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STATEMENT FOR THE RECORD
OF
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
FIELD HEARING ON
VA HEALTH CARE:
MAXIMIZING RESOURCES IN PUERTO RICO
MARCH 12, 2018

Chairman Wenstrup, Ranking Member Brownley, and members of the subcommittee, Paralyzed Veterans of America (PVA) appreciates this opportunity to submit this statement for the record of this field hearing. We understand that your focus encompasses the provision of medical care in Puerto Rico by the Department of Veterans Affairs (VA) as well as the role of the VA during and after the devastating hurricanes that hit the island last September. However, our comments are directed to the latter subject based on the findings of a PVA team that travelled to Puerto Rico in early December to learn first-hand from our chapter about the experiences of our members before, during and after Hurricane Maria and understand how well or how poorly the emergency preparedness and response systems served them and their families. During that visit, the PVA team met with chapter leaders, individual PVA members as well as officials from the VA medical center and Federal Emergency Management Agency (FEMA). Many elements of the VA's own processes for disaster management worked as outlined in the National Response Framework. However, PVA heard multiple reports of problems related to communications within the VA as well as coordination among the other components that make up our national disaster response system that created a hardship on many of our members and other veterans in Puerto Rico.

As you know, Puerto Rico received the brunt of Hurricane Maria. The official toll of deaths attributed to the storm was 64 but reports of fatalities attributed to Maria indicate hundreds more. An estimated 200,000 Puerto Rican families evacuated to the U. S. mainland. As of the end of January, approximately 450,000 of Puerto Rico's 1.5 million electricity customers were still without power, and those who do have electricity suffer frequent blackouts. Through all of this, PVA's chapter, its 300 members and its leadership have striven to exemplify the strength, perseverance and resilience that marked their service to their country.

VA's Role in National Emergency Response

Public Law 100-707 created the National Response Framework (NRF) under the Stafford Act for federal agency involvement in natural and man-made disasters. The NRF is comprised of 15 emergency support functions for which one federal agency serves as lead. FEMA is assigned about half of the emergency support functions. The VA is tasked with a variety of public health and medical responsibilities under Emergency Support Function 8 of the NRF but the Department of Health and Human Services (HHS) is the lead agency for that function. The VA also has responsibilities under Emergency Support Function 6 relating to post-disaster care and recovery, the lead agency for which is the Department of Homeland Security/FEMA. There is a rather extensive amount of information about VHA emergency management operations and its role in the NRF and disaster medical system at https://www.va.gov/VHAEMERGENCYMANAGEMENT/Documents/EMPG_Mar-2011.pdf.

In 2011, FEMA released the National Disaster Recovery Framework (NDRF), as a companion document to the National Response Framework (NRF). The NDRF defines core recovery principles, roles and responsibilities of recovery coordinators and other stakeholders, a structure to facilitate communication and collaboration among all stakeholders, guidance for pre- and post-disaster recovery planning, and the overall process by which communities can capitalize on opportunities to rebuild. The VA is listed as a supporting federal agency under both the Health and Social Services and Housing Recovery Support Functions.

In Puerto Rico, the VA tried to fulfill its mission under the National Response Framework, albeit with certain challenges. In a meeting with Acting Spinal Cord Injury (SCI) chief Dr. Eduardo Nadal and acting director of the medical center, Dr. Antonio Sanchez, PVA's team received a general overview of their operations before, during and after Maria. According to these VAMC officials, the support they received from VA central office throughout the storm and its aftermath was "outstanding." In cooperation with the VISN, the medical center sought to track its special populations but the destruction of the communication system on the island, along with gaps in patient record keeping, made this extremely difficult. VA personnel were sent out into remote areas of Puerto Rico to find those on their patient registry but the hospital did not have complete addresses and names for many veterans. Many of the veterans only list post office boxes as their address with the VA and often have two last names, common in many Hispanic cultures, only one of which was entered in the hospital records. As a result, there were still veterans unaccounted for by the VA and our chapter months after the hurricane had passed.

