



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Inadequate Governance of
the VA Police Program at
Medical Facilities

AUDIT

REPORT #17-01007-01

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Executive Summary

Why the OIG Did This Audit

VA police officers are federal law enforcement officers who serve a critical role in securing facilities and protecting patients, visitors, employees, and VA property. They provide security and law enforcement services at Veterans Health Administration (VHA) facilities and Veterans Benefits Administration offices colocated with VHA facilities. The officers sometimes also provide security for VA national cemeteries.

The VA Office of Inspector General (OIG) received hotline complaints and other information related to the accountability and performance of VA police officers at medical facilities that included concerns about the sufficiency of police officer staffing and inappropriate conduct while performing police duties. The OIG conducted this audit to determine whether the VA security and law enforcement program (police program) has an effective governance structure to provide reasonable assurance that the program is meeting its objectives. Having an effective governance structure for police is essential to making certain the police program meets standards, officers are accountable for their performance, and VA police maintain the public's trust. This audit also assessed whether the police workforce has met requirements for size and qualifications and has an adequate inspection program to ensure compliance with policies and procedures.

Responsibility for the police program has historically been within VHA, which had a central Security Service office that developed policies and training requirements related to facility security and law enforcement operations.¹ In 1989, VA transferred the VHA's Security Service function to a newly created department-level program office outside of VHA called the Office of Security and Law Enforcement (OS&LE). Through VA policy changes, the governance of the police program was dispersed between VHA and OS&LE. VHA's local medical leaders assumed primary responsibility for overseeing police program operations at their facilities, including maintaining sufficient numbers of officers on duty with proper equipment and supervision. OS&LE was charged with developing and issuing national police program policies, protecting the VA Secretary and Deputy Secretary, investigating potential criminal incidents at VA facilities, and conducting inspections of medical facility police units to determine compliance with approximately 170 program requirements.

What the Audit Found

VA did not have adequate and coordinated governance over its police program to ensure effective management and oversight for its approximately 4,000-strong police officer workforce at its 139 medical facilities. The governance problems stemmed from confusion about police program roles and authority and a lack of a centralized management or clearly designated staff

¹ VHA was known at that time as the Department of Medicine and Surgery.

within VHA to manage and oversee the police program. According to VA policy, VHA leaders maintained primary responsibility for ensuring police program requirements are achieved.

OS&LE, a VA staff office, had program oversight responsibilities limited to activities such as developing and issuing national policies and inspecting police operations at VHA facilities.

OS&LE did not have program authority to manage VA police operations at local facilities.

This report is organized into the following four specific areas of concern identified by the audit:

1. Systemic tracking and assessment of police program operations and performance by VHA and OS&LE
2. Facility-appropriate police officer staffing models and officer shortages at VA medical facilities
3. Timeliness of inspections of police operations at VA medical facilities
4. Guidance on how VA police officers investigate the alleged misconduct of facility leaders who manage the police program or control its resources

A summary of key findings within each of these areas follows.

1. VHA and OS&LE Did Not Track and Assess Police Program Operations and Performance in a Systemic and Effective Manner

VA policy designated VHA's Deputy Under Secretary for Health for Operations and Management (DUSHOM) as the senior official responsible for ensuring police program requirements are achieved. Despite this requirement, the OIG determined that the Office of the DUSHOM lacked mechanisms to systematically track and assess police program operations and performance at medical facilities, including whether facilities maintained sufficient numbers of police officers to provide security and protection services. The DUSHOM's office also did not track and assess VA police workload indicators system-wide, including the number and types of arrests, traffic violations, and investigative activities. Similarly, OS&LE, aligned under VA's Office of Operations, Security, and Preparedness, did not prepare trend analyses or assessments of its inspection results and recommendations on police program performance at medical facilities.

The lack of effective monitoring occurred and persisted, in part, because the DUSHOM had an inconsistent understanding of the limits of OS&LE's program oversight responsibility for the police program. In addition, VHA leaders did not have designated staff or a centralized management function dedicated specifically for the police program. The lack of centralized tracking and assessment of police program operations and performance, paired with problems with OS&LE's inspection program discussed later in this report, contributed to missed opportunities to ensure critical program requirements were being maintained.

2. No Facility-Appropriate Police Officer Staffing Models Were Used and There Were Shortages of VA Police Officers

The OIG found that VA lacked police officer staffing models that could be tailored to the needs of similar types of medical facilities to determine the appropriate number and composition of police officers. The OIG also found that many VA facilities were below their individual authorized levels of police officers. The lack of facility-appropriate police staffing models and police officer shortages at VA medical facilities can affect security activities such as the frequency and location of patrols.

VHA reported there was a national shortage of police officers within the VA healthcare system. According to information provided from the Office of the DUSHOM for this audit, VHA reported 4,881 police officer positions were authorized as of January 31, 2018, but 875 positions (18 percent) were vacant or in the process of being filled. Fifty-six of the 139 medical facilities with VA police operations (40 percent) reported officer vacancy rates of 20 percent or higher. For example, the Hampton, Virginia, VA Medical Center reported 11 of its 23 authorized police officer positions vacant (48 percent).

VA medical facility staff at five sites that the OIG visited noted several factors contributing to recruitment and retention challenges, including problems obtaining local facility approval to hire police officers due to changes in facility management. In addition, VA police salaries were not competitive with other local and federal agencies and there were competing priorities in hiring healthcare staff. The OIG determined that four of the five medical facilities visited lacked documented recruitment plans or the use of special salary rates or incentives.

VA medical facilities with insufficient numbers of police officers have had to borrow officers from other facilities and use overtime pay to augment staffing levels to ensure adequate coverage. According to the VHA Chief Financial Officer, VHA facilities spent approximately \$26.6 million in fiscal year (FY) 2017 on overtime pay for its police services.

3. OS&LE Did Not Conduct Timely Inspections of VA Police Operations

The OIG determined that as of September 30, 2017, OS&LE did not timely inspect 103 of the 139 VA medical facilities with police units (74 percent).² Police inspections provide a check on the adequate implementation of critical program operations such as physical security and rapid response activities, and identify any corrective actions needed. During inspections, OS&LE employees interview medical and police staff, conduct security walk-throughs of medical areas, and review officer firearm records, as well as other data collection tasks. The information

² The OIG reviewed the most recent police inspection reports available during the audit period for the 139 VA medical facilities with police units and looked back at the applicable requirements for a cyclical inspection or reinspection to determine whether they were completed on schedule.

gathered is used to assess whether a facility is operating in compliance with approximately 170 operational and administrative program requirements.

OS&LE written procedures required its staff to inspect VA medical facility police units on a two-year cycle. On November 7, 2014, OS&LE changed that inspection process to require inspections of medical facility police units on a four-year cycle. OS&LE updated its own internal process on that same day to include an expectation that Veterans Integrated Service Network (VISN) police chiefs would perform midcycle (two-year) inspections. However, most VISN police chiefs did not start this process, and OS&LE did not receive any inspection reports in FY 2017 as expected. On April 14, 2018, OS&LE reverted to requiring its own staff to inspect VA medical facility police units on a two-year cycle.

Based on the number and type of deficiencies identified in the inspection, OS&LE assigns police units an overall rating of outstanding, highly satisfactory, satisfactory, marginally satisfactory, or unsatisfactory. OS&LE written procedures require its staff to reinspect VA medical facility police units within one year for a marginally satisfactory rating and within 90 or 180 days for an unsatisfactory rating (depending on the governing policy in place at that time).

The OIG found that of the 103 VA medical facility police units not inspected within prescribed time periods

- 95 VA medical facility police units had overdue cyclical inspections by an average of 286 days, or about 10 months, over the two-year inspection cycle;
- four medical facility police units previously rated as marginally satisfactory were not reinspected within one year (with the average for these untimely reinspections at 345 days, or close to 12 months, beyond the one-year reinspection requirement); and
- four medical facility police units previously rated as unsatisfactory were not reinspected within the applicable 90- or 180-day reinspection requirement (with the average for these reinspections at 162 days, or just over five months beyond the applicable timeline).

