DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

DEPARTMENT OF VETERANS AFFAIRS

Security and Incident Preparedness at VA Medical Facilities

REVIEW | REPORT #22-03770-49 | FEBRUARY 22, 2023

MISSION

The mission of the Office of Inspector General is to serve veterans and the public by conducting meaningful independent oversight of the Department of Veterans Affairs.

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, the OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

Report suspected wrongdoing in VA programs and operations to the VA OIG Hotline:

www.va.gov/oig/hotline

1-800-488-8244

Executive Summary

VA is responsible for securing the Veterans Health Administration's (VHA) 171 nationwide medical facilities and their over 1,100 associated clinics, where about 380,000 employees support care for more than an estimated 7.3 million patients annually.[1] In fiscal year (FY) 2022, 36 separate serious incident reports were filed involving 32 medical facilities that directly affected the security of veterans, VA personnel, and property.[2] These incidents included a bomb threat called in by phone that resulted in a facility evacuation. All 36 incidents presented significant concerns and highlight VA's need to protect its property and systems, as well as secure its facilities to help ensure the safety of staff, patients, and visitors.

The public may freely enter the grounds of facilities at many different access points because they were designed as open campuses and intended to provide a welcoming environment for veterans seeking health care. By its very nature, the open-campus design makes it more difficult to secure facilities while balancing the need for easy and prompt access for patients. Consequently, threats may originate from many locations within the medical facility campus itself or in the nearby community.

VA police officers play a critical role in providing security and law enforcement services at VHA facilities. They not only make arrests on VA property, carry firearms while on duty, and investigate criminal activity committed within VA's jurisdiction, but also assist individuals on medical campuses in myriad ways. Facility directors, chiefs, and officers share responsibility for managing physical security and helping with the planning and use of security resources. Yet VA has experienced, and the Office of Inspector General (OIG) has repeatedly issued reports on, significant police officer staffing shortages since at least FY 2018.[3] The lack of sufficient staff can affect the ability of existing officers to perform their required security-related duties.

These persistent staffing shortages and growing concerns about incidents that put VA staff, patients, and visitors at risk led the OIG to conduct this review. It is meant to provide VA leaders with a snapshot of observed on-the-ground security conditions at their medical facilities. The OIG visited 70 VA medical facilities in September 2022, deploying 37 teams of auditors and criminal investigators, and assessed whether each had established minimum security plans and

[1] FY 2023 VA Budget Submission, *Budget in Brief*, March 2022.

[2] VA Directive 0321, *Serious Incident Reports*, June 6, 2012. Serious incidents are described as "certain high-interest incidents, significant events, and critical emerging or sensitive matters occurring throughout VA, including those that are likely to result in National media or Congressional attention." Serious incidents require submission of a serious incident report and cover such matters as major theft, harm to people or VA property, police firearms use or shootings, and other emergencies and disruptions to operations.

[3] See appendix A for previous OIG reports related to VA police.

taken required actions in accordance with VA policy.[4] The results presented in this report are intended to help VA leaders quickly correct identified security deficiencies and conduct more detailed reviews as needed to determine the causes. Any significant vulnerabilities found during the visits were communicated to the facility directors immediately or soon after they were discovered.

The OIG teams identified the main buildings where patients enter to receive medical services and walked around their entire perimeters. During these walks, the teams identified 374 public and 2,586 nonpublic access doors and assessed whether these 2,960 doors were monitored with an active security presence, had security cameras, or were locked.[5] They also observed the number of uniformed police officers throughout their visits, assessed the police operations rooms, and tested access controls for high-risk areas.[6] Facility security personnel reported the number and operational status of cameras and the length of time the footage was kept. OIG teams also disseminated to security personnel at the 70 facilities an anonymous, voluntary survey related to the adequacy of training, equipment, and the respective facility's overall security.

What the Review Found

The OIG identified multiple security vulnerabilities and deficiencies at the 70 facilities. Each VA facility can take meaningful steps to improve security on its campus, including securing sensitive areas, fixing inoperable security cameras, and locking doors that should not be accessible to the public. However, for facilities to meet VA's established security requirements, they will need to fill a large number of police officer vacancies, as employing sufficient security personnel and correcting security weaknesses are inextricably linked.

The sections that follow summarize the results of the site visits:

1. Staffing challenges were a significant factor to security vulnerabilities at facilities, such as the lack of a visible and active police presence.

[4] While VA policy contains an extensive list of security safeguards for medical facilities to implement, the OIG focused this review on those that a person with a reasonable level of security knowledge could assess. These included observing police presence, testing physical security, checking training records, and verifying emergency preparedness plans. OIG personnel visited the planning site during the week of September 12, 2022, and then visited 69 other sites the week of September 26, 2022, for a total of 70 sites visited. The OIG judgmentally selected the 70 facilities based largely on their proximity to OIG offices. For more information on governing authorities considered by the OIG teams, see table A.2 in appendix A; for more information on the OIG's scope and methodology, see appendix B.

[5] The OIG defined a public access door as an entry point intended for patient and visitor access, such as the main building door or the entrance to the emergency department. A nonpublic door was defined as an entrance reserved for staff or other restricted use, such as a loading dock or "personnel only" door.

[6] Teams were typically on-site for one business day. VA Handbook 0730, *Security and Law Enforcement*, August 11, 2000, considers high-risk areas to be those that require restricted access and lists examples such as pharmacy drug storage rooms and armories. Facilities may also choose to identify additional protected spaces beyond those listed in VA policy.

2. Facilities generally complied with training requirements but need more resources to support security personnel, including well-located and suitable police operations rooms, fully operable surveillance cameras and consistent monitoring, and adequate equipment.
3. Additional measures are needed for "target hardening" (securing property to reduce crime), such as securing doors that should not be publicly accessible and restricting access to high-risk areas.
4. Facilities largely demonstrated general emergency response planning and preparedness, including having communications and contingency plans, with additional opportunities to improve coordination with local law enforcement and readiness trainings.

Staffing Challenges Contribute to Security Vulnerabilities at Facilities

Security personnel frequently reported staffing shortages in the OIG's survey results and often noted they were operating with very few officers. Although VA guidance states for safety purposes there should always be at least two VA police officers on duty, 21 percent of survey respondents said they were aware of a duty shift during which minimum police staffing requirements were not met.[7] Some facilities used overtime to mitigate staffing shortages, with some making overtime mandatory. Facilities cannot always cover all their responsibilities, such as providing a security presence at public doors and emergency departments; patrolling; or providing security for veterans, visitors, and staff.[8] The average rate for vacant police officer positions at these facilities was 33 percent, with some rates exceeding 60 percent.

Staffing shortages are likely to compromise overall facility security, morale, and staff retention and underscore the need for maintaining communication with local law enforcement agencies for assistance. About 37 percent of survey respondents expressed concerns about the physical security at their facilities, some noting the lack of VA police on duty would sometimes make it difficult to respond to threats like an active shooter.[9] In response to a recently closed recommendation from a previous OIG report, VA developed a staffing directive in May 2022 that established minimum police coverage at medical facilities. VA also developed a police staffing decision tool to help determine appropriate officer levels.[10] Although there has not been sufficient time for the OIG to determine if these actions are producing positive results,

[7] VA Handbook 0730, *Security and Law Enforcement*, August 11, 2000.

[8] VA Handbook 0730; VA Directive 0731, *Police Staffing Policy*, May 6, 2022.

[9] Although 635 personnel responded to the survey, two did not answer this question. Of the 633 who did answer, 235 respondents (37.1 percent) answered affirmatively to the question "Do you have any serious concerns about the physical security at your facility?" The remaining 398 respondents (62.9 percent) answered "no."

[10] VA OIG, *Inadequate Governance of the VA Police Program at Medical Facilities*, Report. No. 17-01007-01, December 13, 2018 (updated June 10, 2019).

VA leaders are encouraged to continue monitoring the effectiveness of these steps and consider other options to complement and speed these efforts.

Required Police and Security Presence for Facilities

Because adequate staffing is essential to deterring crime and securing VA facilities, OIG personnel also assessed the physical presence of security at the 70 facilities.[11] According to VA policy, the first step in security planning is to deter incidents from occurring, which can be accomplished in part by the presence of on-site uniformed police officers on patrol or at stationary posts.[12] Individuals intending to do harm may reconsider their actions if confronted by an active security presence.

VA guidance indicates that police and security personnel should be located at high-traffic facility entrances (public doors) as a deterrent and to provide instant responses should deterrence fail.[13] Additionally, every facility should have at least two VA police officers on duty at all times.[14] While most facilities did have some security presence that could help deter threats, they often did not have a visible presence at publicly accessible entrances or VA hospital emergency departments. OIG teams identified that 93 percent of the facilities had at least one public access door without the required security presence. Police chiefs at all 70 sites verified there were at least two uniformed police officers on duty during the day of the site visit. OIG personnel observed officers at 64 of the 70 sites (91 percent) but did not find an officer at the remaining six sites (9 percent) throughout their visits, excluding officers encountered in police operations rooms.

In May 2022, VA issued guidance requiring facilities to have an active security presence in their emergency departments, 24 hours a day, seven days a week, by May 2023.[15] Although VA facility directors have until that time to implement this requirement, the OIG teams noted that 58 percent of the facilities' emergency departments did not yet have a visible security presence.

Facilities Generally Complied with Training Requirements but Need More Resources to Support Security Personnel

OIG teams found that police officers were generally compliant with completing required training, but they also identified gaps in resources that would otherwise improve security personnel's capabilities. This included issues with the location and state of some police

[11] In this report, security personnel, or presence of security, includes various positions such as VA police officers, security specialists, investigators, or contracted security personnel.

[12] VA Handbook 0730/5, *Security and Law Enforcement*, July 11, 2014.

[13] VA Handbook 0730/5.

[14] VA Handbook 0730.

[15] VA Directive 0731. Facilities must implement the policy and core requirements in this directive no later than one year after its publication.

operations rooms, the operability and monitoring of surveillance cameras, and personnel's equipment. While the OIG found facilities generally met standards, opportunities remain to improve compliance with VA's established security requirements.

Nearly All Police Officers Completed Training and Most Found It Adequate for Performing Their Duties

Police officers assigned at the 70 sites visited generally completed required training. Officers must complete and maintain specific training courses that include police officer standardized training, use of force, firearms, and active threat training.[16] The OIG teams assessed training records for 170 police officers across the 70 facilities and found that nearly all officers were compliant with these training requirements. Only six of the officers were not compliant with at least one of the required courses in FY 2022, and some officers had since left VA, or their chiefs took immediate actions to remedy deficiencies. Survey responses highlighted the benefit of these trainings as 84 percent of respondents reported they received adequate training to perform their job duties and provided numerous positive indicators.

Police Operations Rooms Were Not Always Well Located and Suitable

Each facility should have a police operations room in its main building near its highest potential trouble areas, such as the lobby or emergency department, to coordinate its various security-related activities.[17] All 70 facilities had police operations rooms, and 59 were in the main building as required; the remaining 11 were in other campus buildings.

About 28 percent of survey respondents said their working environment was unacceptable and some respondents gave examples, such as assigned space being insufficient with no designated areas for interviews or report writing. Poorly configured space was also a concern, allowing unauthorized individuals easy access to staff, equipment, and sensitive information.

Surveillance Cameras Were Not Consistently Operable or Monitored

Camera systems should be well designed, properly managed, maintained, and regularly tested.[18] The presence of cameras is also an important deterrence to potential bad actors. Therefore, the OIG teams interviewed security personnel to determine the number of cameras and observed the monitoring system and its use in the police operations room at the 70 facilities. Teams also observed the presence of external cameras at each facility visited.

[16] VA Directive 0730; VA Handbook 0720, *Procedures to Arm Department of Veterans Affairs Police*, January 24, 2000.

[17] VA Handbook 0730.

[18] VA Handbook 0730/5.

Based on interviews with security personnel from the 70 sites visited, the OIG teams found that 19 percent of all cameras were not functional, with 24 facilities having more than 20 percent of their cameras not working. A few facilities had highly functional camera surveillance systems that allowed personnel to monitor the campus thoroughly and even search for specific individuals. However, the surveillance systems sometimes were not operable (24 of the 70 facilities had more than 20 percent of their cameras not working). For example, at one western facility, security personnel reported they could not access the monitoring system because the required security certificates had expired, and no one knew the administrative password. Also, if the system went offline, no one could fix the problem without password access. Neither VA's Office of Information and Technology nor the contractor for the facility's cameras could override the administrative password.

While the mere presence of cameras may have a deterrent effect, cameras are much more effective security tools if they are actively monitored. VA does not have written standards or requirements for video monitoring, storage, and use. The OIG teams found that camera video feeds were being actively surveilled by security personnel, with only 10 of 70 facilities reporting they did not employ such personnel. All but one site had camera footage available for an average of two weeks or more.

The number of cameras could result in a large amount of footage to review, and many facilities may not have sufficient personnel available. However, to help facilities meet minimum security requirements set out in policy, VA should set a national standard for monitoring, periodic review, and storage of this footage.

Further, VA does not mandate that facilities have cameras at every door. However, given their importance as a deterrent, OIG teams noted their locations and found that 21 percent of public doors and almost half of nonpublic doors did not have security cameras. Also, in several cases, teams observed cameras that were either visibly broken, not plugged in, or covered. VA can use the information to decide whether changes should be made.

Personnel Equipment Was Generally Adequate

VA policy states that uniformed officers must be equipped with a minimum of two intermediate weapons, such as batons and pepper spray, and always issued radios for use while on duty.[19] Also, VA police officers meeting the qualification and training requirements of VA policy will carry firearms while on duty.[20] Survey respondents generally indicated they received their equipment and that it was adequate. Radios were the equipment most often rated the lowest, with 15 percent of respondents indicating theirs lacked functionality such as battery life and signal strength.

[19] VA Handbook 0730.

[20] VA Handbook 0730/3.

Survey responses indicated that 40 security personnel were equipped with "tasers," which are currently not an authorized piece of equipment per VA policy and VA has not developed training on their use.[21] VA leaders indicated that VA is taking steps to add the use of these devices to its policy but has not yet finalized its plans. Accordingly, the OIG provided VA with the locations where teams recalled seeing security personnel carrying what appeared to be this type of weapon. VA's Office of Security and Law Enforcement conducted no-notice site visits to those locations in October 2022 and found no indication of these devices being carried by VA police officers. The OIG acknowledges the results of the Office of Security and Law Enforcement's site visits, but given the volume of survey responses, further examination may be warranted until VA finalizes a policy and training plan.

Additional Measures are Needed for "Target Hardening"

Securing doors and restricting access to certain areas of facilities helps VA deter threats and incidents. OIG teams assessed locked doors and areas designated as needing higher security at the 70 sites and noted how facilities could comply more fully with VA's security requirements.

Securing Doors That Should Not Be Publicly Accessible

As stated earlier, the OIG teams checked 2,960 doors to determine whether security personnel were present, cameras were installed, and nonpublic doors were locked. The teams observed that 87 percent of public doors did not have an active security presence, and of those, 23 percent also did not have a security camera. Additionally, 17 percent of nonpublic doors were unlocked; 97 percent of these unlocked doors did not have a security presence and 43 percent did not have a security camera. The team found instances where those doors led to sensitive or restricted facility areas. For example, at one midwestern facility, an unlocked nonpublic access door led to the surgical intensive care unit. The OIG concluded that it is important for VA facilities to secure doors not intended for public access to the extent possible and provide either an active security presence or camera at public doors.

