addressed in this cycle of CARES.

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<sup>1</sup> A List of DoD Primary Receiving Centers can be found under References or at [www.va.gov/emshg](http://www.va.gov/emshg)