These delays were attributed to OS&LE having limited staff available for inspections. For example, OS&LE leaders diverted three of six inspection employees to perform executive protection duties in FY 2017. Having overdue inspections of medical facility police units limited VA's ability to know whether programs or police officers are performing adequately, and whether previously identified deficiencies are corrected. For example, OS&LE did not timely reinspect the Chicago, Illinois, VA Medical Center despite its identified concerns of police officers not consistently advising suspects of their constitutional rights during arrests.

4. VA Officers Lacked Guidance on Investigating Facility Leaders Who Manage Their Program or Control Its Resources

During the audit, the OIG identified two instances in which VA police officers performed investigations into alleged misconduct of facility leaders who managed the police program or had control over program resources at their own medical facilities. These types of investigations occurred because VA did not have written guidance specifically for VA police on how to appropriately investigate misconduct allegations involving their local facility leaders.

What the OIG Recommended

The OIG recommended the VA Deputy Secretary take these five corrective actions:

1. Clarify program responsibilities between the Veterans Health Administration 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 medical facilities.
2. Ensure police staffing models are implemented for determining facility-appropriate levels for officers at medical facilities.
3. Make certain medical facilities use strategies to address police staffing challenges such as having documented recruitment plans for police officer positions that include a determination of the need for special salary rates and incentives.
4. Assess the staffing levels for the Office of Security and Law Enforcement 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.
5. Ensure procedures are developed for appropriately handling VA police investigations of medical facility leaders.

Management Comments

The Acting Deputy Secretary agreed with the report and recommendations. The OIG will monitor the department's planned actions and follow up on implementation of the recommendations until all proposed actions are completed. The Executive in Charge, Office of the Under Secretary for Health, concurred with the report without further comments.



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Abbreviations

DUSHOM	Deputy Under Secretary for Health for Operations and Management
FY	Fiscal Year
GAO	Government Accountability Office
HCS	Health Care System
OIG	Office of Inspector General
OSP	Office of Operations, Security, and Preparedness
OS&LE	Office of Security and Law Enforcement
VA	Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



Introduction

Audit Objective

The VA Office of Inspector General (OIG) received hotline complaints and other information related to the accountability and performance of VA police officers at medical facilities.³ These complaints included concerns about the sufficiency of police officer staffing and inappropriate conduct while performing police duties. This audit was performed to determine whether the VA security and law enforcement program (police program) has an effective governance structure to provide reasonable assurance that the program is meeting its objectives. The results of the audit underscore the need for an effective governance structure that can make certain the police program meets standards, officers are accountable for their performance, and VA police maintain the public's trust. The OIG also assessed whether the police workforce has met requirements for size and qualifications and has an adequate inspection program to ensure compliance with policies and procedures.

Security and Law Enforcement Program Background

Federal law provides the VA Secretary with the authority and responsibility to protect patients, visitors, employees, and VA property.⁴ This includes responsibility for about seven million patients receiving VA care,⁵ over 388,000 employees,⁶ and approximately 1,200 VA healthcare facilities and clinics.⁷ VA police officers provide security and law enforcement services at Veterans Health Administration (VHA) facilities and Veterans Benefits Administration offices colocated with VHA facilities. VA police sometimes also protect VA national cemeteries. They are authorized to carry firearms in an official capacity, investigate criminal activity, and arrest individuals on and off department property for offenses committed within VA's jurisdiction and consistent with other law enforcement agency agreements. They also manage traffic and control parking on department property and other authorized areas.⁸ In addition to the statutory

³ The OIG Hotline refers individual allegations of criminal conduct or serious misconduct involving local VA police to the OIG Office of Investigations for further action or referral.

⁴ Title 38, United States Code, § 901, *Authority to prescribe rules for conduct and penalties for violations*.

⁵ Department of Veterans Affairs, *2019 Congressional Submission*, Department of Veterans Affairs - Budget in Brief, February 12, 2018.

⁶ VA National Center for Veterans Analysis and Statistics, "VA Benefits & Health Care Utilization," NCVAS Pocket Card, July 18, 2018. <https://www.va.gov/vetdata/docs/pocketcards/fy2018q4.PDF>. (The website was accessed on August 15, 2018.)

⁷ Department of Veterans Affairs, *FY 2018-2024 Strategic Plan*, February 12, 2018.

⁸ Title 38, United States Code, § 902, *Enforcement and arrest authority of Department police officers*.

requirements, VA police officers provide assistance to patients, visitors, and employees; manage physical security; and help with effective planning and use of security resources.⁹

To qualify as a VA police officer, candidates must undergo preemployment screening including a criminal history check, a test for illegal drug use, and a medical examination to determine their ability to perform the functional requirements of the position. After their appointment, police officers must complete basic training at the VA Law Enforcement Training Center to learn law enforcement practices and procedures.

Police officers are also required to undergo a background investigation by the Office of Personnel Management to determine suitability for federal employment.¹⁰ They must have a favorable determination from the completed background investigation to perform their police duties.¹¹

VA's police force consists of approximately 4,000 officers,¹² which places it among the 10 largest law enforcement workforces in the federal government.¹³ Responsibility for the police program is divided between VHA and the VA Office of Operations, Security, and Preparedness (OSP).

⁹ VA Directive 0730, *Security and Law Enforcement*, paragraph 3j (1) and (3), December 12, 2012; VA Handbook 0730, *Security and Law Enforcement*, paragraph 6c (1), August 11, 2000.

¹⁰ Title 5 Code of Federal Regulations § 731.104-106.

¹¹ VA policy memo, *Policy and Procedure Change for VA Police*, March 10, 2010.

¹² VA Handbook 0720/1, *Program to Arm Department of Veterans Affairs Police Officers*, Appendix A, paragraph 4b, December 8, 2016, defines VA's police officer workforce as generally classified within the 0083, 1811, and 0080 job series.

¹³ Department of Justice, *Federal Law Enforcement Officers*, 2008, June 2012.

The following figure illustrates the organizational structure and division of responsibilities for the police program between VHA and OSP during the audit.

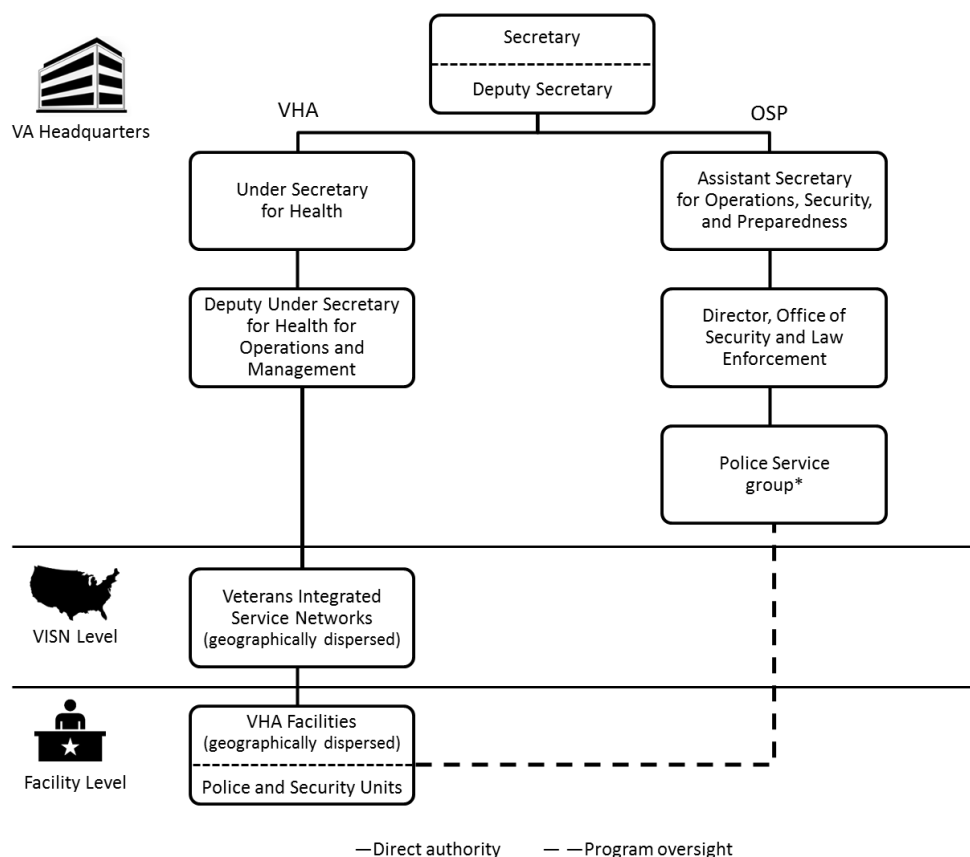


Figure 1. Overview of the Organizational Structure for the Security and Law Enforcement Program

(Source: OIG-created based on analysis of police program responsibilities)

*The Police Service group has different divisions responsible for such functions as investigations, infrastructure protection, executive protection, and police unit inspections. The Police Service group is led by its own Director of Police Service. In addition to the Police Service group, OS&LE oversees the Law Enforcement Training Center.