Restricting Access to High-Risk Areas

VA policy establishes certain areas within its facilities as high risk and lists protected spaces that require varying levels of authentication for entry.[22] OIG teams tested a subset of entrances on-site and identified 45 facilities that secured all the high-risk areas examined. The remaining

[21] The term for this weapon was used by VHA Senior Security Officer and some survey respondents. The OIG recognizes that TASER is a trademarked term (Tom A. Swift Electric Rifle), but for the purposes of this report is used to refer more generally to any conducted energy device or weapon. The use of the term in this report does not reflect an endorsement by the OIG for any particular type or manufacturer of weapon. See VA Handbook 0730 for weapons-related policy. There were 45 of the 614 respondents (7.3 percent) who answered "yes" to whether they were issued a "taser." Of those, five survey respondents indicated in narrative comments that they needed "tasers" despite selecting "yes" they had been issued one. Since those responses were conflicting, they were not included in the total.

[22] VA Handbook 0730, app. B, "Physical Security Requirements and Options."

25 facilities had at least one restricted access area unsecured. Examples include a pharmacy with controlled substances and a room where personal identification cards for facility and systems access are printed.

Facilities Largely Demonstrated General Emergency Response Planning and Preparedness

Medical facilities need to develop response plans for potential and active threats.[23] Response plans need to consider communication and contingency plans. It is also important to coordinate with local law enforcement, as well as conduct readiness training exercises to ensure effective planning and reinforce appropriate responses. Communications plans include maintaining an updated directory in the police operations room that includes phone numbers of proper contacts for anticipated emergencies. OIG teams determined that 65 of 70 facilities had these directories and, with the assistance of the police chiefs, tested 195 numbers; all but 21 calls (11 percent) at 18 unique facilities were completed.[24] Examples of why calls failed included simple errors, such as transposed numbers in the directory.

VA facilities must have contingency plans for possible events, such as active shooters, bomb threats, and hostage situations.[25] OIG teams requested these plans and found 69 of 70 facilities had the required plans. Their adequacy or the facility's ability to execute them based on current staffing levels, however, was not verified. Facility chiefs at 53 of 70 facilities reported that they have direct radio communications with their local law enforcement partners; the remaining 17 facilities did not.

Chiefs of police from 56 of 70 sites indicated that their respective facilities had participated in local law enforcement readiness training exercises. However, the COVID-19 pandemic affected the facilities' abilities to conduct these exercises since early 2020.

Practices for Consideration

During the review, the OIG also identified emergency preparedness efforts that other facilities may want to consider. Specifically, an officer at one facility developed an emergency response pamphlet for facility employees with multiple tabs by event detailing how personnel should respond. It included green and red sheets that personnel could put in a window to alert responders as to whether those sheltering in place are safe or in trouble.

Call boxes can also provide quick access to a direct line to help.[26] They support an active security presence and can help police respond more quickly to incidents. Although not required

[23] VA Handbook 0730.

[24] For the five sites that did not complete directory calls, four sites did not have a directory posted in the police operations room. This test was also not performed at the planning site.

[25] VA Handbook 0730.

[26] VA, *Physical Security and Resiliency Design Manual*, October 1, 2020 (revised July 1, 2022).

for facilities built or renovated before October 2020, the OIG teams observed 64 percent of facilities had call boxes as an additional deterrent and response strategy.[27]

What the OIG Recommended

The OIG made two recommendations to the VA Secretary to (1) delegate to a responsible official the monitoring of VA facilities' security-related vacancies and report monthly on hiring trends and whether recent recruitment and hiring authorities are resulting in improvements; and (2) authorize sufficient staff to inspect VA police forces per the OIG's 2018 unimplemented recommendation.

Recommendations 3 through 5 call on the under secretary for health to ensure medical facility directors (3) use appropriate measures to assess VA police staffing needs, authorize associated positions, and leverage available mechanisms to fill vacancies; and (4) commit sufficient resources to make certain that facility security measures are adequate, current, and operational. The OIG also recommended that the under secretary (5) direct Veterans Integrated Service Network police chiefs, in coordination with medical facility directors, facility police chiefs, and facility emergency management leaders, to present a plan to remedy identified security weaknesses, including inoperative cameras, unsecured doors, and the lack of security presence at main entrances.

The final recommendation is for the assistant secretary for human resources and administration/operations security and preparedness to (6) establish policy that standardizes the review and retention requirements for facility security camera footage.

VA Comments and OIG Response

VA concurred with all recommendations and submitted corrective action plans. These include monitoring security-related vacancies at VA facilities and monthly hiring trends; addressing the resources required to conduct VA police service inspections; ensuring security measures are adequate, current, and operational; and updating the policy related to the review and storage of security camera footage. Appendix C provides the full text of comments from VA. The OIG will monitor implementation of these planned actions and will close the recommendations when VA provides sufficient evidence demonstrating progress in addressing the issues identified.

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

[27] VA, Physical Security and Resiliency Design Manual.

Contents

Abbreviations

FY	fiscal year
GAO	Government Accountability Office
HRA/OSP	Human Resources and Administration/Operations, Security, and Preparedness
OIG	Office of Inspector General
OSLE	Office of Security and Law Enforcement
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

VA is responsible for securing the Veterans Health Administration's (VHA) 171 nationwide medical facilities and their over 1,100 associated clinics, where about 380,000 employees support care for more than an estimated 7.3 million patients annually.[28] At the same time, VA has been trying to create a welcoming environment that facilitates easy and prompt access to care providers. Accordingly, the open-campus design of VA facilities, which allows veterans, visitors, and the public to freely enter the grounds from many access points, also increases the risk of entry by individuals who intend to do harm.

In fiscal year (FY) 2022, there were 36 serious incident reports filed involving 32 VA medical facilities that directly affected the security of VA personnel and property.[29] For example, in February 2022, VA police received a report about a bomb threat made by phone against the Robert J. Dole VA Medical Center in Wichita, Kansas. VA police immediately began evacuating the affected building and contacted additional local emergency responders for assistance. No suspicious devices were found on the property and the facility returned to normal operations.

Given growing concerns about facility security, the VA Office of Inspector General (OIG) initiated this review to provide VA leaders with a snapshot of on-the-ground security conditions at their medical facilities. The findings are intended to help VA leaders quickly correct observed deficiencies and to plan more detailed reviews as needed to determine the causes. Teams of criminal investigators and auditors visited 70 VA medical facilities in September 2022.[30] During those site visits, the teams assessed whether the facilities had met established security requirements in accordance with VA policy.[31]

[28] FY 2023 VA Budget Submission, *Budget in Brief*, March 2022.

[29] VA Directive 0321, *Serious Incident Reports*, June 6, 2012. Serious incidents are "certain high-interest incidents, significant events, and critical emerging or sensitive matters occurring throughout VA, including those that are likely to result in National media or Congressional attention." Serious incidents require submission of a report to the VA Integrated Operations Center no later than two hours after such an incident becomes known. Reportable matters include public information about the arrest of VA employees; shootings involving VA police; stolen or lost VA-controlled firearms or hazardous materials; major thefts or losses; major disruptions to a VA facility's normal operations; the activation of emergency, disaster, or continuity-of-operations plans; terrorist acts or credible threats that affect VA facilities or operations; serious illnesses or bodily injuries on VA property, including incidents of sexual assault, aggravated assault, and child abuse; and deaths that occur on VA property, including suspected homicides, suicides, accidents, or suspicious deaths.

[30] OIG personnel visited the planning site during the week of September 12, 2022, and then visited 69 other sites the week of September 26, 2022, for a total of 70 sites visited.

[31] While VA policy contains an extensive list of security safeguards for medical facilities to implement, the OIG focused this review on those that a person with a reasonable level of security knowledge could assess. These included observing police presence, testing physical security, checking training records, and verifying emergency preparedness plans. Note that each facility is required to maintain a site plan (sometimes referred to as a vulnerability assessment), which identifies areas requiring special attention. Due to the nature and pace of this project, these site-specific plan requirements were not taken into consideration as part of the OIG's review methodology. VA may have additional requirements for those facilities with greater identified vulnerabilities.

These assessments included examining the presence of security personnel.[32] VA police officers play a critical role in providing security and law enforcement services at VHA facilities. They are authorized to carry firearms while on duty, investigate criminal activity committed within VA's jurisdiction, and make arrests while on VA property.[33] Along with facility directors and chiefs, these officers help manage physical facility security while assisting patients, visitors, and employees in myriad ways. VA has, however, persistently experienced significant police officer staffing shortages that can affect the ability of officers to perform their required duties.

Persistent VA Police Staffing Challenges

The OIG has repeatedly reported on the shortage of adequate numbers of police officers in medical facilities.[34] Table 1 illustrates the number of VA medical facilities that reported a severe shortage of police over the past five years.[35]

Table 1. Medical Facility-Reported Severe Police Shortages

Fiscal year	Number of facilities
2018	52
2019	65
2020	62
2021	60
2022	62

Source: Analysis of OIG staffing shortages reports from FY 2018 through FY 2022.[36]

[32] For the purposes of this report, security personnel, or presence of security, includes various positions such as VA police officers, security specialists, investigators, or contracted security personnel.

[33] 38 U.S.C. § 902.

[34] VA OIG, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2018, Report 18-01693-196, June 14, 2018; VA OIG, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2019, Report 19-00346-241, September 30, 2019; VA OIG, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2020, Report 20-01249-259, September 23, 2020; VA OIG, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2021, Report 21-01357-271, September 28, 2021; VA OIG, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2022, Report 22-00722-187, July 7, 2022.

[35] Severe shortages refer to occupations that are difficult to fill and meet criteria set forth in 5 C.F.R. § 337.204. The regulation considers factors such as the availability and quality of candidates, employment trends, desirability of duties, geographic location, and agency efforts to recruit.

[36] The number of parent facilities surveyed was not the same for each year. In FY 2018, 141 facilities were surveyed; in FY 2019, 140 facilities were surveyed; and from FY 2020 through FY 2022, 139 facilities were surveyed. A parent facility is a healthcare service location that is under one administrative leadership team, which can include multiple VA medical center or healthcare system divisions, campuses, or community-based outpatient clinics.

Every year since FY 2018, the police officer occupational series has been one of seven occupations that has remained in the top 10 most frequently reported severe shortages within VHA. To help VA address its staffing challenges, the Office of Personnel Management authorized in January 2018 direct-hire authority for several occupations that were categorized as critical, including police officer.[37] A direct-hire authority allows an agency to expedite the hiring of any qualified applicant by eliminating several requirements, such as competitive rating and ranking, veterans' preference, and selection from only the top three candidates.

In a December 2018 report, the OIG found that VA did not have facility-appropriate police staffing models to determine the proper number and composition of officers for medical facilities.[38] Additionally, the report detailed the staffing shortages found in the police program, which medical facilities attributed in part to problems obtaining local facility approval to hire police officers. These problems were due to changes in facility management and competing priorities in hiring healthcare staff. Staff also attributed these shortages to higher salaries being offered by other law enforcement agencies.

In response to this 2018 report, VHA provided facilities with a national strategic recruitment plan for police officers in December 2020 that detailed recruitment and retention options, such as hiring incentives and special salary rates.[39] The plan also included examples of best practices to shorten the onboarding process, such as contracted mental health exams and concurrent processing of physical exams, drug testing, and background investigations. Furthermore, VA took steps to implement a staffing directive in May 2022 that included a model to determine appropriate levels of officers at these facilities and established minimum police coverage.[40]

Security and Law Enforcement Responsibilities

Responsibility for VA's police program is divided between VHA and the Office of Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP). An organizational chart with key offices is included in appendix A.

[37] The Office of Personnel Management initially granted this direct-hire authority through December 31, 2020, but then extended it through December 31, 2023.

[38] VA OIG, *Inadequate Governance of the VA Police Program at Medical Facilities*, Report 17-01007-01, December 13, 2018 (updated June 10, 2019). Appendix A contains more information about this and other related audits.

[39] VHA Police National Strategic Recruitment Plan, Workforce Management and Consulting, Fiscal Year 2021.

[40] VA Directive 0731, *Police Staffing Policy*, May 2022.

VHA Responsibilities

The assistant under secretary for health for operations is the senior VHA official responsible for ensuring police program operation requirements.[41] Many of these responsibilities are delegated to the deputy assistant under secretary for health for operations.

However, VHA's senior security officer serves as the senior law enforcement advisor, overseeing the management and direction of VA's police force, designing and implementing infrastructure protection strategies for more than $100 million in department assets, directing the police program, and executing strategies to improve the overall safety and security of all VA medical centers and campuses.

Veterans Integrated Service Network (VISN) directors, who report to the assistant under secretary for health for operations, are responsible for ensuring police program requirements are met within their networks.[42] Each VISN also has a designated police chief who provides technical guidance and assistance to medical facilities in the network. VISN police chiefs work to close gaps identified in inspections conducted by the VA Police Service; implement systemic process improvements; promote retention, hiring, and growth strategies; and mitigate physical security vulnerabilities.[43]

VA police chiefs at the local medical facilities are responsible for implementing "legally and technically correct" law enforcement practices and physical security operations.[44] Local VA police chiefs report to their medical facility directors, who in turn are responsible for verifying police officer qualifications, ensuring law enforcement activities are accomplished, and maintaining sufficient numbers of officers on duty at the facility to protect people and property.[45] Medical facility police departments may include various positions such as police officers, security specialists, and investigators.[46] VA can also augment facilities' police forces through contracted security personnel.

HRA/OSP Responsibilities

Part of HRA/OSP's mission is to ensure VA is prepared to provide services while protecting people and assets, especially during times of crisis. Its offices coordinate various aspects of VA's

[41] VA Directive 0730, *Security and Law Enforcement*, December 12, 2012.

[42] VA Functional Organization Manual, ver. 7, September 30, 2021. VHA is organized into 18 regional networks called Veterans Integrated Service Networks that manage and oversee medical facilities in their specific geographic areas.

[43] "Examining VA's Police Force" Hearing Before the Subcommittee on Oversight and Investigations of the Committee on Veterans' Affairs U.S. House of Representatives, June 11, 2019, Serial No. 116-16. See appendix A for more information on Police Inspection Ratings.

[44] VA Directive 0730.

[45] VA Directive 0730.

[46] VA Directive 0731.

security and preparedness efforts, such as emergency management, physical security, personnel suitability assessments, and law enforcement activities. HRA/OSP's chief security officer is responsible for managing the department's national security, emergency management, continuity, and intelligence coordination portfolios. Among the entities the chief security officer oversees are HRA/OSP's Offices of Security and Law Enforcement, Chief of Police, and Emergency Management and Resilience.

- The Office of Security and Law Enforcement (OSLE) is responsible for issuing national police program policies, protecting the VA Secretary and Deputy Secretary, investigating criminal incidents at VA facilities, and conducting compliance inspections of medical facility police units.[47]
- The Office of the Chief of Police serves as the principal advisor to VA officials on matters of physical security and law enforcement training and operations. This office is responsible for managing VA's Law Enforcement Training Center, which provides basic and advanced training to VA police officers.[48]
- The Office of Emergency Management and Resilience is responsible for the department's comprehensive emergency management program. This involves maintaining an exercise, training, and evaluation program to prepare for disasters; ensuring that classified information is handled properly; and coordinating crisis response activities within VA and with outside agencies.[49]

Police Service Inspection Program

The VA Police Service, which is part of OSLE, offers technical advice and risk assessment tools to VA facility managers and police chiefs. The service also develops policy and provides oversight of police program inspections. These inspections occur once every two years at each VA medical facility, and they test the facility's compliance with key safety and security measures. Inspectors review items such as personnel and training, physical security, and operations.

