United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

WASHINGTON, DC 20510–6250

February 6, 2018

The Honorable David J. Shulkin
Secretary
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Dear Mr. Secretary:

I write to request information regarding physical security procedures at Department of Veterans Affairs (VA) facilities.

As you know, VA is responsible for providing health services to approximately 9 million enrolled veterans at nearly 170 medical centers across the country.[1] Missouri is home to four of these VA medical centers: Harry S. Truman Memorial in Columbia, John J. Pershing in Poplar Bluff, VA St. Louis Health Care System, and the Kansas City VA Medical Center. VA medical centers provide critical care to veterans in Missouri and across the country, both in big cities and small towns. It is essential that facility security resources are being applied appropriately and based on the particular needs of the communities in which they serve.

The Government Accountability Office (GAO) recently found a lack of oversight and standardization of security procedures across VA facilities, which could result in insufficient physical security.[2] GAO reviewed VA's physical security risk management policies and practices, and compared them to prevailing standards, including Interagency Security Committee (ISC) standards.[3] The ISC was created to assess the vulnerability of federal facilities to acts of terrorism and violence, and to develop recommendations for minimum standards following the Oklahoma City bombings of 1995.[4] The study found that VA delegates the risk assessment process to its almost 170 individual medical centers. The VA does not review the quality of those assessments or the effectiveness of countermeasures.[5] GAO also found that the risk

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[1] Government Accountability Office, *VA Facility Security: Policy Review and Improved Oversight Strategy Needed* (GAO-18-201) (Jan. 2018).

[2] *Id.*

[3] *Id.*

[4] Federal Emergency Management Agency, Understand the History of the ISC (emilms.fema.gov/IS1170/groups/148.html) (accessed on Jan. 25, 2018).

[5] Government Accountability Office, *VA Facility Security: Policy Review and Improved Oversight Strategy Needed* (GAO-18-201) (Jan. 2018).

assessments prepared by the medical centers did not take into consideration all of the threat categories or risk factors in VA's risk management policy.[6]

Without a standardized system for threat assessment or centralized oversight, it is impossible for VA to know that assessments meet policy requirements and that resources are distributed appropriately. As GAO stated, "without a strategy for system-wide oversight, VA cannot ensure that local physical security-decisions are based on actual risk, are appropriate to protect the facility, and are effective, or whether the variations or the security impact of them are important."[7]

GAO made two recommendations. First, GAO recommended that VA review and revise its risk management policies for its facilities in conjunction with ISC standards. Second, GAO recommended that VA develop an oversight strategy that allows the agency to conduct a system-wide assessment of risk management programs at VA facilities. VA concurred with both recommendations, and stated that the target completion date for the oversight strategy is January 2019.[8]

In order to understand the steps VA is taking to remedy security risk management issues, I ask that you please provide responses to the following questions no later than February 26, 2018:

1. In the report, GAO found that VA has "no policy requiring its officials to document the rationale for rejected or deferred countermeasures, proposed alternative mitigations, and future planning."[9] What is VA doing to develop this policy and better account for gaps in security?

2. GAO found that VA policy does not require recommended countermeasures at the facility level to be related to VA's baseline countermeasures, which is inconsistent with ISC standards. What, if any, specific actions is the VA taking to ensure continuity between baselines established by VA and measures implemented in regional health centers in order to reduce unmitigated security risks?

3. In its comments to the report, VA indicated that a meeting with ISC representatives to discuss the process of incorporating ISC standards would be forthcoming. Has VA met with ISC? If not, when do you anticipate that this meeting will occur?

4. When were risk assessments completed for each of the four medical centers in Missouri mentioned above?

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[6] *Id.*

[7] *Id.*

[8] *Id.*

[9] *Id.*

a. Have these risk assessments been reviewed by VA officials outside of the staff at the four medical centers?

5. What steps has VA taken to develop a risk management oversight strategy?

   a. Does VA still plan to complete the strategy by January 2019?

   b. How does VA plan to include local and regional teams in the development of its new strategy?

   c. Does VA intend to ask the ISC to participate in the drafting of the new strategy? What other information or entities will VA use to draft the new strategy?

Thank you for your attention to this important matter. If you have any questions, please contact Hannah Berner at 202-224-5065. Please send official correspondence to Lucy_Balcezak@hsgac.senate.gov.

Sincerely,

Claire McCaskill
Ranking Member

cc: Ron Johnson
Chairman