VHA Responsibilities

The Under Secretary for Health is responsible for the operations of VHA, which historically has in turn had responsibility for the police program.¹⁴ In July 1986, VHA (then known as the Department of Medicine and Surgery) governed security and law enforcement activities, such as ensuring VA police officers were qualified and maintained physical security on agency

¹⁴ Title 38, United States Code, § 305(b), *Under Secretary for Health*.

property.¹⁵ The Department of Medicine and Surgery had a central office called the Security Service that was responsible for developing policies and training requirements related to facility security and law enforcement operations.¹⁶ In 1989, VA transferred the Security Service office out of the Department of Medicine and Surgery to a department-level program office called the Office of Security and Law Enforcement (OS&LE).

In August 2000, VA designated its Veterans Integrated Service Network (VISN) directors as the senior VHA officials with responsibility for police program operations.¹⁷ However, in December 2012, VA policy named the Deputy Under Secretary for Health for Operations and Management (DUSHOM) as the senior official with responsibility (together with VISN directors) for ensuring police program operation requirements, such as maintaining sufficient numbers of officers on duty with proper equipment and supervision.¹⁸ According to the VHA Chief Financial Officer, VHA spent more than \$486.6 million in fiscal year (FY) 2017 on police services at VA medical facilities including officer salaries and equipment.

VISN directors, who report to the DUSHOM, are still responsible for ensuring police program requirements are met within their networks.¹⁹ Each of the 18 VISNs have designated a VISN police chief who provides technical guidance and assistance to his or her respective network medical facilities. Collectively, the 18 VISNs have VA police units located within 139 of the 141 VA medical facilities.²⁰ Each medical facility also has its own police chief. The VISN police chief role (a collateral duty) is assigned to one of the local VA medical facility police chiefs within each VISN. VISN police chiefs do not have authority over medical facility police units' activities that are directed by the other facilities' chiefs.

VA police chiefs at the 139 local medical facilities are responsible for implementing “legally and technically correct” law enforcement practices and physical security operations.²¹ Local VA police chiefs report to their medical facility directors, who in turn are responsible for verifying

¹⁵ Department of Medicine and Surgery Supplement MP-1, Part 1, Change 42, Chapter 2, *Investigation, Security and Law Enforcement Policy*, paragraph 11a (2) and 13d (1), July 23, 1986.

¹⁶ Department of Medicine and Surgery Supplement MP-1, Part 1, Change 42, Chapter 2, paragraph 11a (1) and 11e (2).

¹⁷ VA Directive 0730, *Security and Law Enforcement*, paragraph 3f, August 11, 2000.

¹⁸ VA Directive 0730, *Security and Law Enforcement*, paragraph 3g, December 12, 2012.

¹⁹ VHA is organized into 18 systems of care called VISNs. Each VISN is led by a director who is responsible for the coordination and oversight of administrative and clinical activities at medical facilities within the specified geographic network.

²⁰ The 141 VA medical facilities considered in the audit include medical centers and health care systems that may have more than one hospital and are served by a police unit. The Honolulu, Hawaii, Health Care System receives military police services provided by the Tripler Army Medical Center Provost Marshal Office. The Manila, Philippines, Outpatient Clinic is located on U.S. Embassy property and relies on embassy local guards for security services.

²¹ VA Directive 0730, paragraph 3i (1).

police officers' qualifications, ensuring law enforcement activities are accomplished, and maintaining sufficient numbers of officers on duty at the facility to protect people and property.²²

OSP and OS&LE Responsibilities

OSP is a VA staff office that provides limited department-level oversight of VA's security and law enforcement activity.²³ Aligned under OSP, OS&LE was established in December 1989 and fulfills OSP's responsibility to develop training initiatives and policies for VA police officers. OS&LE is charged with delivering professional law enforcement and security services. Under the leadership of the OS&LE Director, the office has two groups—the VA Law Enforcement Training Center and the Police Service, which each have additional subdivisions.²⁴ The VA Law Enforcement Training Center develops officer training requirements, provides basic and specialized training, and establishes in-service training procedures.²⁵

OS&LE's Police Service group, led by its own director, is responsible for developing and issuing national police program policies, protecting the VA Secretary and Deputy Secretary, investigating potential criminal incidents at VA facilities, and conducting inspections of medical facility police units to determine if program requirements are being met. Police inspections are designed to identify deficiencies related to approximately 170 critical operational and administrative program requirements such as police staffing, rapid response, and investigative activities. The police inspections include assessments of risks to patients, visitors, and employees. OS&LE employees also determine whether physical security surveys were performed at medical facilities to evaluate vulnerabilities.

²² VA Directive 0730, paragraph 3h (1) through (4).

²³ OSP was led by the Assistant Secretary for Operations, Security, and Preparedness. On August 31, 2018, the Assistant Secretary for Operations, Security, and Preparedness vacated the position. In a VA policy memo, *Memorandum for Under Secretaries, Assistant Secretaries, and Other Key Officials*, September 14, 2018, the VA Secretary announced that the vacant position had been eliminated and that OSP was reassigned to the Assistant Secretary for Human Resources and Administration.

²⁴ The OS&LE Director is also known as the VA Deputy Assistant Secretary for Security and Law Enforcement.

²⁵ VA Directive 0730, paragraph 3e (1) through (4).

Table 1 summarizes the police program requirements reviewed by OS&LE employees during inspections of medical facility police units.

Table 1. Overview of Police Program Requirements Inspected by OS&LE

Inspection elements	Number of inspected program requirements	Description of inspected program requirements
Personnel and Training	54	Police officer pre- and post-employment background checks, medical evaluations, and training
Administration	34	Standard operating procedures, support agreements with law enforcement entities, and firearms monitoring procedures
Operations	46	Sufficiency of police officer staffing, rapid response testing, police officer performance evaluations, law enforcement compliance with legal and technical requirements, and evidence-handling
Equipment, Weapons, and Weapon Control	22	Maintenance and inventory of weapons and equipment
Physical Security	6	Physical security surveys and comprehensive vulnerability assessments of department properties
Outcomes/Customer Satisfaction	6	Integration and coordination of police activities in healthcare operations

Source: OIG analysis of OS&LE's FY 2017 inspection checklist

Following completion of an inspection, OS&LE assigns the medical facility police unit an overall rating of outstanding, highly satisfactory, satisfactory, marginally satisfactory, or unsatisfactory based on the number and type of deficiencies identified. OS&LE also prepares comprehensive reports with recommendations to correct the deficiencies identified for each program requirement.

Table 2 describes the ratings a medical facility police unit can receive following a police inspection.