Table 2 details the rating results for the 138 parent medical facilities with the most recently completed inspections at the time of the OIG's review.

[47] VA Functional Organization Manual.

[48] VA Functional Organization Manual.

[49] VA Functional Organization Manual. This office and others not discussed in detail in this report are also not included in the chart found in appendix A.

Table 2. Facility Inspection Results

Inspection results	Number of facilities
Accredited	124
Provisional	11
Not accredited	1
Pending	2

Source: VA OSLE Inspections of Police Service Operations Results as of August 2022.

According to an HRA/OSP investigator, when a facility is rated as "not accredited," the VISN chief monitors that facility's police service more closely to address the inspection findings and bring the facility up to an acceptable level. The VHA senior security officer also deploys a Rapid Inspection Support Team, with subject matter expertise in the deficiency area, to assist the facility with improvements. The team conducts an in-depth on-site review of the program, develops long- and short-range improvement plans, and assists police leaders with implementing the plans.

Additional information pertaining to OSLE's facility inspections and on security and law enforcement oversight can be found in appendix A.

Results and Recommendations

Finding: VA Is Not Consistently Meeting Security Requirements for Its Medical Facilities Nationwide

Overall, the OIG found that staffing shortages of police officers at the 70 facilities visited contributed to facilities falling short of VA's security requirements regarding police and security presence and physical security. For these facilities, the average rate of vacant police officer positions was 33 percent, with some facilities experiencing vacancy rates exceeding 60 percent.[50] The results of the OIG survey of security personnel revealed pervasive staffing shortages and reports that some shifts had very few officers.[51] While staffing is a clear challenge to VA medical facilities and can sometimes affect the ability of officers to get the time needed to attend training, the police officers assigned at the 70 facilities the team visited generally completed required training in the four areas reviewed: police officer standardized training, use of force, firearms, and active threat.

The sections that follow explain what the OIG review teams examined and what they found regarding how VA facilities struggled to provide the required security presence with limited personnel. For example, many facilities did not have a police or security personnel presence at doors. The teams also determined that doors were unsecured that should not be accessible to the public, and police or other security personnel were not monitoring security cameras. Further, the OIG teams found opportunities to improve the physical controls that facilities are expected to maintain, including police operations rooms for monitoring and coordinating activity; the equipment issued to officers; and the security of high-risk areas. The teams did find, however, that most facilities had taken steps to establish communication and contingency plans, and many conducted readiness training exercises.

In this finding, the OIG presents the results of its 70 site visits, including discussions of the following concerns:

1. Staffing challenges were a significant factor to security vulnerabilities at facilities, such as the lack of a visible and active police presence.
2. Facilities generally complied with training requirements but need more resources to support security personnel, including well-located and suitable police operations rooms, fully operable surveillance cameras and consistent monitoring, and adequate equipment.

[50] Vacancies discussed throughout this report are specific to the 0083 police officer occupational series. The job titles under this series include police officers, training officers, detectives, and supervisors. For the purpose of this report, the OIG generally refers to staff with this occupational series as police officers.

[51] VA medical facility police departments may be composed of various positions including police officers, security specialists, investigators, and contracted security personnel. The report uses the term "security personnel" when the available evidence is not specific to a police officer position.

3. Additional measures are needed for "target hardening" (securing property to reduce crime), such as securing doors that should not be publicly accessible and restricting access to high-risk areas.
4. Facilities largely demonstrated general emergency response planning and preparedness, including having communications and contingency plans, with additional opportunities to improve coordination with local law enforcement and readiness trainings.

What the OIG Did

To examine whether VA facilities met established security requirements, the OIG reviewed VA guidance, regulations, and facility inspection reports related to security and law enforcement.[52] Although these documents contain extensive lists of security safeguards that needed to be implemented, the OIG focused on tangible factors that a person with a reasonable level of security knowledge could assess quickly across VA medical facilities.[53] These included observing the police and security presence, testing physical security, checking compliance with select training requirements, and verifying facilities' emergency preparedness plans. The OIG calculated staffing vacancy rates based on data relating to authorized and funded police officer positions, interviewed facility police chiefs and directors, and surveyed the police and security workforce.

Further, to provide VA leaders with a view into security conditions at medical facilities in September 2022, the OIG judgmentally selected 70 facilities for unannounced on-site reviews.[54] OIG teams, consisting of auditors and criminal investigators, identified the main buildings where patients enter to receive medical services and walked around their entire perimeters.[55] During these walks, the teams identified and assessed public and nonpublic access doors and whether they were monitored with an active security presence, had security cameras, or were locked.[56] In addition, teams kept a tally of uniformed police officers, identifiable police cars, and call boxes that they observed while walking the perimeters and throughout the entirety of the site visits.[57] OIG teams also assessed the police operations rooms at each facility for such items as security

[52] For more information on governing authorities considered by the OIG teams, refer to table A.2 in appendix A.

[53] Examples of needed safeguards that the review team did not assess during this review include analyzing the content of preparedness plans, checking inventory records of duty weapons, testing equipment, and reviewing security personnel records. As mentioned earlier, each facility must maintain a site plan/vulnerability assessment which was also not examined for additional facility-specific requirements.

[54] The OIG judgmentally selected the 70 facilities based largely on their proximity to OIG offices. For more information on the OIG's scope and methodology, see appendix B.

[55] The OIG deployed 37 teams to go on-site to 70 VA medical facilities.

[56] The OIG defined a public access door as an entry point intended for patient and visitor access, for example the main building door, the entrance to the emergency department, or a high-traffic entrance. A nonpublic door was defined as an entrance for staff or other restricted use, for example, a loading dock or "personnel only" door. On-site teams used their professional judgment in making physical observations.

[57] Teams were generally on-site for one business day.

video monitors, radios, weapons storage, and evidence safes. The teams examined the access controls for high-risk areas as well.[58] Based on information provided by facility security personnel, teams documented the number of operational and nonoperational internal and external cameras and whether footage from the cameras was available for viewing and for how long.

In addition, the review team interviewed VA personnel responsible for establishing and implementing security plans, as well as facility leaders and staff. Teams informed facility directors in real time or soon after of any significant vulnerabilities found during the visit, to include unsecured nonpublic doors, unsecured access to restricted access areas, and missing required documentation. While on-site, the teams disseminated an anonymous, voluntary survey to security personnel related to the adequacy of training and equipment, and their perspective of the overall security of the facility. The OIG received responses from 509 VA police officers and 126 other security personnel such as security specialists, police investigators, security assistants, or individuals who chose not to identify their position.[59] The responses were useful for reporting on topics of concern and their prevalence; however, the overall response rate was insufficient to draw broad generalizations.

Staffing Challenges Contribute to Security Vulnerabilities at Facilities

The security of VA's medical facilities depends on having the appropriate staffing level for the police workforce. Police are needed to patrol, maintain a presence at main entrances, respond to any active threats or disturbances, and view the footage from security cameras. Officers need to be available in adequate numbers and trained to respond to all eventualities. As one officer the OIG surveyed put it, the "best equipment is the police officer."

Staffing vacancy rates are based on data relating to authorized and funded police officer positions. As stated earlier, police officer staffing was a problem at the 70 facilities visited. On average, these facilities were experiencing a 33 percent vacancy rate for their police officer positions.[60] Many of these facilities had much higher rates than the average, however. Data from one facility in the south showed that 20 of its 32 positions (63 percent) were vacant; another facility in a large northeastern city showed that 57 of its 90 positions (63 percent) were vacant; a third facility showed that 16 of 25 positions (64 percent) were vacant.[61] The OIG concluded that

[58] VA policy considers high-risk areas to be those that require restricted access and lists examples such as the pharmacy drug storage room. Facilities may also choose to identify additional protected spaces beyond those listed in VA policy.

[59] There were 1,687 VA police officers within the 70 facilities reviewed according to VA's staffing data. Respondents were not required to answer all questions. Consequently, the numerator and denominator used to calculate the percentage of responses to each question may differ and are detailed in the report.

[60] This information is based on extraction of vacancy data from VHA's Workforce Management and Consulting Power Business Intelligence software for all VA police officer positions nationwide as of September 1, 2022. The review team accepted VA's data and did not perform additional substantive analysis or testing for accuracy.

[61] The review team counted authorized and funded positions that were vacant and calculated vacancy rates by full-time equivalent.

facilities with such high vacancy rates would face difficulty in fulfilling their security-related responsibilities.

Survey respondents reported many potential reasons for so many vacant positions, including the salary being too low. One survey respondent indicated VA police salaries are not competitive with other local and federal agencies, stating that "[the] local PD is paying $25K more than us at starting pay." At one southeastern facility, a police chief shared during an interview that they were losing officers who were choosing to become home inspectors in the area. The chief also stated that even when officers do choose to work for VA, they often switch to higher-paying jobs after they have been trained.

As expected, survey responses from officers and other security personnel identified staffing as being a serious challenge.[62] VA guidance states that for safety purposes, there should always be at least two VA police officers on duty at all times, at any facility or division.[63] However, about 21 percent of survey respondents said they were aware of duty shifts during which minimum police staffing requirements were not met, as detailed in the following examples:[64]

- A facility in the northwest has been down to one uniformed officer on duty for the overnight and day shifts.
- A facility in the Great Plains has run shifts with one officer.
- An urban, mid-Atlantic facility has just the lieutenant on some shifts, who stays in the office, and one patrol officer.
- A southern facility has been operating with one officer on duty for over six months.
- A facility in the southeast has had only one officer at times.
- A facility in the urban northeast has had only one uniformed officer on duty every Tuesday night for the past four years.

Staff shortages of these types across facilities of all sizes and complexities will likely lead to the facilities facing challenges meeting requirements and experiencing negative consequences for their overall security, morale, and staff retention. Facilities cannot always cover all their responsibilities, such as providing a security presence at public doors and emergency

[62] As stated above, the survey responses were insufficient to draw broad generalizations. The OIG disseminated the survey to security personnel across the 70 sites and received 635 responses. Respondents included VA police officers, security specialists, police investigators, security assistants, and various other positions.

[63] VA Handbook 0730, *Security and Law Enforcement*, August 11, 2000.

[64] Although 635 personnel responded to the survey, two did not answer this question. There were 633 security personnel who responded to the question, "Are you aware of any shifts where minimum staffing requirements are not being met?" Of those, 21.3 percent (135) answered "yes," and 78.7 percent (498) answered "no."

departments, or patrolling and providing security for veterans, visitors, and staff.[65] Of the 633 respondents to a related question, about 37 percent expressed serious concerns about the physical security at their facilities.[66] Survey responses highlighted these concerns:

- Twenty-four respondents noted that the lack of VA police staff on duty at any given time would make it difficult or impossible to effectively respond to an active shooter or other threat.
- One respondent noted that "there are times that officers can't even fuel their patrol vehicles or even check on VA property because there isn't enough manning to do a vehicle patrol." The respondent also stated that "in a real-life active shooter situation there is a high probability that there will only be two uniformed officers with access to one rifle responding to a critical incident who have no knowledge of who, how, and when their local state and federal partners will react or respond."

In some instances, overtime is used to mitigate staffing shortages.[67] Based on VA-reported data for FY 2022, VA police officers worked about 292,000 overtime hours at a cost of about $13.4 million across the 70 facilities visited.[68] Forty-nine percent of police chiefs interviewed while on-site stated that overtime at their facilities is mandatory. For one of these facilities, VA's data showed that about 28 police officer full-time equivalents worked an average of about 627 overtime hours in FY 2022. The use of overtime can sometimes have negative consequences; for example, a couple survey respondents indicated that excessive work hours adversely affected officer morale.

The OIG concluded that VA needs to reduce police officer vacancies to help consistently meet VA's minimum security requirements. VA recently took action on a related prior recommendation in an OIG December 2018 report that called for VA to implement police staffing models for determining facility-appropriate staffing levels.[69] VHA developed a staffing directive in May 2022 that established minimum police coverage at medical facilities, in addition to a police staffing decision tool to help determine appropriate officer levels.[70] The OIG closed the recommendation as "implemented" as of August 2022. However, there has been insufficient

[65] Responsibilities as outlined in VA Handbook 0730, VA Directive 0731, and VA Handbook 0730/5, *Security and Law Enforcement*, July 11, 2014.

[66] Although 635 personnel responded to the survey, two did not answer this question. Of the 633 who did answer, 235 respondents (37.1 percent) answered affirmatively to the question "Do you have any serious concerns about the physical security at your facility?" The remaining 398 respondents (62.9 percent) answered "no."

[67] Fourteen of the 70 sites visited also had security service contracts to supplement the police force.

[68] This information is based on an extraction of overtime hours and overtime pay from VA's Power Business Intelligence software for all VA police officer positions nationwide as of September 30, 2022. The review team accepted VA's data and did not perform additional substantive analyses or testing for accuracy. It should be noted that the overtime data and VA police staffing data are separate data sources.

[69] VA OIG, *Inadequate Governance of the VA Police Program at Medical Facilities*.

[70] VA Directive 0731.

time since that date for the OIG to determine if these actions are producing positive results. Still, VA leaders are encouraged to continue monitoring the effectiveness of these steps and to consider other options to complement and speed these efforts.

Required Police and Security Presence for Facilities

Adequate staffing is essential to securing VA facilities and deterring crime. VA policy reflects that the first step in security planning is to deter incidents from occurring, which it accomplishes in part by the presence of on-site uniformed police or security personnel who are on patrol or at stationary posts.[71] Individuals seeking to do harm may reconsider their actions if confronted by an active security presence. Accordingly, the OIG teams assessed this aspect of physical security when performing the 70 site visits.

VA guidance indicates that police and security personnel should be located at high-traffic facility entrances as a deterrent and to provide immediate responses if deterrence fails.[72] Additionally, as mentioned above, VA guidance states that for safety purposes, there should always be at least two VA police officers on duty at all times, at any facility.[73] OIG teams identified that 93 percent of sites had at least one public access door without a security presence. At all 70 sites, police chiefs verified that there were at least two uniformed police officers on duty the day of the visit. However, teams recorded the number of uniformed police officers they observed during the entirety of their visits (excluding officers encountered in the police operations room). OIG personnel observed officers during the course of their visits at 64 of the 70 sites (91 percent) but did not observe an officer at the remaining six sites (9 percent).[74] The average number of officers observed at the facility at any point during the visit was four, with a maximum of 13.[75]

Because the OIG teams themselves were conducting a moderately intrusive assessment of the security at the facilities and not identifiable as OIG personnel—taking photographs, attempting to open (or access) locked doors, and identifying security cameras—they recorded the number of times they were approached and challenged by security personnel or other employees. Overall, at the 70 facilities, the teams were approached and challenged at 38 sites (54 percent).

Security Presence in Emergency Departments

Importantly, VA issued guidance in May 2022 that states that facilities will be required by May 2023 to have an active security presence in their emergency departments, 24 hours a day,

[71] VA Handbook 0730/5.

