

CRS Report for Congress

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Hurricane Katrina and Veterans

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Summary

Hurricane Katrina that struck the Gulf Coast has had a major impact on the Department of Veterans Affairs (VA) facilities located in the region. Before and after the storm struck VA was able to evacuate patients and staff to other VA facilities without any loss of life. This report provides a brief overview of steps currently taken by VA and Congress to address the needs of veterans in the affected areas. It will be updated as events warrant.

Background

Hurricane Katrina struck the Gulf Coast on August 29, 2005, causing widespread damage in an approximately 90,000 square mile area of the southeastern United States. Furthermore, a key levy protecting the city of New Orleans failed, and much of the city flooded. This natural disaster has had a major impact on Department of Veterans Affairs (VA) facilities located along the Gulf Coast. This report provides a brief overview of VA's response to the disaster and steps currently taken by VA and Congress to address the needs of veterans in the affected areas.

Veteran Population and VA Facilities

There are approximately 1.5 million veterans living in the three states of Alabama, Louisiana and Mississippi. About 50% of these veterans are receiving benefits from VA. Of these, an estimated 26,000 veterans are receiving disability compensation in the state of Mississippi, and 37,000 in Louisiana. No data on Alabama are available. It should be noted that not all veterans in these states were directly affected by the hurricane. VA facilities in the three-state area include: 11 VA medical centers, 18 community-based outpatient clinics (CBOCs), three regional offices, and eight national cemeteries. The hurricane impacted the following facilities: the Gulfport, Mississippi and New Orleans, Louisiana medical centers; New Orleans regional benefits office; five CBOCs along the Gulf Coast; and the Biloxi VA National Cemetery. According to VA, as of September 7, 2005, all five CBOCs and the Biloxi National Cemetery are operational. The VA medical center in New Orleans suffered extensive water damage and is non-operational, and the VA medical center in Gulfport, Mississippi, has been completely destroyed.

VA's Response to Katrina

As events unfolded VA's Crisis Response Team (CRT) at the agency's Readiness Operations Center (ROC) monitored the developments in the disaster affected area. By September 7, 2005, VA had evacuated all 241 patients, 272 employees and 342 family members from the New Orleans VA medical center to the following VA medical centers: Houston, Texas; Alexandria, Louisiana; Jackson, Mississippi; and Shreveport, Louisiana. Furthermore, according to VA, all patients and staff at the VA medical center in Gulfport, were evacuated before the hurricane reached land. As of September 7, 2005, all CBOCs in the affected areas were operational, and VA had deployed seven mobile clinics to Mississippi and Louisiana.¹

Patient electronic health records have been relocated from New Orleans to Houston. All prescription records for VA pharmacists are available through the Katrina Veteran Response (KVR) system. VA uses the Consolidated Mail Outpatient Pharmacy (CMOP) system, composed of seven facilities, to expedite the processing and distribution of mail-out prescriptions to veterans. More than 50% of VA prescriptions are filled by the CMOP. The primary CMOP serving the hurricane impacted areas is the MidSouth CMOP in Murfreesboro, Tennessee. The MidSouth CMOP is coordinating with package delivery vendors to help assure delivery of packages.²

VA has also taken steps to continue providing benefits such as compensation and pension payments and education benefits. According to the VA, it will be issuing replacement checks to beneficiaries who cannot receive mail or access funds. Veterans and beneficiaries who do not have access to their banks or who normally receive a paper check can obtain a replacement check by calling 1-800-827-1000 or by visiting any VA regional office in the country. If educational institutions that veterans are attending were closed in the affected areas, VA will continue to provide education benefits as well as vocational rehabilitation benefits to veterans so that they can continue their education or vocational rehabilitation elsewhere. VA has made plans to send counselors and benefit specialists to evacuation sites to provide assistance to displaced veterans who need assistance in obtaining their veterans benefits.

Information for veterans, families of patients in the affected areas, and VA employees is available by calling 1-800-507-4571 and on the Internet at [<http://www.va.gov/opa/katrina>].

The VA serves as a support agency for a number of federal activities in the response to a presidentially declared disaster, pursuant to the *National Response Plan* (NRP).³ One

¹ The mobile clinics are located in the following areas: Hattiesburg, MS (two clinics); Hammond, LA (two clinics); McComb, LA (one clinic); Jennings, LA (one clinic); and Lafayette, LA (one clinic).