Table 2. Overview of OS&LE's Police Inspection Ratings

Inspection rating	Score percent	Description
Outstanding	90–100	All critical program requirements were met with few deficiencies identified. The number and type of deficiencies did not affect the effectiveness of police to provide a safe and secure environment.
Highly Satisfactory	80–89	Generally, most critical program requirements were met. The number and type of the deficiencies identified did not affect the effectiveness of police to provide a safe and secure environment.
Satisfactory	70–79	Generally, two or more critical program requirements were not met. The number and type of deficiencies identified did not significantly affect the effectiveness of police to provide a safe and secure environment.
Marginally Satisfactory	60–69	Generally, two or more critical program requirements were not met. The number and type of deficiencies identified may affect the effectiveness of police to provide a safe and secure environment.
Unsatisfactory	< 60	Generally, most critical program requirements were not met. The number and type of deficiencies identified were a significant failure or increased the likelihood of a failure to provide a safe and secure environment.

Source: OIG analysis of OS&LE's inspection policy

Prior Related Reports on VA Police

A series of complaints and investigations concerning the VA police program in the 1980s prompted oversight reviews by the Office of Special Counsel and the OIG. In March 1988, the Office of Special Counsel reported its recommendations to the OIG to address prohibited personnel practices by VA police at various medical facilities. Specifically, the Office of Special Counsel noted the need for VA to establish a professional central office with staff to oversee all VA police practices, policy, training, and program performance. The Office of Special Counsel also stated that the established central office staff should conduct police inspections to review records, inventory evidence and property, and examine police officer performance. In September 1988, the OIG reported that 57 percent of VA police officers surveyed were either unqualified, unsuited, or both for their current positions, including 21 police officers who did not disclose prior criminal convictions on their applications for VA employment.²⁶

²⁶ OIG, *Hiring Practices for VA Police Officers*, Report No. 8R6-A99-122, September 30, 1989.

Recent Reports Involving the Police Program

During this OIG audit, the Government Accountability Office (GAO) issued a January 2018 report on VA's physical security risk-management practices.²⁷ Among its findings, GAO concluded that VA did not collect system-wide data of physical security issues across medical facilities. For example, OS&LE did not collect and assess data that would allow VA to know what security deficiencies had been identified across all VHA facilities. In addition, OS&LE did not use the results of its inspections to identify trends in security deficiencies or track facility risk levels. GAO determined OS&LE did not have centralized command or authority over VA police at medical facilities including ensuring inspection problems were corrected.

GAO found variations in police staffing at VA medical facilities reviewed and that some facilities needed more officers above the required level in order to be capable of responding to multiple incidents at the same time. GAO also noted concerns with VA medical facilities not maintaining enough police officers to respond to incidents, as well as varying levels of security provided at clinics due to a lack of guidance. The areas of concern cited in GAO's report are consistent with the OIG's conclusions from this audit.

Also, in June 2018, the OIG's Office of Healthcare Inspections issued a report on staffing shortages of clinical and nonclinical occupations at medical facilities.²⁸ The OIG conducted a VHA facility-specific survey to determine a broad range of occupational staffing levels as of December 31, 2017. Among both clinical and nonclinical positions, medical facility respondents reported police as the seventh highest occupational shortage, with 52 facilities designating it as a shortage. Respondents attributed the staffing deficiency to low police pay that was not competitive with private-sector salaries.

²⁷ GAO, *VA Facility Security: Policy Review and Improved Oversight Strategy Needed*, Report No. GAO-18-201, January 11, 2018.

²⁸ OIG, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages FY 2018*, Report No. 18-01693-196, June 14, 2018.

Results and Recommendations

Finding 1: VA Governance over the Security and Law Enforcement Program Was Inadequate for Effective Oversight

VA did not have adequate and coordinated governance over its police program to ensure effective management and oversight of program requirements for its police workforce at medical facilities nationwide. The OIG found that the governance problems stemmed from confusion about police program roles and authority and from a lack of a centralized management or clearly designated staff within VHA to manage and oversee the police program. VA policy assigns primary responsibility to VHA leaders for ensuring police program requirements are achieved. At the same time, OS&LE has limited program oversight responsibilities, such as inspecting police operations at VHA facilities to identify deficiencies in meeting program requirements. OS&LE did not have authority, for example, to manage funding and pay decisions for VA police, to hold medical facilities accountable for adhering to police program policies, or to require staff within VHA to help perform timely inspections of medical facilities. The OIG audit revealed four key areas of concern:

1. Systemic tracking and assessment of police program operations and performance by VHA and OS&LE
2. Facility-appropriate police officer staffing models and officer shortages at VA medical facilities
3. Timeliness of inspections of police operations at VA medical facilities
4. Guidance on how VA police officers investigate the alleged misconduct of facility leaders who manage the police program or control its resources

VHA and OS&LE Did Not Track and Assess Police Program Operations and Performance in a Systemic and Effective Manner

VA's decentralized governance structure was ineffective in managing and overseeing the police program, with its approximately 4,000 police officers located at geographically dispersed medical facilities. The lack of centralized tracking and assessment of police program operations and performance, paired with an under-resourced inspection program by OS&LE, contributed to missed opportunities to ensure local facilities maintained critical program requirements.

Confusion about police program roles and authority contributed to governance problems. The DUSHOM told the audit team that OS&LE was responsible for centrally managing police program activities at VHA facilities, despite OS&LE lacking that responsibility. The OS&LE Director told the OIG that the office did not have awareness of, or control over, local police

activities. Rather, according to OS&LE staff, VHA facilities are responsible for overseeing their own police activities.

Police Program Requirements

In 2012, VA policy designated the DUSHOM as the senior VHA official with responsibility (together with VISN directors) for ensuring police program requirements are achieved.²⁹ However, VHA did not fulfill this responsibility as it did not monitor the performance of the overall police program. VA policy assigned the OS&LE Director responsibility for program oversight in limited areas such as developing and issuing national policies, providing standardized training, and inspecting police operations at VHA facilities.³⁰ However, OS&LE lacked the personnel to perform timely police inspections to determine if facilities were meeting police program requirements.

The OIG determined that the Office of the DUSHOM lacked mechanisms to systematically track and assess police program operations and performance at medical facilities such as whether facilities maintained sufficient numbers of police officers to protect patients, visitors, and employees. The DUSHOM told the OIG that he had been unaware of trends or patterns occurring within the police program at VA medical facilities. His office also did not track and assess VA police workload indicators system-wide, including the number and type of arrests, traffic violations, and investigative activities. In February 2018, he said that he had not received the results of OS&LE's inspection activities for FY 2017. He also reported not having received inspection results for FY 2018 except for facilities whose police programs were rated marginally satisfactory or unsatisfactory by OS&LE. As of October 2018, he had received 14 inspection reports and was meeting with OS&LE staff twice a month to review operational issues concerning VA police matters.

Although OS&LE maintained records of its inspection reports for individual VHA facilities, OS&LE staff told the OIG that they did not prepare trends or assessments of the inspection results and recommendations. For instance, an OS&LE inspection in December 2016 concluded that the VA facility police chief at the Seattle, Washington, Health Care System (HCS) had not performed regular supervisory checks of police personnel performance during certain shifts such as evenings and weekends in accordance with VA Handbook 0730, *Security and Law Enforcement*.³¹ The inspection also revealed the police chief had not completed physical security surveys of all properties. These surveys are important for evaluating security vulnerabilities and helping inform police resource allocation decisions for protecting patients, visitors, and

²⁹ VA Directive 0730, *Security and Law Enforcement*, paragraph 3g.

³⁰ VA Directive 0730, paragraph 3c (1) through (4), and 3d (1) through (4).

³¹ VA Handbook 0730, paragraph 5m, August 11, 2000.

employees. The OIG identified these as recurring problems at the HCS in OS&LE's inspections in August 2012, December 2013, and July 2014—an example of a trend not tracked by OS&LE.

VA policy assigns VISN directors the responsibility for ensuring program requirements are met within their respective networks, but the policy does not describe how this responsibility should be accomplished.³² However, four of the five VISN directors whose facilities the OIG visited said they lacked mechanisms to track police staffing levels, how facilities were addressing recruitment and retention problems, or corrective actions taken to address OS&LE inspection results.