[72] VA Handbook 0730/5.

[73] VA Handbook 0730.

[74] The OIG notes that the overall security staffing levels at the six facilities where teams did not encounter an officer ranged from 10 to 21 full-time equivalent employees. The number of officers assigned to each shift, however, may vary.

[75] OIG teams recorded each officer observed during on-site work to evaluate the overall police presence.

seven days a week.[76] According to the VHA senior security officer, "Within the last year the [emergency department] is a high threat area and because it serves as the main entry point after hours, the new policy should help to reduce employees' concerns over patients and employees' safety." For example, staff at one southwestern facility reported to the team that there had been occurrences of patients bringing in weapons to the emergency department.[77] In a different example at a southern facility, an HRA/OSP investigator stated that there was an event involving a patient who brought a small firearm into the emergency department, which resulted in congressional interest to update policy.

Although VA facility directors have until May 2023 to implement this requirement, the OIG teams conducting the site visits noted that 58 percent of the facilities' emergency departments did not yet have a visible security presence. Overall, the OIG concluded that most facilities did have some security presence that could serve to deter threats, but not a visible security presence in areas such as publicly accessible entrances or the emergency departments.

Facilities Generally Complied with Required Training but Resources Are Needed to More Effectively Support Security Personnel

OIG personnel identified that police officers were generally compliant with completing required training. However, on-site teams found gaps in resources that would otherwise improve security personnel's capabilities. This included issues with the location and state of police operations rooms, the operability and monitoring of surveillance cameras, and the adequacy of equipment issued to security personnel. While medical facilities generally met standards in each of these areas, there were opportunities to improve compliance with VA's established security requirements.

Nearly All Police Officers Completed Training and Most Found It Adequate for Performing Their Duties

The teams found that police officers assigned at the 70 sites generally completed required training. VA police officers must complete and remain current in several training areas as part of their employment. While these trainings can include various subjects, OIG personnel focused on the police officer standardized training, use of force, firearms, and active threat courses, as further described in table 3.[78]

[76] VA Directive 0731. Facilities must implement the policy and core requirements in this directive no later than one year after its publication.

[77] On the day the OIG visited the facility in this example, the team observed that there were no security personnel providing coverage in the emergency department.

[78] VA Directive 0730; VA Handbook 0720, *Procedures to Arm Department of Veterans Affairs Police*, January 24, 2000.

Table 3. VA Police Officers' Required Training Areas

Training Area	Description
Police officer standardized training	This is a basic training and orientation course that emphasizes security and law enforcement in the healthcare environment. All VA police officers are required to attend and successfully complete this course during their first 90 days of employment and must recertify every five years. Any officer failing to complete standardized training will have their "law enforcement authority withdrawn" and are no longer qualified to perform these duties.[79]
Use of force	Each VA police officer is responsible for applying only the minimal level of force that is reasonably necessary to control a given situation.[80] Every six months, all VA police officers must complete use-of-force training and pass the exam. Regardless of the reason, failure to pass use-of-force examinations immediately revokes the officer's authority to conduct law enforcement operations as a VA police officer.
Firearms	VA's policy on firearms identifies responsibilities to help ensure that carrying and use of firearms as a tool for security and law enforcement is accomplished in a safe and effective manner. Firearm range qualification must be completed every six months, using an approved course. Officers who fail to qualify within a reasonable time frame and number of attempts will not carry a firearm. All department police officers must achieve and maintain qualification in the use of an agency-approved firearm as a condition of continued employment as a VA police officer.[81]
Active threat	VA requires its police, who are the primary initial responders in active threat incidents, to complete three hours per quarter for training related to active threat response; the stated goal is to prevent or deter such incidents from occurring.[82] This training can include various methods and tactics, such as judgmental training, room entry formations, and force-on-force drills.

Source: VA OIG analysis of VA policies for police officers' training.

The OIG teams assessed training records for 170 police officers across the 70 facilities visited.[83] Based on this analysis, the OIG identified that nearly all VA police officers were compliant with these required trainings. Only six of the officers were not compliant with at least one of the required trainings in FY 2022. The facility police chiefs responded that the six officers had since left VA or took immediate actions to remedy the training deficiency. Survey responses highlighted the benefit of these trainings. Specifically, the OIG found that 84 percent of surveyed respondents reported they received adequate training to perform their job duties and provided

[79] VA Directive 0730.

[80] VA Handbook 0720.

[81] VA Handbook 0720.

[82] VA Handbook 0730/5.

[83] The review team selected a statistical sample of 188 VA police officers out of the 1,687 total officers. Eighteen officers were excluded from the sample for various reasons, including when the officer was on extended leave, placed on administrative duties, or was hired after July 2022. See appendix B for more information related to the methodology for this sample review.

numerous positive indicators.[84] Figure 1 illustrates whether police officers felt the four required trainings the OIG assessed were adequate to help them conduct their jobs.

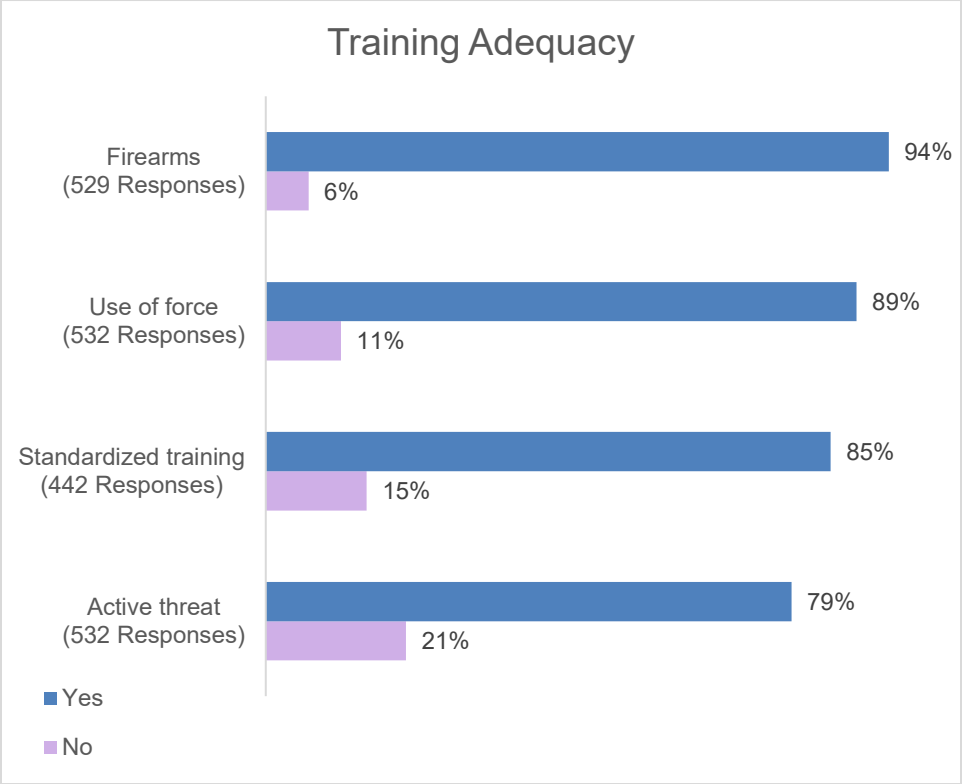

Figure 1. *Police officer responses to OIG survey related to adequacy of training.*

Source: VA OIG analysis of survey responses.

Note: Values are rounded and based on the total number of respondents to the question. Some survey respondents noted "not applicable" or "N/A" for survey questions and those answers were not included. There were also survey respondents who did not answer these questions.

Survey respondents also revealed some areas for improvement, such as expanding training (sometimes considered too short) or better covering facility-specific procedures.

Police Operations Rooms Were Not Always Well Located and Suitable

In order to coordinate various security-related activities, each facility should have a police operations room. Those rooms can include the equipment needed to monitor video from the cameras, weapons lockers, evidence safes, and other equipment. Ideally, the police operations room should be located on the first floor of the main patient care building adjacent to the highest

[84] Although 635 personnel responded to the survey, five did not answer this question. Of the 630 who did answer, 531 respondents (84.3 percent) answered affirmatively to the question "Do you receive adequate training to perform your required job duties?" The remaining 99 respondents (15.7 percent) answered "no."

potential trouble areas, such as the admissions section, the lobby, or the emergency department, according to VA guidance.[85]

At each facility, OIG teams assessed the location of police operations rooms, checked for equipment as listed in the criteria, and determined whether the security surveillance television monitors were functional and being monitored by staff. OIG personnel determined that all 70 facilities visited had police operations rooms, 59 of which (84 percent) were located in main buildings. The remaining 11 facilities (16 percent) had a police operations room that was not located in the main building.

Unacceptable working environments and space limitations were common themes in survey responses. Nearly 28 percent of respondents said their working environment was unacceptable.[86] Many respondents noted that space assigned to police officers was insufficient, citing concerns such as no designated room for investigative interviews or report writing, not enough room to conduct training exercises, police quarters that are spread throughout the facility instead of centralized, and inadequate or nonexistent locker rooms. Poorly configured space was also a concern, allowing the public easy access to staff, their equipment, and sensitive and secure information.

Surveillance Cameras Were Not Consistently Operable or Monitored

VA guidance establishes that camera systems are critical to ensure that response forces are rapidly mobilized; those systems should be well designed, properly managed, maintained, and tested regularly.[87] Given the importance of the presence of these camera systems for a deterrence effect, the OIG teams interviewed security personnel to determine the number of functional cameras and whether facilities had dedicated personnel to monitor surveillance feeds. In addition, the teams also observed the surveillance monitors in the police operations room, along with the presence of external cameras.

Operational Status and Monitoring of Surveillance Cameras

Overall, based on interviews with security personnel at 70 facilities visited, the OIG teams found that 19 percent of all cameras were not functional, with 24 facilities (34 percent) having more than 20 percent of their cameras that did not work. For example, one facility in a large northeastern city had only 50 percent of its cameras operational. In addition to the nonfunctional

[85] VA Handbook 0730.

[86] Although 635 personnel responded to the survey, two did not answer this question. Of the 633 who did answer, 457 respondents (72.2 percent) answered affirmatively to the question "Are the conditions of your working environment acceptable?" The remaining 176 respondents (27.8 percent) answered "no."

[87] VA Handbook 0730/5.

cameras, surveillance systems themselves were not always operable for various reasons. The following examples detail these results:

- Security personnel at one western facility told the team there were 328 total cameras on campus. However, the license for viewing the footage from the cameras had expired about a week before the team's visit. Facility security personnel had not been able to view any camera feeds since the license expired. The police chief told the team that a request for a new contract for the licensing of the footage had been submitted in March 2022. The chief elaborated that while a new contract had been recently approved, it could take several months for the new contract to be in place and fully operational so that personnel could resume viewing the footage.
- At another western facility, security personnel reported to the review team that six of 32 cameras were inoperable. One of the inoperable cameras, which monitored the emergency department main entrance, had been out of service since June 2022. Additionally, the team learned that facility security personnel could not access the monitoring system because the required security certificates had expired, and no staff knew the administrative password. The team further learned that if the system went offline for any reason, there would be no way to get the cameras back online. Neither VA's Office of Information and Technology nor the contractor for the facility's cameras had the ability to override the administrative password.

During their facility visits, the OIG teams also checked how well the video feeds from the cameras were being actively surveilled by security personnel. VA does not have written standards or requirements for video monitoring, storage, and use. In general, the visiting teams found that the facilities did have security personnel to surveil the cameras, with 60 facilities reporting that they employed such personnel, whereas 10 did not.[88] At a few facilities, there were highly functional camera surveillance systems that enabled security personnel to monitor the campus thoroughly and even use the camera to search for individuals matching a given description. While the presence of cameras can potentially deter active threats, they are much more effective as security tools if personnel are actively monitoring them. Figure 2 illustrates examples of nonfunctional cameras that teams encountered.

[88] As with other noted variations, the OIG team's snapshot did not capture facility-specific vulnerability assessments or other factors that might have contributed to whether a function was staffed comparable with other facilities.

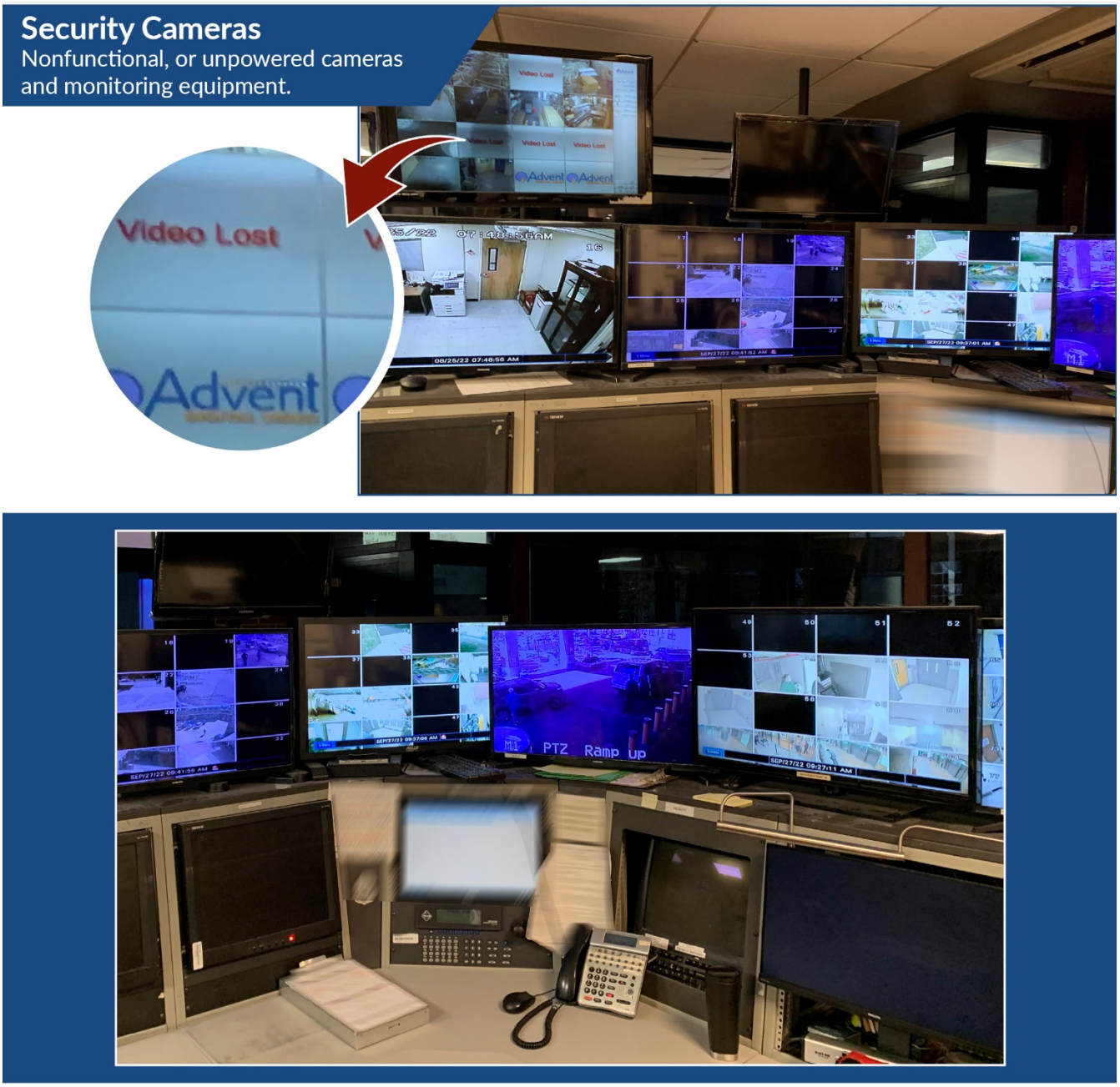

Figure 2. *Security monitors turned off and broken video feeds are examples of nonfunctional cameras the teams encountered.*

Source: Photographs taken by OIG personnel during on-site visits in September 2022.