² Most of this information is drawn from the VA Under Secretary for Health Jonathan B. Perlin, briefing to congressional staff on Hurricane Katrina Response, Sept. 8, 2005.

³ Department of Homeland Security, National Response Plan, Dec. 2004, p. ESF-vi, at (continued...)

important role is in support of the Department of Health and Human Services (HHS), which coordinates NRP *Emergency Support Function (ESF) #8: Public Health and Medical Services*.⁴ Upon request, the VA assists the Secretary of HHS with numerous ESF#8 responsibilities. VA is responsible for 49 Federal Coordinating Centers (FCCs), which are components of the National Disaster Medical System (NDMS).⁵ FCCs are VA and military centers that identify and coordinate available hospital beds (both civilian and military), additional personnel and supplies, and technical assistance during mass casualty incidents. In response to Hurricane Katrina, VA activated 17 of its FCCs, and received a number of mission assignments to identify available healthcare resources.

Congressional Response

In response to this disaster several measures have been introduced in the House and Senate. H.R. 3666, if enacted, would provide veterans in affected areas access to VA health care until August 31, 2007, regardless of their priority enrollment status. This measure would allow Priority Group eight veterans in the hurricane-affected areas to obtain VA care; allow veterans in such areas to obtain care without having to produce financial records for means testing purposes; and require VA to provide outreach to veterans covered by the bill.⁶ H.R. 3670 would extend, for persons affected by the hurricane, the time for appeal to the U.S. Court of Appeals for Veterans Claims of decisions of the Board of Veterans Appeals that are rendered during the period from June 1, 2005, through November 30, 2005. H.R. 3727, would among other things, make available suitable VA foreclosed homes for the use of nonprofit organizations, with preference to veterans' service organizations and state or local governments, to provide shelter for hurricane-affected families for up to two years. Priority would be given to veterans and their families. S.1646, if enacted, would among other things, provide health care services for Priority Group 8 veterans affected by hurricane Katrina who are currently unable to enroll in the VA health care system.⁷ Some provisions from S.1646 were included as a second degree amendment to the Veterans Health Care Act of 2005 (S.1182) that was reported out of the Senate Veterans Affairs Committee on September 15, 2005.

³ (...continued)

[http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf].

⁴ Ibid., ESF#8 Annex.

⁵ NDMS provides national medical response capability with deployable medical teams and coordinating activities. NDMS is administered by the Federal Emergency Management Agency (FEMA), but is under the coordination of HHS when the NRP is activated during a disaster. For more information on NDMS, see [<http://www.ndms.dhhs.gov>], and CRS Report RL33096, *Hurricane Katrina: The Public Health and Medical Response*, by Sarah A. Lister.

⁶ VA has eight priority enrollment groups, with Priority Group 1 veterans — those with service-connected disabilities rated 50% or more — having the highest priority for enrollment. By contrast, Priority Group 8 veterans are primarily veterans with no service-connected disabilities with incomes above \$25,842 for a veteran with no dependents, above \$31,013 for a veteran with one dependent, and above a geographic means test. Geographic means test figures are available at: [http://www.va.gov/healtheligibility/costs/docs/GMT_Income_Thresholds_2004.pdf].

⁷ For a detailed description of the current enrollment process and priority enrollment groups see CRS Report RL32975, *Veterans' Medical Care: FY2006 Appropriations*, by Sidath Viranga Panangala.

Under this bill, veterans who resided, as of August 29, 2005, in New Orleans, Louisiana Biloxi, Mississippi or Gulfport, Mississippi would be eligible to receive health care from VA regardless of their enrollment status until January 31, 2006. Furthermore, these veterans would not have to pay any copayments for the care they receive. S. 1182 is awaiting Senate action.

It is anticipated that VA will request additional funding for FY2006 to repair and replace VA facilities damaged by the hurricane. The two emergency supplemental measures (P.L. 109-61 and P.L. 109-623) enacted by Congress have not specifically provided any funding for VA. However, the second supplemental (P.L. 109-62) permitted the Department of Defense (DOD) to transfer up to \$6 million to the Armed Forces Retirement Home to cover the costs for residents who were evacuated from the U.S. Naval Home in Mississippi, a retirement home for certain retired military personnel, to the U.S. Soldiers' and Airmen's Home in Washington, D.C.