No Centralized Police Program Management Function within VHA

Executive departments are responsible for developing an organizational structure and assigning overall responsibility to individual offices to enable the organization to operate effectively, efficiently, and to report quality information.³³ The DUSHOM did not assign dedicated staff, develop processes, or routinely collect information needed to ensure police operations met program requirements. This practice differs from how some other VHA programs have been organized. For example, VHA facilities operate an emergency management program to continue medical services during disasters and emergencies. VISN directors and local facility directors are responsible for ensuring emergency management program requirements are met. Unlike the governance of the police program, the DUSHOM designated VHA's Office of Emergency Management as having centralized oversight, with specific staff and processes to manage program implementation. Specific responsibilities of the VHA Office of Emergency Management included establishing program performance standards, creating mechanisms to track and analyze program operations, and approving performance funds for VHA facilities.³⁴

The DUSHOM acknowledged there were no designated staff or a centralized function within VHA to manage police program operations nationally. When asked why VHA had no central police program management or dedicated staff to govern police program operations, he said that the decision was made years ago, and he did not have the organizational history to understand the reason.³⁵ He added that VHA would need additional employees to establish its own central office to oversee and support police program activities at medical facilities. He estimated the number based on the need to analyze police trends, to ensure inspection deficiencies identified by OS&LE are corrected, and to support other operational matters like implementing

³² VA Directive 0730, paragraph 3g.

³³ Office of Management and Budget Circular A-123, *Management's Responsibility for Enterprise Risk Management and Internal Control*, Attachment, July 15, 2016; GAO, *Standards for Internal Control in the Federal Government*, Report No. 14-704G, paragraph 3.03, September 2014.

³⁴ VHA Directive 0320.01, *Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures*, paragraph 4c, 4i, 4l, and 4o, April 6, 2017.

³⁵ The DUSHOM was appointed to his role on November 27, 2016.

standardized position descriptions and staffing models for VA police officers. The DUSHOM has a security officer position assigned to coordinate with VA police in local facilities on law enforcement matters such as information on police staffing or other data requests. However, this role is a collateral duty assigned to a police chief who manages a police program at his or her own medical facility. Similarly, the VISN police chiefs are performing some support functions for VA, but there are no standard duties outlined for VISN police chiefs or an expectation that they would be engaged in individual facility programs within their network. The DUSHOM said no one within VHA was centrally managing police program activities such as ensuring that police staffing requirements were identified and resourced, VHA facilities used effective strategies to manage police recruitment and retention challenges, and police inspection deficiencies were identified and addressed.

Management of Other Federal Agencies with Police Services

OIG compared VA's police program's organizational structure with three federal agencies that provide their own police services—the Department of Homeland Security's Federal Protective Service, the Department of the Interior's National Park Service, and the Army Military Police Corps.³⁶ The OIG selected these agencies because they offer police services as part of a large executive department, provide police services at various locations, or have interactions with veterans. By comparison, these federal agencies with law enforcement responsibilities similar to VA police had a centralized program office that oversaw police operations as well as some of the staff functions currently assigned to OS&LE, as the following examples discuss:

Example 1

The Federal Protective Service employs more than 1,000 police officers nationwide who are authorized to carry firearms, investigate criminal activity, and protect more than one million civilians and 9,000 federal facilities.³⁷ The Federal Protective Service Director is responsible for all law enforcement and security functions within 200 field offices and 11 regional offices. The Operations Directorate at headquarters consists of a deputy director for operations overseeing three assistant directors for field operations, who are responsible for centrally overseeing and directing police regional and field activities, including staffing resources, investigations, policies, and procedures.

³⁶ The Army's Military Police Corps provides law enforcement services such as investigations of criminal activity, traffic control, and physical security for personnel and property on military installations. The Office of the Provost Marshal General at headquarters provides centralized supervision and oversight on military police operations such as security and law enforcement planning, resourcing, and policy-making.

³⁷ Title 40, United States Code, §1315, *Law enforcement authority of Secretary of Homeland Security for protection of public property*.

Example 2

The National Park Service's U.S. Park Police provides law enforcement services at designated areas within its jurisdiction, including all federal parks. It provides protection for over 60 million visitors annually to National Park Service sites in San Francisco, New York, and Washington, DC.³⁸ U.S. Park Police employs more than 640 officers who are authorized to carry firearms, investigate criminal activity, and protect property and visitors.³⁹ The National Park Service Director is responsible for ensuring that a law enforcement program exists. The Visitor and Resource Protection Directorate at headquarters consists of an associate director overseeing a U.S. Park Police Chief; both of whom are responsible for the operational management of the law enforcement program, including policies, procedures, and inspections. The U.S. Park Police Chief also oversees law enforcement staffing and training activities.

No Facility-Appropriate Police Officer Staffing Models Were Used and There Were Shortages of VA Police Officers

Administration heads, assistant secretaries, deputy assistant secretaries, and other key officials are responsible for organizing and assigning work among staff positions effectively and economically to provide the greatest value to VA. This includes determining the numbers of employees essential to accomplishing the mission of any organizational subdivision.⁴⁰ Despite this requirement, VA did not have facility-appropriate police staffing models to determine the proper number and composition of officers for similar types of medical facilities.

In June 2003, the DUSHOM and the OS&LE Director jointly agreed that each medical facility needed a minimum of 10 officers and one supervisory officer to support police operations. They also agreed that facilities with fixed posts such as entrance gates call for approximately five officers per fixed post or patrol area.⁴¹ The 2003 staffing policy, which is still in effect, did not identify an optimum staffing level for facilities, including clinics, based on factors such as types of services provided, complexity, and size. For example, although the patient population at medical facilities in FY 2017 ranged from approximately 12,900 at the Sheridan, Wyoming, VA Medical Center (VAMC) to 141,000 at the Gainesville, Florida, HCS, VA policy required these

³⁸ Department of the Interior, "Budget Justifications and Performance Information Fiscal Year 2019," National Park Service. <https://www.nps.gov/aboutus/upload/FY2019-NPS-Budget-Justification.pdf>. (The website was accessed on August 21, 2018.)

³⁹ Title 54, United States Code, §102701, *Law enforcement personnel within System*.

⁴⁰ VA Directive 5003, *Position Classification, Job Grading, and Position Management*, paragraph 2b and 3c, April 15, 2002.

⁴¹ VA policy memo, *Police Officer Staffing*, June 17, 2003.

widely disparate facilities to employ only a minimum of 10 officers and one supervisory officer to support police operations.⁴²

In the absence of facility-appropriate models, VA's Central Office is unable to effectively determine whether medical facilities have adequate police staffing. For instance, the Little Rock, Arkansas, HCS had 46 authorized police officers, compared with 65 police officers at the Pittsburgh, Pennsylvania, HCS, even though both facilities served more than 70,000 unique patients, had over 3,000 employees, and, according to facility police chiefs, had a similar number of locations to provide police services. Development and validation of additional staffing models tailored to medical facilities with similar characteristics would improve the Central Office's ability to ensure facilities have reasonable staffing levels.

To address this issue, in January 2016, OS&LE began developing baseline staffing models for VHA facilities and started with select medical facilities in VA's North Atlantic region.⁴³ A team that included OS&LE and VHA staff collaborated, using information such as facility personnel and patient demographics, to draft minimal patrol needs at VHA facilities. However, these baseline staffing models had not been completed as of September 2018. The OS&LE Director explained that there were setbacks completing the models due to limited staffing and funding for this work.

Shortages of VA Police Officers

In February 2016, VHA reported 740 positions were vacant of the 4,500 authorized for VA police officers (16 percent).⁴⁴ In January 2018, the OIG requested information from the Office of the DUSHOM on VA police officer staffing levels at 139 VA medical facilities with police units. Specifically, the OIG requested the number of authorized VA police officer positions and the number of vacant or in-process positions as of January 31, 2018. Due to the absence of information from a central source, the Office of the DUSHOM coordinated with local VHA facilities to collect the information. According to VHA, there were 4,881 total police officers authorized at 139 VA medical facilities, but 875 police officer positions (18 percent) were reported as vacant or in the process of being filled. Of the 139 VA medical facilities, 83 (60 percent) had reported police officer vacancy rates of less than 20 percent. However, 56 VA medical facilities (40 percent) reported police officer vacancy rates of 20 percent or higher. The number of facilities with police vacancy rates of 20 percent or higher identified by VHA as part of this audit (56) was consistent with the number of VHA facilities that reported

⁴² According to VHA Support Service Center Unique Patients Trend Report.