The teams also noted how long facilities were saving the footage from the video cameras. Sixty-nine sites had recordings available on average for two weeks or more. The remaining site's personnel stated that their recordings were available for less than two weeks.

The OIG acknowledges that the presence of operational security cameras results in a large amount of footage to review, and many facilities may not have sufficient personnel to do so.

However, having this footage available to review would help facilities and other authorities investigate any reported incidents. Nevertheless, the OIG maintains that for facilities to have established security requirements in accordance with VA policy, a national standard should be set for monitoring, periodic review, and storage of this footage.

Presence of Security Cameras

VA does not mandate that facilities have cameras at every door, nor may that be feasible, especially for large facilities. However, given the importance of the presence of these camera systems for a deterrence effect, the OIG teams did note their locations and observed that 21 percent of public doors and almost 50 percent of nonpublic doors did not have cameras. VA can consider this information as it decides whether changes should be made. Also, in several cases, teams observed cameras that were either visibly broken, not plugged in, or covered, as seen in figure 3.

Figure 3. *Camera outlet and mount without cameras.*

Source: Photographs taken by OIG personnel during on-site visits in September 2022.

Although even the presence of a nonfunctioning camera may have a deterrent effect (a bad actor may not recognize that the camera is nonfunctional), VA should consider whether each medical facility should develop an assessment and plan for surveillance cameras.

Personnel Equipment Was Generally Adequate

VA policy requires uniformed officers to be equipped with a minimum of two intermediate weapons, which are a baton and pepper spray, and always issued radios for use while on duty.[89] Also, VA police officers meeting the qualification and training requirements of VA policy will carry firearms while on duty.[90] Whether to procure and issue ballistic vests is a decision made by the medical facility.[91] Security personnel generally responded positively when asked about having received ballistic vests, firearms, batons, pepper spray, and radios, as shown in figure 4.

[89] VA Handbook 0730.

[90] VA Handbook 0730/3.

[91] VA Handbook 0730.

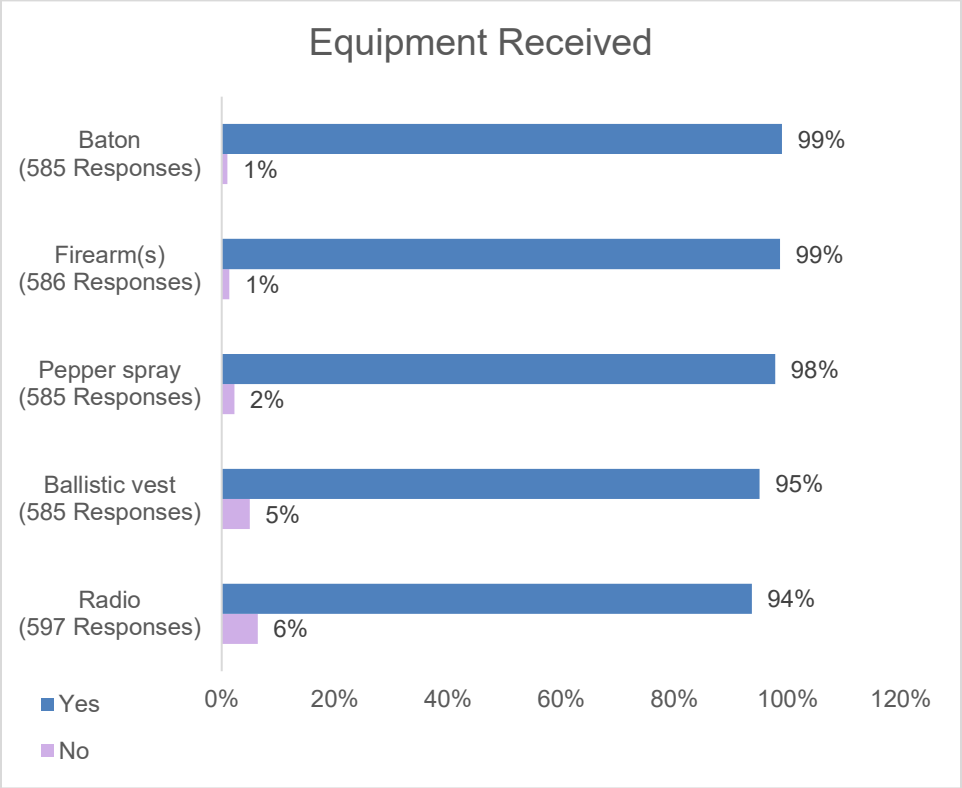

Figure 4. *Percentage of survey respondents issued various types of equipment.*

Source: VA OIG analysis of survey responses for issued equipment.

Note: Values are rounded. Respondents were not required to answer all questions. Some survey respondents noted "not applicable" or "N/A" for survey questions illustrated in the graphic above. Those answers were not included. There were also survey respondents who did not answer these questions.

Based on survey responses, about 77 percent of participants noted that they have all the equipment they need to successfully perform their jobs.[92] In addition, respondents also generally indicated that their issued equipment was adequate (figure 5).

[92] Although 635 personnel responded to the survey, 47 did not answer this question. Of the 588 who did answer, 451 respondents (76.7 percent) answered affirmatively to the question "Do you have all the equipment you need to successfully perform your job?" The remaining 137 respondents (23.3 percent) answered "no."

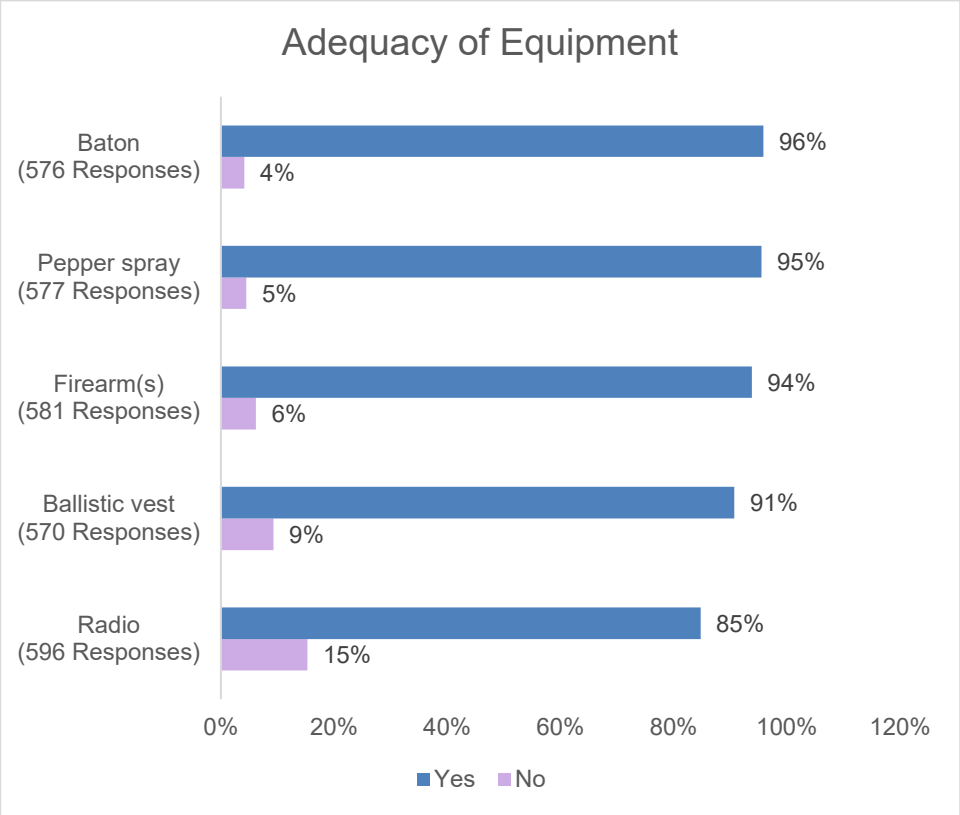

Figure 5. *Survey responses about the adequacy of issued equipment.*

Source: VA OIG analysis of survey responses.

Note: Values are rounded. Respondents were not required to answer all questions. Some survey respondents noted "not applicable" or "N/A" for survey questions illustrated in the graphic above. Those answers were not included. There were also survey respondents who did not answer these questions.

While equipment was generally considered adequate, communications gear was rated the lowest. Issues identified by respondents generally focused on limitations surrounding battery life, signal strength, and lack of ability to communicate with local law enforcement agencies:

- One respondent said radios and batteries "don't last five to six hours," a view shared by another individual, who noted "battery cannot successfully make it through an entire shift."
- One respondent said the facility's emergency department is a communications dead zone where officers cannot use their radios.
- One respondent said, "communication inside the buildings is non-existent with any responding outside agencies."

Available and adequate equipment is critical to security personnel carrying out their physical security and public safety responsibilities.

Survey responses indicated that 40 security personnel reported being equipped with "tasers," which are currently not an authorized piece of equipment per VA policy.[93] During an interim brief, the review team presented this information to HRA/OSP and OSLE leaders, who in turn expressed concerns because that equipment is unauthorized and VA has not developed training on their use. OSLE and VHA leaders did share that VA is taking steps to add the use of "tasers" to its policy, but plans are not yet finalized. Based on these concerns coupled with the survey responses, OIG teams compiled related information. Several site teams recalled that they had seen security personnel carrying what appeared to be these devices and the OIG reported those locations to VA. In response, the director of the VA Police Service shared that OSLE immediately conducted no-notice site visits to the questioned locations in October 2022. The director stated, "We found no indication of [tasers] being carried by VA Police Officers at any of those facilities." The OIG acknowledges the results of OSLE's site visits, but given the volume of survey responses, further diligence may be warranted until OSLE and VHA finalize a policy and training plan.

Additional Measures Are Needed for "Target Hardening"

VA policy states that the first step in addressing threats is to deter them from occurring, which it accomplishes by installing and using physical security systems—such as locked doors—that are well-designed and properly managed, maintained, and tested regularly.[94] Individuals seeking to do harm may reconsider their actions if confronted by locked doors limiting their access. Further, high-risk areas should also have restricted access.[95] The OIG teams assessed locked doors and areas designated as needing higher security when performing the 70 site visits and noted how facilities could comply more fully with VA's security requirements.

Securing Doors That Should Not Be Publicly Accessible

VA security personnel are also tasked with securing many doors at its medical facilities. Some of those doors must be left open to provide the public with easy access; others should be locked to limit who can gain entrance to the areas behind them. As part of VA security planning, facilities must, as appropriate to their facility, (1) determine which doors merit an active security presence,

[93] The term for this weapon was used by VHA Senior Security Officer and some survey respondents. The OIG recognizes that TASER is a trademarked term (Tom A. Swift Electric Rifle**),** but for the purposes of this report is used to refer more generally to any conducted energy device or weapon. The use of the term in this report does not reflect an endorsement by the OIG for any particular type or manufacturer of weapon. See VA Handbook 0730 for weapons-related policy. There were 45 of the 614 respondents (7.3 percent) who answered "yes" to whether they were issued a "taser." Of those, five survey respondents indicated in narrative comments that they needed "tasers" despite selecting "yes" they had been issued one. Since those responses were conflicting, they were not included in the total.

[94] VA Handbook 0730/5.

[95] VA Handbook 0730.

and (2) properly manage, maintain, and regularly test doors and locks.[96] Maintaining the status of these doors requires a significant amount of labor from VA's security personnel.

As part of the 70 site visits, OIG teams walked the perimeter of the main building where patients enter to receive medical services, including any connected buildings, and the teams checked all doors. In total, the team checked 2,960 doors—374 public access doors and 2,586 nonpublic access doors—to determine whether security personnel were present, cameras were installed, and nonpublic doors were locked. As previously mentioned, VA guidance states that public doors offering access to facilities should have an active security presence, which includes police and other types of security personnel. However, the teams found that 327 of 374 public doors (87 percent) did not have an active security presence. Further, of these 327 public doors without a security presence, 76 doors (23 percent) did not have a security camera present. While public access doors are not specifically required by policy to have cameras, the OIG still considered their presence.

OIG teams observed 2,586 nonpublic doors and determined that 439 doors (17 percent) were unlocked. Of the 439 unlocked nonpublic doors, 426 of them (97 percent) did not have an active security presence and 189 of them (43 percent) did not have a security camera located near the door, even though the team found instances where these doors led to sensitive or restricted facility areas. For example, at one midwestern facility, the team encountered an unlocked nonpublic door that led to the facility's surgical intensive care unit.

Survey respondents also noted concerns related to doors that do not lock because they are broken or access points that are routinely left open when they should be secured. The teams photographed a number of these doors, some of which were standing open or were propped open to circumvent locks. Figure 6 shows some examples the teams found, including doors with signage that specifically prohibits keeping them open.

[96] VA Handbook 0730/5.

Figure 6. *Doors propped or standing open, two with clearly worded prohibition notices.*

Source: Photographs taken by OIG personnel during on-site visits in September 2022.

The OIG concluded that it is important that VA facilities, to the extent possible, secure doors that are not for public access and provide either an active security presence or camera at public doors.

Restricting Access to High-Risk Areas

VA establishes certain areas within its facilities as high risk and establishes that these areas should be restricted. VA policy lists protected spaces that require varying levels of authentication for entry. For example, the pharmacy drug storage room or armory requires a valid access card in conjunction with a second form of authorization, such as a personal identification number.[97] Because facilities may choose to identify additional protected spaces than those listed in VA policy, the teams requested a list of restricted access areas and tested a subset of those entrances while on-site. The OIG teams identified 45 facilities that secured all the high-risk areas tested. The remaining 25 facilities had at least one restricted access area that was not secured. Of the 25, six facilities had more than one high-risk area that was not secured.

Overall, OIG teams tested access to a total of 350 high-risk areas at the 70 facilities visited and determined that access was not restricted to 31 areas (9 percent) that should have been. In these 31 cases, teams were able to walk into areas such as

- a pharmacy where many controlled substances were stored,
- a women's health clinic,
- a room where personal identity verification cards for facility and systems access are printed,
- a nuclear medicine clinic, and
- an emergency care clinic.

Figure 7 provides an example of a sensitive area that did not have restricted access during the teams' visits to the 70 facilities.

[97] VA Handbook 0730.