As part of its "fourth mission," and in keeping with its responsibilities under the NRF, the VA opened its doors to any medically vulnerable patients on the island and the SCI center tried to accommodate anyone in need of its facilities. The acting SCI chief noted that many of the 350 veterans on their spinal cord injury registry are medically stable but could not get into some of the local shelters – and had to come to the VAMC – stressing the capacity of the hospital. When the VA became full, they sent people to outside

nursing homes but our chapter leaders reported that the Director of the VA sent nurses out to those locations to check on them in an effort to keep track of their patients. The medical center wound up sending 15 patients to the mainland because it could not manage patients at all the shelters on the island. PVA agrees with the conclusion of those VA officials that more work is needed to develop better emergency shelters for medically stable people with disabilities. Dr. Sanchez also observed to the PVA team that the center needs to do better at identifying patients who live alone and include them in their emergency preparation plans.

The VA activated an emergency prescription management program that is available during those times when veterans can't reach a VA facility for medications. This allows local pharmacies like Walgreens or CVS to fill prescriptions but many did not seem to be aware of the VA's policy. Several veterans with whom the PVA group spoke reported being charged inappropriately by their local pharmacy when they sought to fill prescriptions from the VA. The VA did provide pharmacies with a customer service phone number for the company with which the VA had contracted and this appeared to resolve issues when they called. PVA agrees with the determination of the medical center leadership that it needs to be more proactive in advertising its resources in advance of emergencies to avoid such problems.

Generators were a key concern among many PVA members. When questioned about PVA chapter's requests for these supplies, Dr. Sanchez noted that generators were gone from stores in the first days after the storm and that shipments of generators sat in the port for weeks. Although more supplies had begun to arrive in stores by December, Dr. Sanchez indicated that generators do not seem to fall under the guidance VA has for emergency provision of prosthetics – even though power supplies are vital for many of the durable medical equipment (DME) items that do fall under prosthetics. Since then, PVA has received clarification that, indeed, generators should be covered under prosthetics by the VA and we have communicated this information to our service officers.

Coordination between the VA and the other elements of the emergency response system was inconsistent. There were reports that the Florida VA medical center offered to take SCI patients but encountered barriers to doing so. Asked whether the VAMC worked with the Department of Defense (DoD), Dr. Nadal said they referred several patients to Defense's Mercy hospital ship but they were initially rejected under the ship's criteria for admission. The VA medical center, on the other hand, wound up helping the Mercy by selling it prescription drugs from the VA reserves when the DOD supplies ran out.

Another area where synchronization between VA and the other components of the disaster response system failed to function properly involved oxygen supplies for the VAMC. Because the VA health care system was fairly strong in Puerto Rico, federal agencies prioritized shoring up other parts of the health care system on the island. After the oxygen plant in Puerto Rico was destroyed, FEMA took control over oxygen supplies but that caused a shortage of oxygen at the VA. The VA medical center was then compelled to import oxygen from the mainland. As of December, according to VA

officials, FEMA had begun to coordinate with the VA and VA central office to bolster the medical center's reserves.

Post-disaster care for veterans with disabilities

PVA recognizes that FEMA does not fall under this committee's jurisdiction. However, we wish to highlight several issues involving coordination between FEMA and the VA in the hope that this committee can help improve the attention to veterans with disabilities in the broader disaster response context.

According to Dr. Sanchez, he and the VAMC Public Information Officer, Rafael Contreras represented the VA in meetings with other agencies at the Joint Field Operations (JFO) center in San Juan. They provided lists of veterans to non-governmental organizations (NGOs) to reach out to them for tarps, food, etc. However, in a meeting that followed with FEMA officials, it was unclear whether these VA officials had had any contact with those particular people from FEMA.

The PVA team spent a full day visiting several PVA members in the outskirts of San Juan and mountain areas in the middle of the island. On more than one occasion, PVA's group heard veterans say they had little to no contact with anyone from FEMA or other organizations other than the chapter after the storm passed. The VA had established contact with most PVA members but only one veteran that the PVA team visited reported contact with FEMA – and being told he did not qualify for aid. Other chapter members expressed varying degrees of frustration in their encounters with the FEMA bureaucracy.

Although most of these members had power to their homes supplied by generators, getting water continued to be an issue for almost all those with whom the group met. One PVA member reported he had received regular visits by a VA doctor and nurse but none from any FEMA representatives. At that point, this veteran and his family had been 44 days without electricity and 50 days without water. The family was getting their water from a pipe bringing water from the mountains where they would fill a five gallon jug and replenish their cistern. Another veteran in Arecibo reported that neither FEMA nor the VA had been to their neighborhood and, still without electricity, desperately needed a generator. A third PVA member in San Juan also reported no contact from FEMA but he had received a VA grant to repair his water heater and cistern and had also received check-ins from the VA in San Juan and even a call from the Miami VAMC.