⁴³ As part of the MyVA initiative, VA realigned its organizational map in January 2015 to use state boundaries to divide the country into five regions—North Atlantic, Southeast, Midwest, Continental, and Pacific.

⁴⁴ Department of Veterans Affairs, *2017 Congressional Submission*, Volume II Medical Programs and Information Technology Programs, February 9, 2016.

police shortages (52) in the OIG's June 2018 report, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages FY 2018*.⁴⁵

Table 3 summarizes the VA police officer staffing levels for 139 medical facilities by VISN as of January 31, 2018.

**Table 3. Summary of Police Officer Staffing Levels for
139 VA Medical Facilities by VISN**

VISN	Number of facilities	Number of authorized police positions	Number of vacant police positions	Vacancy rate
1	8	255	41	16%
2	10	403	72	18%
4	9	258	27	10%
5	6	190	35	18%
6	7	211	50	24%
7	8	438	104	24%
8	7	398	59	15%
9	5	177	29	16%
10	11	323	66	20%
12	8	260	43	17%
15	7	186	30	16%
16	8	378	80	21%
17	7	269	24	9%
19	8	244	66	27%
20	8	201	44	22%
21	6	241	54	22%
22	8	269	35	13%
23	8	180	16	9%
Total	139	4,881	875	18%

Source: OIG analysis of VA medical facility-reported police officer staffing levels as of January 31, 2018⁴⁶

⁴⁵ Report No. 18-01693-196, June 14, 2018. The OIG's Office of Healthcare Inspections conducted a VHA facility-specific survey to determine occupational staffing levels as of December 31, 2017. Medical facility respondents reported police as the seventh highest occupational shortage with 52 facilities designating it as a shortage.

⁴⁶ There are gaps in the numbering of VISNs as some networks have been combined or otherwise revamped. For a current list of VISNs, see <https://www.va.gov/directory/guide/division.asp?dnum=1>.

The OIG visited five VA medical facilities and analyzed staffing levels to better understand conditions in police units. Based on available records and discussions with facility staff, the OIG found that four of the five facilities visited had over 20 percent fewer police officers on board than were locally authorized.

Table 4 summarizes the status of police officer positions within FY 2017 at VA medical facilities that the OIG visited.

**Table 4. Summary of Police Officer Staffing Levels
at VA Medical Facilities Visited**

VA Medical Facility	VISN	Number of authorized police positions	Number of vacant police positions	Vacancy rate
Little Rock, Arkansas	16	46	8	17%
Denver, Colorado	19	59	20	34%
Washington, DC	5	49	19	39%
Albany, New York	2	21	9	43%
Columbia, South Carolina	7	42	19	45%

Source: OIG analysis of police officer vacancy rates

VA medical facility staff from these sites noted that factors contributing to recruitment and retention challenges included problems obtaining local facility approval to hire police officers due to changes in facility management, as well as competing priorities in hiring healthcare staff. VHA and OS&LE staff attributed police officer shortages to compensation concerns, such as higher salaries being provided by other law enforcement organizations.

Example 3

The Denver, Colorado, HCS had a shortage of just over one-third of its authorized police officer workforce as of September 2017. According to the HCS facility director, deputy police chief, and police chief, the HCS had challenges retaining police officers because salaries were lower than other area agencies. In 2017, the minimum salary offered to an entry-level police officer at the HCS was about \$43,500, even after completing basic training. In contrast, the salary offered at the municipal Denver Police Department after completing training was more than \$57,500. Even within the federal government, a starting police officer salary at the Department of the Treasury in the area was about \$52,600.

Lack of Documented Recruitment Plans

VA medical facilities that the OIG visited did not fully use staffing strategies authorized by the department to address police vacancies. For example, VA policy requires facilities to perform

recruitment planning to anticipate the staffing needs of its programs. Facility human resources staff, in conjunction with responsible program officials, should develop recruitment plans to meet those needs.⁴⁷ Despite four of the visited VA medical facilities having over 20 percent fewer police officers than were locally authorized, their staff did not have documented recruitment plans for officer positions for OIG review. Facility staff explained that documented recruitment plans have never been used, or they were reviewing and assessing police staffing needs outside of a formal plan, or a plan was not yet developed because the police program was being restructured. Without documented plans, it is difficult for facilities to know if any of the recruitment strategies being used are effective to meet staffing needs.

Lack of Pay Opportunities for Police Officers

To address staffing challenges, VA policy authorizes the use of special salary rates to compete with, but not exceed, pay rates at nonfederal entities in the same labor market. VA policy also authorizes the use of other incentives to recruit and retain qualified police officers at medical facilities.⁴⁸ Of 139 medical facilities with VA police, approximately 75 (54 percent) paid special salary rates and 54 (39 percent) paid one or more incentives to police officers in FY 2017.⁴⁹

Four of the five VA medical facilities that the OIG visited either did not use special salary rates or did not fully use certain incentives for police officers. For example, the Columbia, South Carolina, VAMC did not provide special salary rates to its police officers and paid only one incentive to an officer in the last two FYs despite retention challenges. According to medical facility staff, funds to support the police program, including paying special salary rates or incentives to police, must compete with financial support for healthcare services.

Effect of No Staffing Models and Inadequate Staffing

The lack of facility-appropriate police staffing models and insufficient police coverage at VA medical facilities can affect security activities, as the following example demonstrates:

Example 4

In April 2017, an OS&LE inspection of the Clarksburg, West Virginia, VAMC concluded that the VAMC was not meeting the requirement to have sufficient police officers on duty to protect staff and property. Although the VAMC reportedly had 13 of 14 authorized police officers on board, there were not

⁴⁷ VA Handbook 5005/9, *Staffing*, Part 1, Chapter 1, paragraph 3a, April 15, 2002.

⁴⁸ VA policy memo, *VHA Police Officer Special Rates*, September 15, 2015; VA Handbook 5007/46, *Pay Administration*, Chapter 1, paragraph 1; Chapter 2, paragraph 2c (1); and Chapter 3, paragraph 2a (1), April 22, 2013.

⁴⁹ The OIG identified this based on VA police officers classified in the 0083, 1811, and 0080 job series who were employed and received special salary rates or a recruitment, relocation, or retention incentive as of September 30, 2017.

enough officers available to perform roving patrols at the community outpatient clinic locations or the national cemetery under its purview. In response to OS&LE's inspection, the facility police chief requested an additional police officer to support securing its other locations. The facility director approved the request, and an additional police officer was brought on board in January 2018.

Shortages of police officers contributed to VA medical facilities needing to borrow officers from other facilities to ensure that healthcare environments were safe and secure.

Example 5

The Hampton, Virginia, VAMC borrowed 23 police officers from nine other medical facilities to work at the VAMC from December 2017 through April 2018, based on facility records. A shortage of police officers at the VAMC had been a concern since at least June 2017, when nine of 23 authorized police officer positions were vacant (39 percent). As of January 31, 2018, the VAMC reported 11 of 23 authorized police officer positions were vacant (48 percent). By February 2018, the VHA Assistant Deputy Under Secretary for Health for Administrative Operations announced that the VAMC was in “desperate need” of police officers and requested additional assistance from other VHA facilities.

To mitigate the effect of staffing shortages, VA medical facilities also used overtime pay to ensure sufficient police coverage. For example, the Washington, DC, VAMC Fiscal Service reported that the VAMC spent more than \$382,000 in overtime pay to police officers within FYs 2016 and 2017. Facility staff told the OIG that the overtime pay was needed to supplement the lack of police staff onsite. However, the Washington, DC, VAMC did not have a documented recruitment plan to fill its vacant police positions, and the overtime pay expenditures could have been used to support the salaries of approximately 10 officers. The continued use of overtime pay can contribute to employee burnout and diminish the effectiveness of police officers. According to the VHA Chief Financial Officer, VHA facilities spent approximately \$26.6 million in FY 2017 on overtime pay for its police services.