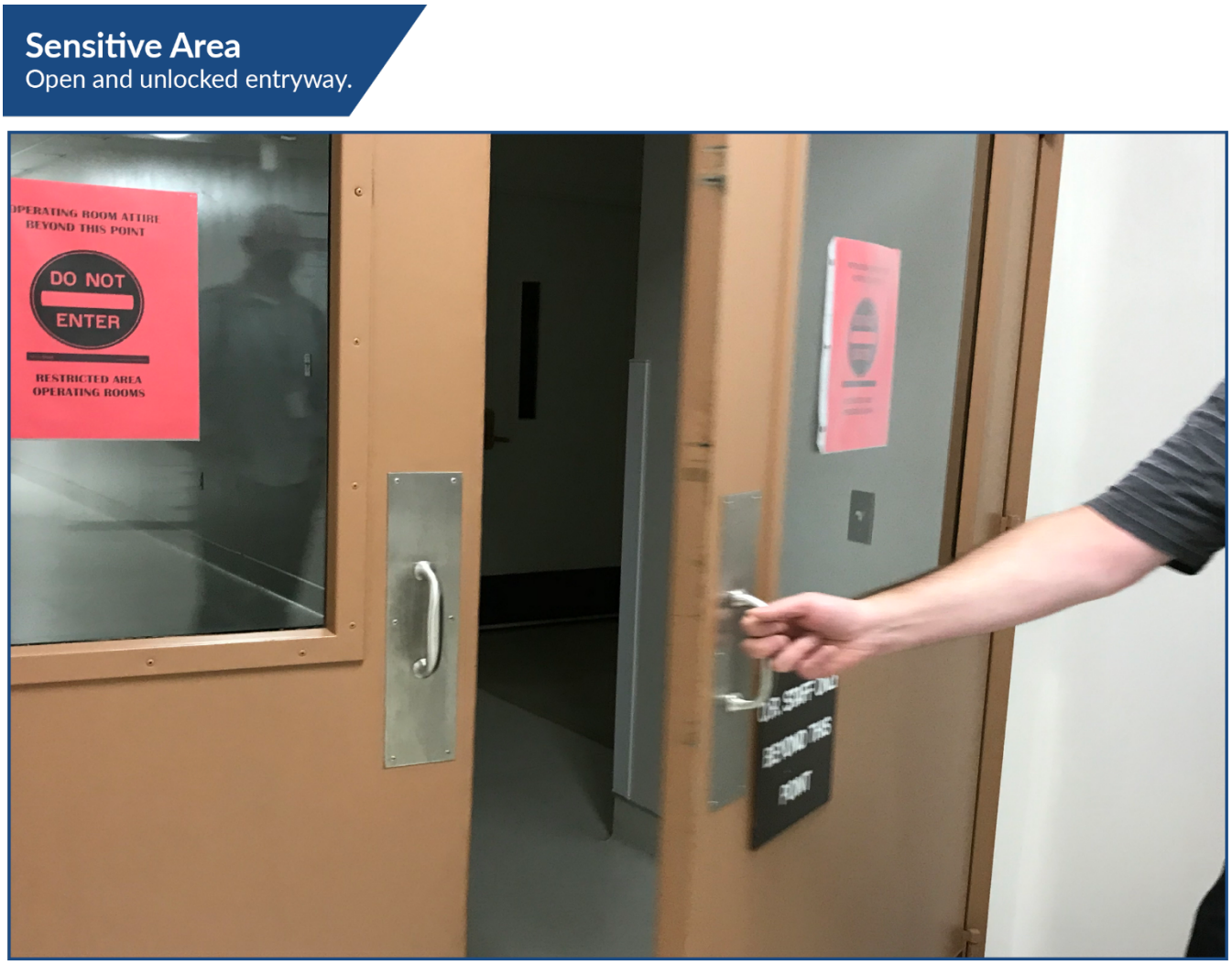

Figure 7. *An unlocked door to the operating rooms.*
Source: Photograph taken by OIG personnel during on-site visits in September 2022.

Facilities Largely Demonstrated General Emergency Response Planning and Preparedness

According to VA policy, in addition to ensuring a physical and active security presence, medical facilities should develop emergency communication and response capabilities, including plans that address potential and active threats.[98] It is especially important to coordinate with local law enforcement for any needed assistance. Readiness training exercises are also meant to help ensure the effectiveness of planning and reinforce appropriate responses.

- **Communications plans:** As part of facility response planning, VA requires that facility security personnel maintain an up-to-date directory posted in the police

[98] VA Handbook 0730.

operations rooms. That directory should include phone numbers of proper contacts for anticipated emergencies.[99] Teams determined that 65 of 70 sites had directories.[100] To test if the directories were up to date, teams requested that the police chief place calls to three of the numbers from the directory—entities such as local law enforcement, military police, and federal agencies. Of 195 numbers tested, 21 calls (11 percent) at 18 unique facilities could not be completed. Examples of why calls failed included simple errors, such as transposed numbers or wrong numbers.

- **Contingency plans:** VA medical facilities are required to have contingency plans in place for possible events such as an active shooter, bomb threat, or hostage situation.[101] OIG teams requested these plans at the 70 sites visited and found that 69 facilities had the required plans in place. Although the teams verified existence of these plans, they did not review their adequacy or verify the facility's ability to execute them based on current staffing levels.
- **Coordination with local law enforcement**: The visiting OIG teams assessed whether the VA medical facility security personnel had direct communications with local law enforcement. Facility chiefs at 53 of 70 facilities reported that they had direct communication via radio with their local law enforcement agencies, while the other 17 reported that they did not. Survey respondents highlighted concerns. One respondent noted that "communication with neighboring police departments is nonexistent." Another respondent stated, "We do absolutely no training with local law enforcement agencies that would be called to back up or assist VA officers in an active shooting. Our back up agencies have no idea where anything is on our facility and [that] would affect response times from those agencies."
- **Readiness training exercises**: According to an HRA/OSP investigator, tabletop exercises are training operations designed to simulate and mitigate real-world events. Additionally, the investigator stated that while these exercises are not a replacement for training, they provide participants with a toolbox of potential solutions and methods for developing plans and responses. Chiefs of police from 56 of 70 sites indicated that their respective facilities had participated in local law enforcement training exercises. However, the COVID-19 pandemic affected the facilities' abilities to conduct these exercises since early 2020.

[99] VA Handbook 0730.

[100] For the five sites that did not complete directory calls, four sites did not have a directory posted in the police operations room. This test was also not performed at the planning site.

[101] VA Handbook 0730.

Practices for Consideration

The OIG also identified practices related to emergency preparedness that other facilities may want to consider. Specifically, at a northeast medical facility, an officer developed an emergency response plan pamphlet and distributed it to facility employees. The flip-style pamphlet included multiple tabs by event that detail how personnel should respond to different emergency situations. The pamphlet included green and red sheets that personnel could put in the window during a shelter-in-place situation that indicate to responders whether the people inside are safe or in trouble.

In addition, call boxes can provide a quick and direct line to help. Although not required for facilities built or renovated prior to October 2020, the OIG teams observed that 64 percent of facilities did have them as an additional deterrent.[102] Call boxes can help provide a sense of an active security presence and can also help police respond more quickly to incidents.

Conclusion

The OIG has provided VA leaders with site-specific observations so they can mitigate vulnerabilities to better secure medical facilities while advancing VA's mission to provide prompt care to veterans in a welcoming environment. The OIG recognizes the inherent tension in hardening physical facilities to make them more secure. The balance is also dependent on the assessment of risks or threat levels at a particular facility and entails taking many factors into consideration. According to the OSP chief security officer, although facility vulnerability assessments are taken into consideration when establishing staffing models, neither an assessment nor staffing tool outcome result in an automatic increase in staffing.

That said, there are minimum requirements and sensible measures that can be taken without interfering with the welcoming environment VA hopes to encourage at its facilities. Figure 8 summarizes the main deficiencies OIG personnel observed.

[102] VA, *Physical Security and Resiliency Design Manual*, October 1, 2020 (revised July 1, 2022).

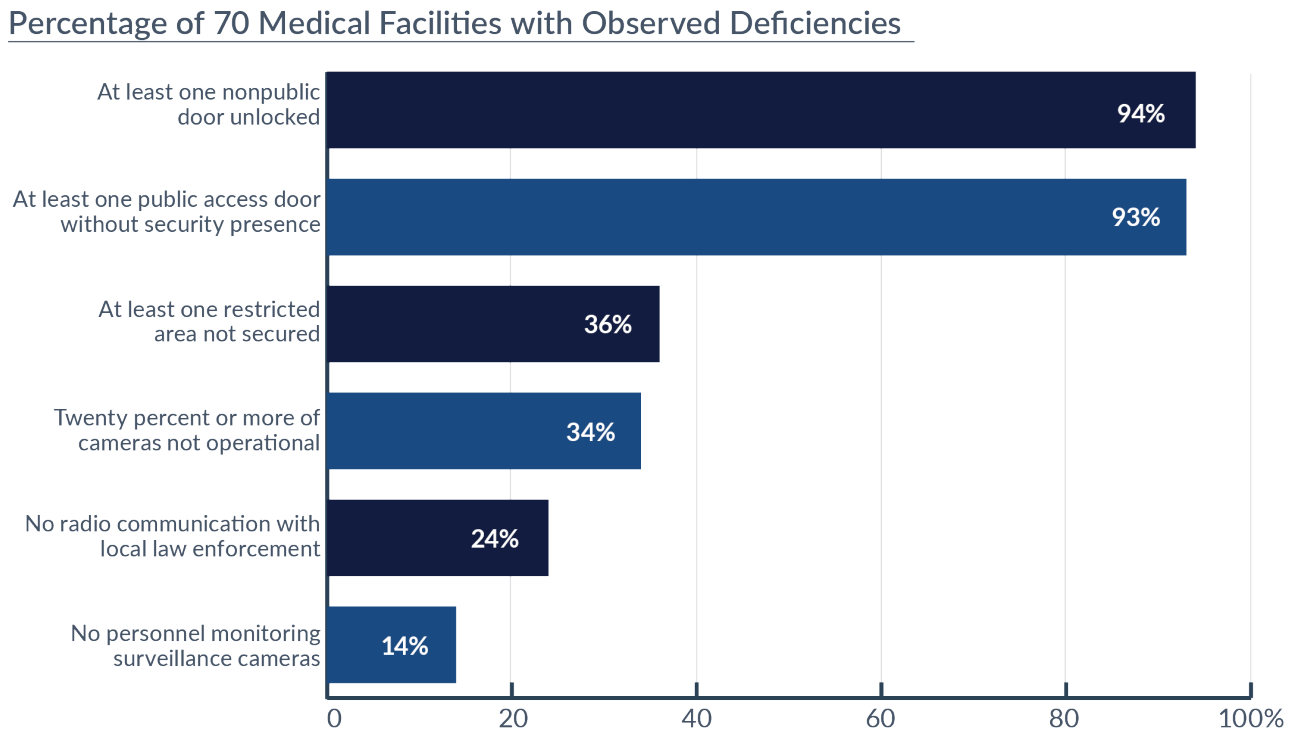

Figure 8. *Deficiencies observed at medical facilities.*
Source: VA OIG analysis of site visit observations.

The OIG also summarized the frequency of these six areas of deficiencies identified at each of the 70 facilities visited. The team concluded the following:

- One to two deficiencies were found at 20 facilities (29 percent)
- Three to four deficiencies were found at 45 facilities (64 percent)
- Five to six deficiencies were found at five facilities (7 percent)

The OIG concluded that each VA facility can take meaningful steps to improve security on its campus. While most facilities did have an active security presence with trained police officers, a few did not. All facilities could benefit from more uniformly securing nonpublic doors, ensuring presence of cameras, fixing inoperative cameras, providing appropriate maintenance and technology support for cameras, securing sensitive areas, refining other physical controls, and ensuring receipt and adequacy of necessary equipment. Considering that security personnel have the overall responsibility for detecting and deterring threats at medical facilities, the OIG believes filling security personnel vacancies would help facilities be better positioned to manage and monitor these additional controls. The OIG maintains that these two initiatives—hiring more security personnel and correcting security weaknesses—are inextricably linked to success.

Recommendations 1–6

The OIG made the following recommendations to the Secretary of Veterans Affairs:

1. Delegate to a responsible official the monitoring of VA facilities' security-related vacancies and report monthly on hiring trends and whether recent recruitment and hiring authorities established since the fiscal year 2021 Police National Strategic Recruitment Plan are resulting in improvements.
2. Authorize sufficient staff for the Human Resources and Administration/Operations, Security and Preparedness' Office of Security and Law Enforcement to inspect the VA police forces, per the OIG's 2018 unimplemented recommendation.

The OIG made the following recommendations to the under secretary for health:

3. Ensure medical facility directors use appropriate measures to assess VA police staffing needs, authorize associated positions, and leverage available mechanisms to fill vacancies.
4. Verify that medical facility directors commit sufficient resources to make certain that facility security measures are adequate, current, and operational.
5. Direct Veterans Integrated Service Network police chiefs, in coordination with medical facility directors, facility police chiefs, and facility emergency management leaders, to present a plan to remedy identified security weaknesses, including inoperative cameras, unsecured doors, and the lack of security presence at main entrances.

The OIG made the following recommendations to the assistant secretary for Human Resources and Administration/Operations, Security, and Preparedness:

6. Establish policy that standardizes the review and retention requirements for footage captured by facility security cameras.

VA Management Comments

VA concurred with all recommendations and provided corrective action plans. For recommendation 1, VA's comments stated that the assistant secretary for HRA/OSP will be responsible for monitoring VA facilities' security-related vacancies and will report monthly on hiring trends. In response to recommendation 2, VA stated that HRA/OSP is "assessing the FY 2023 operating plan to determine what resources are available to address the staffing needs of the VA Police Service inspections team." Effective October 2022, HRA/OSP shifted inspections from a two-year to a three-year cycle; however, despite this change, staffing estimates indicate that additional resources are still required to conduct timely inspections of medical facility police units.

To address recommendation 3, VA's comments noted that VHA is working toward compliance and execution of the police staffing policy as described in VA Directive 0731, specifically stating that regular and routine audits will occur by VISN security officers and HRA/OSP OSLE to ensure compliance. For recommendation 4, VA stated VHA leaders will verify that medical facility directors commit sufficient resources to ensure facility security measures are adequate, current and operational.

Regarding recommendations 4 and 5, VA noted that in October 2022, VISNs received VA Notice 23-01, which mandates the use of Modified Infrastructure Survey Tool 2.0 to conduct facility security assessments and guide risk management decisions. The tool is designed to systematically capture, store, and access information associated with VA-owned and -leased facilities; determine, document, and track countermeasures applied to protect those facilities; and enable system-wide trend analysis of security vulnerabilities and deficiencies. VA reiterated that regular and routine audits will be conducted by VISN security officers and HRA/OSP OSLE, while VHA works toward compliance and execution of VA Notice 23-01. In further response to recommendation 5, VA noted that, in light of the Veterans' Camera Reporting Act, they are conducting a comprehensive review of VA policies and procedures regarding the use of cameras concerning patient safety and law enforcement at medical facilities.[103]

For recommendation 6, VA will update the VA Police Model Standard Operating Procedure to reflect monitoring, periodic review, and storage of footage from security systems used for law enforcement purposes. Appendix C provides the full text of comments from VA.

OIG Response

The comments from VA and corrective action plans are responsive to the intent of the recommendations. The OIG will monitor implementation of planned actions and will close the recommendations when VA provides sufficient evidence demonstrating progress in addressing the issues identified.

[103] Veterans' Camera Reporting Act, Pub. L. 117-64, 135 Stat. 1486 (2021).