The VA's role in the broader environment of emergency management seemed to be a common source of confusion among other partners in the disaster response and recovery system. Emergency support function 6 (ESF 6) of the National Response Framework has to do with mass care, emergency assistance, housing and human services. The VA is listed among several federal agencies with a supporting role with Department of Homeland Security and FEMA as leads. Yet, when the PVA team asked the VA officials how they addressed the needs of veterans, whether service-connected or non-service-connected, who needed help evacuating or assistance with sheltering in place, Dr. Nadal reminded the group that VA's responsibility is health care. He said the VA relied on other agencies to help with social needs like food, clothing, sheltering and had tried to work with local NGOs to arrange for items such as tarps, water, and other

provisions for veterans in need. “Mass care” is handled out of the Joint Field Operations Center (JFO) in San Juan and meetings occur there several times a week to identify people in need of various supports and assistance. The chapter Executive Director reported that she had attended these meetings several times early in the disaster and had received some food and supplies for chapter members for about a month. However, when she made further requests for food, water, gas, stoves and other supplies for PVA members, she never got a response from the JFO. Given the experiences of the veterans with whom the PVA team spoke and our chapter leaders, improvements are needed in this aspect of emergency support functions.

During that same December 2017 visit, PVA’s team met with Madeleine Goldfarb, the FEMA Disability Integration Advisor (DIA), who had recently arrived in San Juan, along with the FEMA Volunteer Agencies Liaison and other FEMA representatives responsible for Immediate Needs and External Affairs Program Liaison for Health. All of these individuals operate out of the joint field operations office for FEMA in Puerto Rico. The JFO’s role is to bring together Commonwealth [i.e. Puerto Rico], federal agencies and members of VOAD [Volunteer Organizations Assisting in Disasters] in one location to coordinate and facilitate ongoing disaster recovery operations.

Although Ms. Goldfarb was eager to assist PVA’s chapter in locating members who remained missing and rectify misunderstandings about provision of assistance from FEMA, she was not familiar with the VA representatives at the JFO. This was a bit surprising given Dr. Sanchez’ earlier comments about his participation in meetings at the JFO and meetings with another individual he identified as the FEMA Disability Integration Advisor. It is possible that they were unaware of one another given that Ms. Goldfarb had only arrived on the island a week or so before this meeting. It would be useful if the JFO maintained up to date lists of federal officials rotating through its center and distributed that information in a timely manner to all agencies participating in its operations.

PVA learned that FEMA does have personnel called Disaster Survivor Assistants (DSAs) who are supposed to be the first people on the ground following a disaster to make contact with people with disabilities and get them registered for assistance. However, much of their work depends on local governments help in connecting them with those in need. While this does impose a certain responsibility on the part of local advocates to become familiar with their local and state emergency preparedness contacts, PVA also suggests that the actors in the emergency support system need to be aware of the needs of veterans with disabilities just the same as other people with disabilities.

PVA’s group was further informed that there is no income criteria for survival needs and that the denial of aid to our member should not have happened. There are criteria people must meet for Small Business Administration (SBA) loans and certain other aid as FEMA is meant to be the payer of last resort. However, for “mass care” needs there should be no income bar to receiving assistance.

There seemed to be interest on the part of the FEMA officials to work more closely with PVA’s chapter to resolve many of the problems that had been raised by our members and in the previous meetings. There also appears to be a need for improvements in the

integration of VA with the overall emergency management system and in its own communication with veterans and the community about the resources it has to offer in disasters. At the same time, agencies like FEMA and voluntary organizations need to understand that the VA does not serve all of the needs of veterans with disabilities and, like other people with disabilities, their circumstances need to be taken into account in emergency preparation and response.

We thank the committee for its attention to our observations and would welcome the opportunity to work with your members in strengthening the emergency preparedness, response and recovery system to better serve veterans and people with disabilities.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2018

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $181,000.

Fiscal Year 2017

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $275,000.

Fiscal Year 2016

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $200,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.