New Officer Qualifications

VA policy requires that a police officer candidate complete a preemployment screening including a criminal history check, a test for illegal drug use, and a medical examination to determine the candidate's ability to perform the functional requirements of the position. After

appointment, police officers must complete basic training at the VA Law Enforcement Training Center to learn law enforcement practices and procedures.⁵⁰

In order to evaluate the qualifications of police officers, the OIG collected documentation of preemployment background checks, medical evaluations, drug testing results, and training records of newly appointed officers during site visits at five medical facilities. The OIG did not identify any issues of concern in this area, except for a single instance in which documentation was not received showing that a police officer at the Washington, DC, VAMC completed his medical evaluation before the hire date.

OS&LE Did Not Conduct Timely Inspections of VA Police Operations

OS&LE did not meet the requirements for conducting timely inspections of most VA medical facility police units needed to ensure adequate implementation of critical police program operations such as police staffing, rapid response, and investigative activities. OS&LE is the only group of employees that performs comprehensive inspections of VA's police programs at medical facilities.

Since 2000, OS&LE has been responsible for inspecting VA medical facility police units.⁵¹ At first, OS&LE written procedures required its staff to inspect VA medical facility police units on a two-year cycle. Based on the number and type of deficiencies identified in the inspection, OS&LE assigned the medical facility police unit an overall rating of outstanding, highly satisfactory, satisfactory, marginally satisfactory, or unsatisfactory. OS&LE written procedures required its staff to reinspect police units within one year for a marginally satisfactory rating or within 90 or 180 days for an unsatisfactory rating (depending on the governing policy at that time).⁵²

On November 7, 2014, OS&LE changed its process in order to inspect medical facility police units on a four-year cycle. OS&LE reinspected facilities rated marginally satisfactory within one year or unsatisfactory within 180 days after the inspection report.⁵³ In addition, in October 2014 during the VISN chiefs of police strategic planning conference, OS&LE attempted to shift some inspection responsibility to VISN police chiefs to perform midcycle inspections every two years after an OS&LE inspection as of FY 2017. OS&LE updated its own internal process on November 7, 2014, to include an expectation that VISN police chiefs would perform these midcycle inspections. For example, if a medical facility police unit was inspected by OS&LE in FY 2015, the next inspection would be expected to occur in FY 2017 by the VISN police chief

⁵⁰ VA Handbook 0730, *Security and Law Enforcement*, paragraph 3a and 3b, and Appendix A, paragraph 2; VA Handbook 5383/1, *VA Drug-Free Workplace Program*, Part I, Appendix A, Sections 1 and 3, September 13, 2006; VA Directive 0730, paragraph 2d (1).

⁵¹ VA Directive 0730, *Security and Law Enforcement*, paragraph 3d (3), August 11, 2000.

⁵² OS&LE, *Inspection of Police Services*, paragraph 2 and 8, February 2, 2014.

⁵³ OS&LE, *Inspection of Police Services*, paragraph 2 and 8, November 7, 2014.

and again in FY 2019 by OS&LE employees. The VISN police chiefs would also have to provide an inspection report to OS&LE. OS&LE staff said these proposed changes were made to help reduce OS&LE's inspection workload and improve the quality of inspections. In addition, having VISN police chiefs perform inspections would have given VISN police chiefs more oversight responsibility for police programs in their network.

However, staff within VHA's Office of the DUSHOM told the OIG that this change was not formally coordinated with their office to authorize VISN police chiefs to perform inspections. Accordingly, most VISN police chiefs did not start this process, and OS&LE did not receive any inspection reports in FY 2017 as expected. On April 14, 2018, OS&LE reverted to requiring its staff to inspect VA medical facility police units on a two-year cycle. VISN police chiefs would no longer be expected to perform inspections of police programs they oversee within their network.

For the 139 VA medical facilities with police units, the OIG reviewed police inspection reports and updates (including scheduled dates and ratings) and applied the appropriate inspection requirement in place at the time of the cyclical inspection or reinspection.⁵⁴ The OIG determined that as of September 30, 2017, OS&LE did not inspect 103 of the 139 VA medical facilities with police units (74 percent) within required timelines. The following table summarizes the timeliness of OS&LE's inspection activities.

Table 5. Timeliness of OS&LE's Police Inspections as of September 30, 2017

Inspection type	Number of facilities	Timely (percent)	Not timely (percent)	Range of days overdue	Average days overdue
Cyclical	118*	22 (19%)	95 (81%)	45 to 719	286
Reinspection (Previously rated marginally satisfactory)	11	7 (64%)	4 (36%)	97 to 601	345
Reinspection (Previously rated unsatisfactory)	10	6 (60%)	4 (40%)	76 to 279	162
Total	139	35 (25%)	103 (74%)		

Source: OIG analysis of OS&LE inspection reports and updates

*Note: Because one facility was not yet eligible for a cyclical inspection, row will not sum.

⁵⁴ OS&LE agreed with the OIG's methodology for analyzing the timeliness of its inspection process and the results.

Cyclical Police Inspections

OS&LE's inspections are meant to identify problems with critical police program operations at medical facilities. For instance, police inspections should determine if sufficient numbers of officers were maintained to protect patients and visitors, if facilities were able to respond to attacks or emergency situations, and whether officers were appropriately trained and monitored in using firearms (see Table 1 for additional requirements). However, 95 of 118 medical facility police units (81 percent) did not receive inspections within the two-year cycle, which included 36 facilities that had not been inspected at all since FY 2014.⁵⁵ The overdue period for cyclical inspections surpassed the two-year inspection cycle by an average of 286 days, or about 10 months.⁵⁶ For instance, OS&LE inspected the Denver, Colorado, HCS in September 2012 but not again until September 2016, a total of about 24 months overdue for what was then its two-year cyclical inspection.

Police Reinspections

OS&LE did not conduct timely reinspections for eight lower-rated VA medical facility police units, which could have facilitated improvements and helped ensure corrective actions were taken on critical operations:

- Four of 11 VA medical facility police units (36 percent) previously rated as marginally satisfactory were not reinspected within the prescribed time period. The average for the delays in reinspection was 345 days, or close to 12 months, beyond the one-year reinspection requirement.
- Four of 10 VA medical facility police units (40 percent) previously rated as unsatisfactory were not reinspected within prescribed time periods. The average delay for the reinspections was 162 days, or just over five months, beyond the applicable 90- or 180-day reinspection requirement.

The following example illustrates how OS&LE did not reinspect an unsatisfactory medical facility police unit within the required time period to determine whether police officers addressed critical performance deficiencies.

Example 6

OS&LE reported in September 2016 that the police unit at the Chicago, Illinois, VAMC was operating unsatisfactorily and not performing critical law

⁵⁵ OS&LE planned to inspect 49 facilities in FY 2018, which included these 36 facilities. As of September 2018, the OS&LE Director said that they inspected at least 22 of the 36 facilities that had not been inspected at all since FY 2014.

⁵⁶ The OIG analyzed timeliness based on the applicable inspection requirements at the time of the inspection before and after OS&LE's policy change on November 7, 2014.

enforcement activities in a legal and technical manner. Specifically, numerous investigative reports indicated arrests were being made without advising the suspects of their constitutional rights. Despite this, OS&LE did not reinspect the police unit to determine whether improvements were made until July 2017, which was 127 days beyond the 180-day reinspection requirement.

Insufficient Personnel to Inspect Police Performance

OS&LE records indicated that staff inspected on average about 50 VA medical facilities per year from FY 2014 through FY 2017. Generally, two or more OS&LE employees, depending on the facility size, performed police inspections at a facility in one week. During inspections, OS&LE employees perform tasks such as interviewing medical and police staff, conducting security walk-throughs of medical areas, and reviewing officer firearm records. The information gathered is used to assess whether the facility was operating in compliance with approximately 170 operational and administrative program requirements. OS&LE prepares comprehensive reports after the inspection identifying deficiencies and recommendations, as needed, for each program requirement.