Appendix A: Background and Related Reports

Security and Law Enforcement Structure

Figure A.1 illustrates the organizational structure and division of responsibilities for VA's police program between VHA and HRA/OSP.

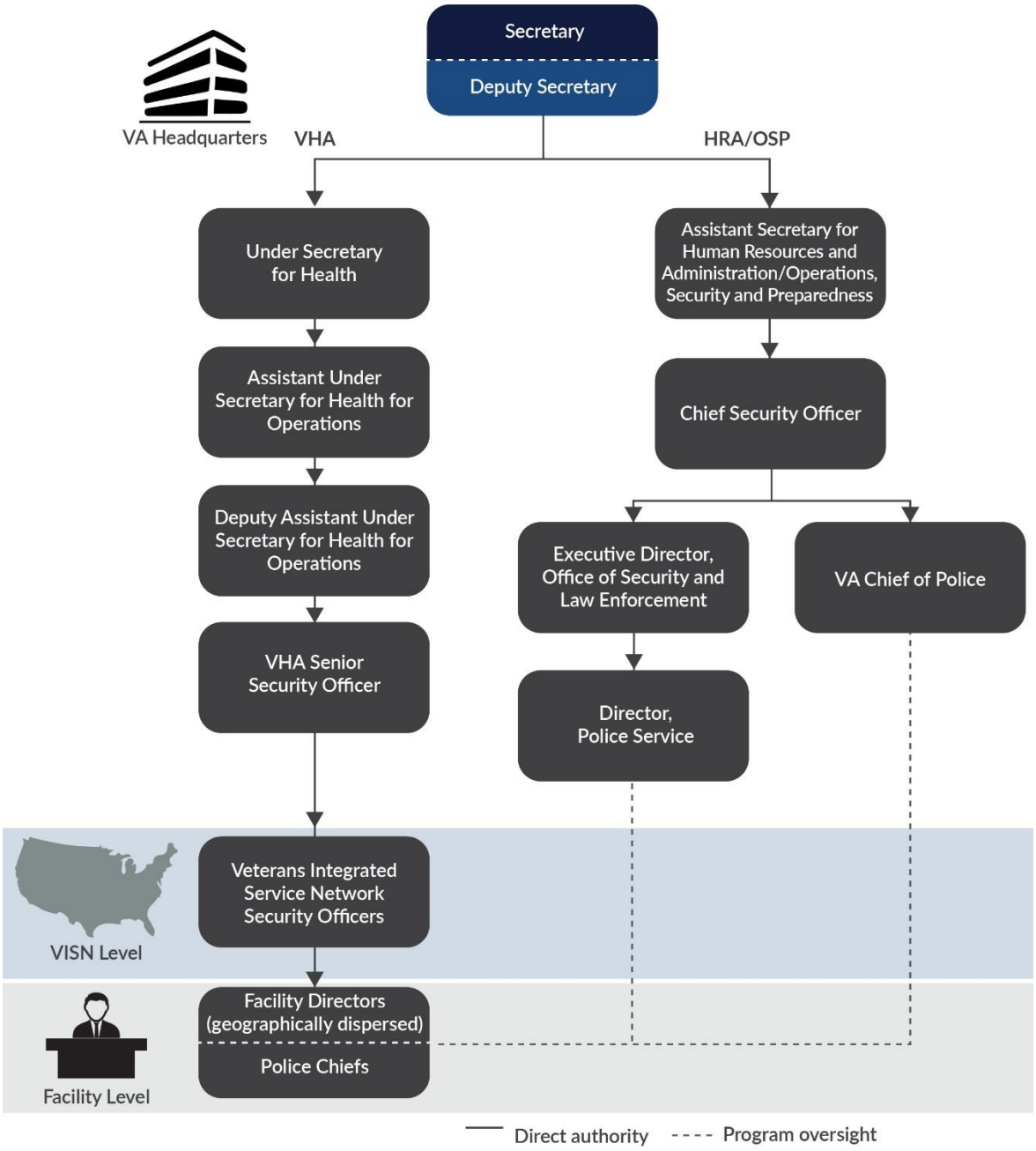

Figure A.1. *VA police program organizational structure and division of responsibilities.*
Source: VA OIG analysis of police program responsibilities and the VA functional organizational manual.

Police Inspection Ratings

The VA Police Service inspections mentioned in the text are designed to test the facility's compliance with key safety and security measures. Inspections are split into four areas: (1) personnel and training; (2) administration; (3) operations; and (4) equipment, weapons, and weapons control.

Based on the inspections, facilities can be rated as accredited, provisionally accredited, or not accredited. If a facility receives a "not accredited" rating, HRA/OSP agents assigned to the geographic area of the facility provide closer oversight of the facility, such as monitoring serious incident reports and use of force reports. The agents also assist with visits and are members of the Rapid Inspection Support Team. These teams are available to support the facility remotely or through follow-up site visits. Additional rating descriptions can be found in table A.1.

Table A.1. Police Inspection Ratings

Rating	Description
Accredited	The nature and the number of the deficiencies identified do not significantly affect the effectiveness of the Police Service to provide a safe and secure environment. Generally, no more than three fundamental critical areas have not been met and normally the score is 75 percent or higher.
Provisionally Accredited	The result of not meeting critical areas plus the nature and the number of other deficiencies identified may affect the effectiveness of the Police Service to provide a safe and secure environment. However, the outcome is not such that there is a failure or the likelihood of a failure to provide a safe and secure environment. Generally, three or more of the critical areas are not met and the overall score is between 65 and 74 percent. OSLE will conduct an unannounced spot inspection during the next fiscal year. Typically, this inspection will last between one and two days for verification that recommended improvements have been implemented and the program is not regressing.
Not Accredited	The result of not meeting the critical areas plus the nature and the number of other deficiencies identified are such that there is a significant failure or the likelihood of a failure to provide a safe and secure environment. Generally, most of the critical areas are not being met and the overall score is lower than 65 percent. However, in egregious situations, it should be noted the failure to meet any critical area might be reason, regardless of the numerical score, to receive a "Not Accredited" rating. An example would be a critical failure to meet the requirements of the firearm program *or the failure of a facility to maintain the minimum number of appropriately supervised police officers on duty at all times* (emphasis added). A rating of "Unsatisfactory" will trigger a follow-up inspection within 90 to 180 days from the date of the transmittal of the inspection report.

Source: VA OIG analysis of OSLE's inspection policy.

Summary of Relevant Criteria

Table A.2 describes the relevant VA policies that the OIG used in its assessment of the established security requirements for the 70 VA medical facilities visited.

Table A.2. VA Security-Related Policies

Governing Authority	Description
38 U.S.C. § 902	Provides for the enforcement and arrest authority of VA police officers.
VA Directive 0730, *Security and Law Enforcement*, December 12, 2012	Sets forth the policies and responsibilities for the maintenance of law and order and the protection of persons and property within VA's jurisdiction.
VA Directive 0731, *Police Staffing Policy*, May 6, 2022	Sets forth the policy and responsibilities for determining facility-appropriate VA police staffing standards.
VA Handbook 0720, *Procedures to Arm Department of Veterans Affairs Police*, January 24, 2000	Contains procedures for arming VA police officers. It identifies OSLE and facility responsibilities in ensuring that the carrying and use of firearms is accomplished in a safe and effective manner.
VA Handbook 0730, *Security and Law Enforcement*, August 11, 2000	Establishes procedures that implement the policies contained in VA Directive 0730. Contains procedures for physical security, law enforcement, and training activities for the VA police program. Identifies OSLE and facility responsibilities for ensuring the protection of persons and property on VA property.
VA Handbook 0730/5, *Security and Law Enforcement*, July 11, 2014	Provides VA-wide requirements, goals, and expectations for the development of Active Threat Response Plans at the facility level.
Physical Security and Resiliency Design Manual	Contains requirements for physical security and resiliency design and construction that apply to new buildings, additions, and alteration/renovation of existing facilities or sites, owned by VA for which design is begun on or after the effective date of the design manual. Provides cost-effective design criteria that will, when constructed and implemented, provide the appropriate level of physical security and resiliency to support VA services and facilities.

Source: VA OIG analysis.

Related Reports on VA Police

The OIG and the Government Accountability Office (GAO) both issued previous reports related to the objective and scope of this review.[104] All four reports address aspects of the VA Police Service's ability to conduct its duties and meet its objectives set out in VA policy. These reports are detailed below.

VA OIG: VA Police Program Governance at Medical Facilities

This 2018 report found that VA did not have adequate and coordinated governance over its police program at its medical facilities nationwide.[105] The OIG identified four areas of concern relating to systemic tracking and assessment of police program operations and performance by VHA and OSLE, facility-appropriate police officer staffing models and officer shortages at VA medical facilities, timeliness of inspections of police operations at VA medical facilities, and guidance on how VA police officers investigate the alleged misconduct of facility leaders who manage the police program or control its resources. The OIG made five recommendations for improvement, three of which have been closed as implemented. The two recommendations that remained open as of January 2023 were to clarify program responsibilities between VHA and the Office of Operations, Security, and Preparedness and evaluate the need for a centralized management entity for the security and law enforcement program across all facilities; and to assess staffing levels for the OSLE police inspection program and authorize and provide sufficient resources to conduct timely inspections of police units at medical facilities to help identify program compliance issues.[106]

VA OIG: VA Police Information Management System

In this 2020 report, the audit team determined that VA did not have an effective overall strategy or plan of action to update its police information management system.[107] Therefore, leaders in VHA could not perform adequate department-wide analyses or make informed decisions on facility risks and resource allocations. Additionally, performance issues with the system sometimes prevented police officers from conducting law enforcement activities because the officers had to spend time attempting to make the system work instead. The OIG made four

[104] VA OIG, *Inadequate Governance of the VA Police Program at Medical Facilities*; VA OIG, *VA Police Information Management System Needs Improvement*, Report No. 19-05798-107, June 17, 2020; VA OIG, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2022*; GAO, *VA Facility Security: Policy Review and Improved Oversight Strategy Needed*, GAO-18-201, January 2018.

[105] VA OIG, *Inadequate Governance of the VA Police Program at Medical Facilities*.

[106] The two recommendations initially had implementation target dates of September 30, 2019, and June 30, 2019, respectively. VHA and HRA/OSP have not provided sufficient evidence of implementation progress to close those recommendations.

[107] VA OIG, *VA Police Information Management System Needs Improvement*.

recommendations for improvement for this finding, and all four have since been documented as sufficiently implemented to be closed by the OIG.

VA OIG: VHA Occupation Staffing Shortages FY 2022

The OIG determined that in FY 2022, more VA facilities reported severe occupational staffing shortages than in recent fiscal years.[108] VA police officers were identified as the seventh-most-prevalent facility-designated severe occupational shortage. VA-wide, staff at 62 facilities identified police staffing shortages. Police have remained in the top 10 most frequently reported severe shortages annually since FY 2018. The OIG did not make any recommendations but emphasized the importance of VHA's continued assessment of severe occupational staffing shortages given that there were increases from FY 2021 to FY 2022.

GAO: VA Facility Security

This report released in 2018 addressed VA's lack of quality review for required risk assessments of medical centers, its failure to identify whether countermeasures were implemented appropriately, and the lack of system-wide data to gain an understanding of physical security issues across medical centers.[109] GAO determined that VA's OSLE did not have centralized command or authority over VA police at medical facilities, including making sure that inspection program deficiencies were corrected. OSLE also did not collect data that would allow VA to know what deficiencies had been identified across all VHA facilities. There were also variations in police staffing at VA medical facilities, with some needing more officers than the minimally required levels so they could respond to multiple incidents at the same time. GAO also found that clinics had varying levels of security due to a lack of guidance. GAO made two recommendations to VA about updating its risk management policies and developing an oversight strategy that would allow it to assess the effectiveness of its risk management programs at medical facilities nationwide.

In its related testimony to Congress in July 2021, GAO stated that VA had begun to revise its policies to reflect federal standards and establish system-wide oversight.[110] GAO also reported that OSLE officials provided a draft of a newly revised risk management policy. These officials planned to fully deploy a tool for capturing, storing, and accessing risk management assessments and countermeasure recommendations at individual facilities. As of June 2021, the risk management policy was still in draft form and the tool had not been fully deployed.

[108] VA OIG, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2022*.

[109] GAO, *VA Facility Security: Police Review and Improved Oversight Strategy Needed*.

[110] GAO, *VA Medical Center Security: Progress Made, but Improvements to Oversight of Risk Management and Incident Analysis Still Needed*, GAO-21-105320, July 13, 2021.

Appendix B: Scope and Methodology

Scope

The review team conducted its work in September 2022 and December 2022. The scope of the review focused on tangible factors that a person with a reasonable level of security knowledge could assess quickly across VA medical facilities. These factors included observing police and security presence, testing physical security, checking select training requirements, and verifying facilities' emergency preparedness plans.[111] The team judgmentally selected 70 VA facilities for on-site review based on their proximity to OIG field offices. Other considerations were made, such as complexity level of the facility or circumstances when only one facility provided care to an entire state.

Methodology

The review team took actions to determine whether VA medical facilities had met established security requirements in accordance with VA policy:

- Reviewed program documentation and interviewed VA personnel responsible for establishing and implementing security plans[112]
- Reviewed applicable laws, regulations, and VA policies and procedures, including facility inspection reports, for police management and accountability
- Interviewed and obtained relevant documents from facility leaders, managers, and staff
- Assessed and analyzed VA data on the number of authorized police officer positions and vacancies in related job series as of September 1, 2022, and calculated vacancy rates based on these data
- Evaluated required training records for police officers at the 70 facilities visited
- Conducted a survey of facility security personnel to gather information and perspectives concerning the police program with follow-up as needed. The survey questions were designed to gain an understanding, from the security personnel's perspective, of the availability and quality of training, as well as the sufficiency and availability of equipment (e.g., pepper spray, firearm, baton). Additionally, the survey had multiple

[111] The OIG reviewed VA guidance, regulations, and facility inspection reports related to security and law enforcement. Although these documents contain extensive security safeguards for VA facilities to implement, the OIG focused on the tangible factors mentioned here.

[112] Each facility is required to maintain a site plan (sometimes referred to as a vulnerability assessment), which identifies areas requiring special attention. Due to the nature and pace of this project, the OIG verified existence of these documents; however, site-specific plan requirements were not taken into consideration as part of the OIG's review methodology.

free-text sections where respondents could elaborate on the answers to various survey questions and comment on the overall security of the facility. The team reviewed these text responses to identify examples, some of which are included in the report. While on-site, the teams handed out business cards containing the survey QR code to security personnel that were encountered during the site visit. Some auditors also provided the chief of police with a stack of business cards to hand out to officers on duty that the OIG site visit team had not seen.

The review population included 1,687 VA police officers as of August 31, 2022, employed at the 70 judgmentally selected medical facilities. The population of police officers was obtained from HR Smart—VA's official system of record to manage personnel records. The review team selected a statistical sample of 188 VA police officers from the population. The team used statistical sampling to quantify the extent to which training records supported that VA police officers complied with training requirements for (1) VA police officer standardized training, (2) use of force, (3) firearms, and (4), active threat response training.[113]

The team replaced records where the sampled employee did not have training requirements because the individual (1) left VA employment, or (2) was misclassified as a VA police officer. After the team completed its analysis, the team excluded VA police officers from the figures reported in the finding when (1) the police officer was on extended leave, (2) the facility placed the officer on administrative duties, or (3) the VA police officer was hired after July 1, 2022. While VA police officers must complete VA's police officer standardized training within their first 90 days, graduation from this course also acts as the initial qualification date for all testing and qualifications for use of force, firearms, or active threat response training. This adjustment reduced the sample total in the finding to 170 VA police officers. The team assessed local training records from the facilities and electronic training records provided by VA's Law Enforcement Training Center.

Table B.1. Facility Sample

Selected locations	Records of VA police	Sampled items	Items reviewed
70	**1,687**	**188**	**170**

Source: VA OIG sampled population of training records of VA staff identified as VA police officers in HR Smart as of August 31, 2022.

[113] To test compliance, the OIG ensured that active threat training was completed quarterly (July 1, 2022, through September 30, 2022), and use-of-force and firearms training were completed biannually (April 1, 2022, through September 30, 2022). In addition, the OIG ensured that the police officers had completed police officer standardized training within 90 days of being hired or had been recertified within five years of their last training.

Information Withheld

The OIG withheld the names and locations of the 70 VA medical facilities selected for review in the publicly released report consistent with the Privacy Act and other related mandates. Publishing vulnerabilities for specific locations increases the risk that those deficiencies will be exploited. Facility-specific information was shared by OIG staff with the appropriate VA leaders and in the draft report for VA comment. The intent of this review was to provide those VA leaders with a point-in-time snapshot of security conditions at the medical facilities visited.

Internal Controls

The review team determined that internal controls were significant to the review objective.[114] The team assessed the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.[115] The team identified all five components and 10 principles as significant to the objective.[116] The team identified internal control weaknesses during this review and made recommendations to address the following control deficiencies:

- Component 1: Control Environment
    - Principle 2: Exercise Oversight Responsibility
    - Principle 3: Establish Structure, Responsibility, and Authority
    - Principle 5: Enforce Accountability
- Component 2: Risk Assessment
    - Principle 6: Define Objectives and Risk Tolerances
    - Principle 7: Identify, Analyze, and Respond to Risk
- Component 3: Control Activities
    - Principle 10: Design Control Activities
    - Principle 12: Implement Control Activities
- Component 4: Information and Communication
    - Principle 14: Communicate Internally
    - Principle 15: Communicate Externally

[114] Council of the Inspectors General on Integrity and Efficiency, *Quality Standards for Inspection and Evaluation*, December 2020; GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G, September 2014.

[115] GAO, Standards for Internal Control in the Federal Government.

[116] Since the review was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this review.

- Component 5: Monitoring
    - Principle 16: Perform Monitoring Activities

Fraud Assessment

The OIG assessed the risk that fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, significant within the context of the review objectives, could occur during this review. The team exercised due diligence in staying alert to any fraud indicators and did not identify any instances of fraud or potential fraud during this review.

Data Reliability

The OIG relied on computer-processed data obtained from VA's HR Smart system, VA's Law Enforcement Training Center, and the VA's Power Business Intelligence software. The team accessed HR Smart, on August 31, 2022, to determine the names and duty locations of VA police officers for the purpose of completing the training records sample. VA's Law Enforcement Training Center provided a spreadsheet of their training records dated as of September 30, 2022. The team compared HR Smart and VA's Law Enforcement Training Center data with results from source data and physical observations and determined the data were valid and reliable. The team used VA's Power Business Intelligence software to extract overtime data as of September 30, 2022, and vacancy data as of September 1, 2022. For the overtime and vacancy data, the review team accepted VA's data and did not perform additional substantive analyses or testing for accuracy as this data were not relied on for conclusions. The OIG believes that the data were appropriate and sufficient for the purposes of the review based on this approach and the results of the testing.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation.*

Appendix C: VA Management Comments

Department of Veterans Affairs Memorandum

Date: January 20, 2023

From: Secretary (00)

Subj: Draft Report, Review of Security and Preparedness at Department of Veterans Affairs (VA) Medical Facilities (Project Number 2022-03770-AE-0163) (VIEWS 9218134)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on the Office of Inspector General, Healthcare Infrastructure Division, draft report titled Draft Report, Review of Security and Preparedness at VA Medical Facilities. VA concurs on the report and provides the attached response and comments for completing the open recommendations.

The OIG removed point of contact information prior to publication.

(Original signed by)

Denis McDonough

Attachment

Attachment

Department of Veterans Affairs (VA)

Comments to Office of the Inspector General (OIG) Draft Report:

Review of Security and Preparedness at VA Medical Facilities

(Project Number 2022-03770-AE-0163)

The Office of the Inspector General (OIG) made six recommendations in the draft report Review of Security and Preparedness at VA Medical Facilities (Project. # 2022-03770-AE-0163). Two recommendations were made to the Secretary of Veterans Affairs, three recommendations to the Under Secretary for Health and one recommendation to the Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP):

OIG made the following recommendations to the Secretary of Veterans Affairs:

OIG Recommendation 1: Delegate to a responsible official the monitoring of VA facilities' security-related vacancies and report monthly on hiring trends and whether recent recruitment and hiring authorities established since the fiscal year 2021 Police National Strategic Recruitment Plan are resulting in improvements.

VA Response: Concur**.** The Assistant Secretary for HRA/OSP will serve as the responsible official for the monitoring of VA facilities' security related vacancies and report monthly to the Deputy Secretary on hiring trends and whether recent recruitment and hiring authorities established since the fiscal year (FY) 2021 Police National Strategic Recruitment Plan are resulting in improvements.

Congress recently passed the Consolidated Appropriations Bill, H.R. 2617. The bill requires the Secretary to develop a plan that establishes minimum staffing requirements at each VA facility including number of officers assigned and pay grades. The Department is required to submit a report within one year of the date of enactment of the bill to the Veterans' Affairs Committees of the House and Senate that includes staffing needs, how compensation affects retention, officer turnover, a comparison of compensation with similarly situated police officers and units in the same locality, estimates of the cost of fully implementing the plan and any recommendations for legislative action that could assist in carrying out the plan.

Target Completion Date: April 2023

OIG Recommendation 2: Authorize sufficient staff for the Human Resources and Administration/Operations, Security and Preparedness' Office of Security and Law Enforcement to inspect the VA police forces, per the OIG's 2018 unimplemented recommendation.

VA Response: Concur**.** HRA/OSP is assessing the FY 2023 operating plan to determine what resources are available to address the staffing needs of the VA Police Service inspections team.

Effective October 1, 2022, HRA/OSP shifted the VA Police Service inspections cycle from a 2-year cycle to every 3 years. Despite the inspection cycle change, manpower estimates indicate that additional resources are still required in order to conduct timely inspections of police units at medical facilities to help identify program compliance issues.

Target Completion Date: April 2023

OIG made the following recommendations to the Under Secretary for Health:

OIG Recommendation 3: Ensure medical facility directors use appropriate measures to assess VA police staffing needs, authorize associated positions, and leverage available mechanisms to fill vacancies.

VA Response: Concur. Veterans Health Administration (VHA) is currently working toward compliance and execution of the Police Staffing Policy as described in VA Directive 0731, Police Staffing Policy, May 6, 2022. Regular and routine audits will occur by the VHA Veterans Integrated Services Network (VISN) Security Officers and the HRA/OSP, Office of Security and Law Enforcement (OSLE) to ensure compliance. Finding and recommendations will be reported to VHA Central Office and HRA/OSP leadership for action.

HRA/OSP published VA Directive 0731 with an execution timeline of not more than 1 year from issuance. This directive sets forth the policy and responsibilities for determining facility-appropriate VA Police staffing standards.

To demonstrate that facilities have the appropriate staffing standards to provide high-quality law enforcement services, VA facility leadership must incorporate core Department requirements and apply the evidence-based staffing methodology contained in this policy. Additionally, VA facilities must ensure that police personnel are assigned duties and responsibilities consistent with maintaining law and order and protecting persons and property.

Target Completion Date: May 2023

OIG Recommendation 4: Verify that medical facility directors commit sufficient resources to make certain that facility security measures are adequate, current, and operational.

VA Response: Concur. VHA leadership will verify that medical facility directors commit sufficient resources to make certain that facility security measures are adequate, current and operational.

On October 13, 2022, VISNs received VA Notice 23-01 mandating the use of the Modified Infrastructure Survey Tool (MIST) 2.0 for conducting Facility Security Assessments (FSA) in accordance with the Interagency Security Committee (ISC) Risk Management Process. MIST 2.0 will be used to systematically capture, store and access information associated with VA-owned properties including VA controlled leased facilities. Data in MIST 2.0 includes threats, vulnerabilities, occupants, countermeasures, security plans and other relevant information that supports the creation of FSAs to guide risk management decisions for the protection of VA facilities. MIST 2.0 is used to determine countermeasure recommendations necessary to protect those facilities and to document and track the status of countermeasures and countermeasure projects at the facilities. MIST 2.0 permits system-wide analysis of trends on security vulnerabilities and deficiencies, as well as oversight of applied countermeasures VA-wide. This notice sets forth requirements for protecting VA personnel and assets by the Department of Homeland Security's (DHS) latest edition of Risk Management Process for Federal Facilities: An Interagency Security Committee Standard.

VHA is currently working toward compliance and execution of the MIST Notice 23-01 as described by HRA/OSP. Regular and routine audits will occur by VHA VISN Security Officers and HRA/OSP, OSLE to ensure compliance. Findings and recommendations will be reported to VA Central Office and HRA/OSP leadership for action.

Target Completion Date: June 2023

OIG Recommendation 5: Direct Veterans Integrated Service Network police chiefs, in coordination with medical facility directors, facility police chiefs, and facility emergency management leaders, to present a plan to remedy identified security weaknesses, including inoperative cameras, unsecured doors, and the lack of security presence at main entrances.

VA Response: Concur. With respect to identifying security weaknesses and unsecured doors, in October 2022, VISNs received VA Notice 23-01 mandating the use of the MIST 2.0 for conducting FSA in accordance with the ISC Risk Management Process.

The notice mandates the use of the MIST 2.0 for conducting FSA following the ISC Risk Management Process. MIST 2.0 will be used to systematically capture, store and access information associated with VA-owned properties including delegated leased facilities. Data in MIST 2.0 includes threats, vulnerabilities, occupants, countermeasures, security plans and other relevant information that supports the creation of FSAs to guide risk management decisions for the protection of VA facilities. MIST 2.0 is used to determine countermeasure recommendations necessary to protect those facilities and to document and track the status of countermeasures and countermeasure projects at the facilities. MIST 2.0 permits system-wide analysis of trends on security vulnerabilities and deficiencies, as well as oversight of applied countermeasures VA-wide. This notice sets forth requirements for protecting VA personnel and assets by DHS' latest edition of Risk Management Process for Federal Facilities: An Interagency Security Committee Standard.

With respect to inoperative cameras, the Veterans Camera Reporting (VCR) Act, P.L. 117-64, was signed into law by the President on November 23, 2021. Implementation of the VCR Act improves the value of the current use of cameras at VA facilities by enabling a comprehensive review of the policies and procedures of cameras as well as the enhancement of patient safety.

The VCR Act requirements focus on analyzing how cameras are used for patient safety and law enforcement to monitor staff and patients, the location of cameras, camera monitoring where drugs are stored ensuring that drugs are being accounted for and assessing whether this is a widely used practice across VA facilities. Additionally, the VCR Act establishes requirements to examine the exterior use of cameras and their positioning around facilities.

An Integrated Project Team is charged to define the data requirements for the VCR Act by completing a comprehensive review of VA policies and procedures regarding the use of cameras concerning patient safety and law enforcement at medical facilities.

VHA will proactively identify and address risks and challenges, facilitate collaborations between organizations and plan for resources needed to efficiently fulfill the requirements of the law. To meet the intent of the law, scenarios unrelated to patient safety and law enforcement and cameras not deployed by VA are out of scope.

With respect to lack of security presence at main entrances, VA Handbook 0730-5 denotes the following on page F-4 under the "Detect" section:

"(c) Stationing of VA Police officers or security personnel, as appropriate to the VA facility, is very important in high-traffic locations at facility entrances. The visibility of police or security forces can deter an attack from happening and detect and provide an instant response in the event deterrence efforts are not successful."

There is no specific guidance in policy from the Department to suggest that VA police must have a static post in main lobby areas or outpatient clinics whereby a description of the current language suggests where a police officer should be. When a police officer is not present, however, there are other means of

security mitigations in place for common/ high-traffic areas, such as cameras, panic alarms, signage and front door ambassadors who can contact VA police should an urgent issue arises. VHA finds these additional security mitigations to be extremely valuable.

Facility managers and engineering staff are key members of Active Threat response teams. Facility management and engineering staff coordinate appropriate compartmentalization of VA space. Consideration should always be given to controlling access to high-threat areas. As an example, while lobbies and public spaces may have minimal entry controls, office, clinic and ward areas should be secured with heavy doors and access control systems to be able to deny movement to an Active Threat suspect and provide shelter-in-place locations.

Target Completion Date: May 2023

OIG made the following recommendations to the Assistant Secretary, HRA/OSP:

OIG Recommendation 6: Establish policy that standardizes the review and retention requirements for footage captured by facility security cameras.

VA Response: Concur. VA will update the VA Police Model Standard Operating Procedure, required for all VA Police Services, to reflect monitoring, periodic review and storage of footage from security systems used for law enforcement purposes.

Standards for the use of Security Surveillance Television (SSTV) systems are required for each VA Police Service in accordance with VA Handbook 0730, Security and Law Enforcement. The mandatory standards are in the VA Police Model Standard Operating Procedure, Chapter 7, Section A, Paragraph 5 “Use of the SSTV System.” The standards require SSTV systems remain operational 24 hours a day, 7 days a week and will be monitored 24 hours a day. In accordance with newly executed VA Directive 0731, Police Staffing Policy, VA facilities are executing the new staffing model and will provide sufficient staffing to ensure constant monitoring of law enforcement cameras.

VA follows National Archives and Records Administration requirements for retention of footage captured by facility security cameras. Guidance for retention and disposition of footage captured by facility security cameras, is provided in the Veterans Health Administration Records Control Schedule (RCS) 10-1. The police specific records guidance is in the VA Police Model Standard Operating Procedure, Chapter 1, Section O.

[Attachments]

Target Completion Date: April 2023

Department of Veterans Affairs

January 2023

OIG Note: The attachments were not included in this report. Copies may be requested from the OIG Information Release Office.

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Review Team	Shawn Steele, Director Andrew Albee Brittany Baker Rhiannon Barron Cherelle Claiborne Kristina Dello Abigail Genitempo Brad Lewis Daniel Malik Karen Myers Rich Pesce Sharonda Pryor Noak Smith Aaron Weinberg Irena Yablonski
Other Contributors	Marnette Dhooghe Juliana Figueiredo Nate Landkammer Michael Martin Michael Soybel Rachel Stroup Kotwoallama Reine Zerbo

Report Distribution

VA Distribution

Office of the Secretary
Veterans Benefits Administration
Veterans Health Administration
National Cemetery Administration
Assistant Secretaries
Office of General Counsel
Office of Acquisition, Logistics, and Construction
Board of Veterans' Appeals

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Accountability
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

OIG reports are available at www.va.gov/oig.