According to the OS&LE Director for Police Service, limited staffing levels contributed to delays in inspecting police units. Since 2014, OS&LE had six employees in its inspection division to inspect medical facility police units along with other divisional duties such as investigations of criminal activity at VA facilities and reviews of complaints concerning VA police.⁵⁷ However, there were only three employees available for inspections by the end of FY 2017 because the other three employees were reassigned within OS&LE to assist with the protection of the VA Secretary and Deputy Secretary. OSP requested 10 additional employees for FY 2019 to support OS&LE operations including inspections of medical facility police units. As of April 2018, nine of the 10 requested employees were approved with seven to be used to perform police inspections starting by FY 2019, according to the OS&LE Director for Police Service.⁵⁸ He added that he did not know who made the prior decisions within VA to deny previous requests for additional inspection staff.

VA Officers Lacked Guidance on Investigating Facility Leaders Who Manage Their Police Program or Control Its Resources

Facility police chiefs expressed some concerns to OIG staff regarding the reporting structure of VA police within medical facilities. Under the supervision of the medical facility director, VA police officers investigate reported crimes and misconduct, and the police chiefs brief and

⁵⁷ The six employees are supervised by a division chief.

⁵⁸ In response to the draft report and Recommendation 4, the Acting Deputy Secretary clarified that OSP was authorized to hire all 10 requested employees—See Appendix B.

consult with the facility director on the status of all investigative activities to determine further investigative or referral actions.⁵⁹ The OIG conducted an online survey of medical facility directors about their program operations. Seventy-one of 88 medical facility directors who responded to the OIG survey reported having no personal experience or training in law enforcement and security. The OIG also identified two instances in which VA police officers investigated alleged misconduct by facility leaders who managed or had control over the program resources at their facility, as discussed in the following examples.

Example 7

In 2016, VA police at the Decatur, Georgia, HCS conducted a potential security breach investigation of the associate director of the HCS regarding an allegation of missing master keys to access all HCS properties. VA police concluded that the associate director was the cause of the security breach. The associate director had been in possession of the keys, but he was unable to verify whether they were returned to the HCS director's desk or the secretary. According to the HCS police chief, the associate director was involved in staffing and budgeting decisions concerning police resources.

Example 8

In 2016, VA police at the Harlingen, Texas, HCS conducted an investigation into a harassment complaint. Part of the complaint alleged that an HCS employee was involved in an inappropriate relationship with the acting medical facility director. As part of the investigation, VA police requested permission from the acting medical facility director to access the HCS employee's work phone records even though the HCS police chief told the OIG it could have implicated the acting director.

VA police officers did not have written guidance specifically for how they should appropriately handle misconduct investigations involving their local facility leaders, including coordination with other offices and documenting decisions. When questioned about guidance to VA police for handling misconduct investigations against facility leaders, the OS&LE Director for Police Service said that VA police generally conduct only criminal investigations and that similar administrative matters are handled in accordance with VA Handbook 0700, *Administrative Investigations*. This handbook provides guidance on conducting similar administrative investigations within VA, coordinating with other reviewing offices, and maintaining the

⁵⁹ VA Directive 0730, *Security and Law Enforcement*, paragraphs 2a (1) and 2g (8), December 12, 2012; VA Handbook 0730, *Security and Law Enforcement*, paragraph 7l (7).

appearance of independence throughout the investigation process.⁶⁰ The handbook states, however, that “investigations by VA police officers conducted pursuant to VA Directive and Handbook 0730” are excluded from this guidance.⁶¹

Conclusion

VHA’s DUSHOM and VISN directors had responsibility for ensuring all requirements of the police program were met, but lacked mechanisms to systematically track and assess operations. These problems occurred and persisted, in part, because of unclear roles and responsibilities between VHA and OS&LE for overseeing the police program. There was no centralized management or clearly designated staff within VHA specifically for the police program to oversee its responsibilities and support its operations. The lack of program-wide tracking and assessments of police program operations, paired with problems in implementing OS&LE’s inspection program, contributed to missed opportunities to ensure critical program requirements were being met or that corrective action was taken as prescribed.

Law enforcement agency structures may differ to meet the needs of their mission, but police programs need effective governance to ensure they meet legal, professional, and ethical standards; officers are accountable for their actions; and personnel are given the guidance and staffing to achieve program goals. VA is no exception. The department needs to build a more effective and centralized governance infrastructure for its police program within medical facilities nationwide. This includes clarifying police program management responsibilities and designating adequate numbers of qualified staff to oversee operations and provide senior leaders with the information needed to ensure program requirements are being met. Without an improved governance structure, VA will lack assurance that healthcare environments are safe and secure, and that the program operates effectively and efficiently.

Recommendations 1–5

1. The Veterans Affairs Deputy Secretary clarifies program responsibilities between the Veterans Health Administration and the Office of Operations, Security, and Preparedness, and evaluates the need for a centralized management entity for the security and law enforcement program across all medical facilities.
2. The Veterans Affairs Deputy Secretary ensures police staffing models are implemented for determining facility-appropriate levels for officers at medical facilities.
3. The Veterans Affairs Deputy Secretary makes certain that medical facilities use strategies to address police staffing challenges, such as having documented recruitment plans for

⁶⁰ VA Handbook 0700, *Administrative Investigations*, Chapter 1, Section B.4, and C.1, July 31, 2002.

⁶¹ VA Handbook 0700, Chapter 1, Section A.2.

police officer positions that include a determination of the need for special salary rates and incentives.

4. The Veterans Affairs Deputy Secretary assesses the staffing levels for the Office of Security and Law Enforcement police inspection program, and authorizes and provides sufficient resources to conduct timely inspections of police units at medical facilities to help identify program compliance issues.
5. The Veterans Affairs Deputy Secretary ensures procedures are developed for appropriately handling VA police investigations of medical facility leaders.

Acting Deputy Secretary Comments

The Acting Deputy Secretary concurred with the report and recommendations. To address Recommendation 1, the Acting Deputy Secretary stated that OSP, in coordination with VHA, will take several actions including conducting a comprehensive review of police programs to evaluate the need for a centralized management entity and guide any necessary changes to organizational structure, policies, and governance. The review will also help to clarify program responsibilities between OSP and VHA.

To address Recommendation 2, the Acting Deputy Secretary stated that OSP, in coordination with VHA, will continue developing its police staffing model that will include a tool to extract demographic information from local facilities to determine the optimal number of police officers needed. OSP will also work with VHA to update the 2003 staffing policy based on the new model and any other necessary requirements. OSP will incorporate the updated staffing guidance into the inspections checklist.

To address Recommendation 3, the Acting Deputy Secretary stated that VHA will work with the VA Office of Human Resources and Administration to evaluate special pay tables and develop recruitment plans for VA police officers. In addition, OSP will work with VHA to research potential short- and long-term funding options to alleviate the challenge of police program funding competing with financial support for healthcare services.

The Acting Deputy Secretary concurred with Recommendation 4 with clarification. To address Recommendation 4, the Acting Deputy Secretary stated that OSP was authorized to hire additional employees in FY 2019. He reiterated information provided by OS&LE concerning factors that contributed to challenges maintaining the inspection schedule. He clarified that 10, not nine as indicated in the draft report, additional employees were authorized for hiring for OS&LE. He stated that OSP began hiring efforts and planned to have all 10 employees on board by March 31, 2019, based upon an initial staffing assessment. He also noted that OSP will continue to assess whether additional staffing resources are needed within OS&LE.

Concerning Recommendation 5, the Acting Deputy Secretary concurred with clarification. He stated that “the draft report appears to indicate that OS&LE stated VA police would handle

misconduct investigations against facility leaders using VA Handbook 0700, *Administrative Investigations*.” He explained that VA police only conduct criminal investigations and should not be involved in or initiate an investigation into non-criminal matters. As directed by the VA Secretary, the VA Office of Accountability and Whistleblower Protection is charged with investigating potential allegations of poor performance or misconduct by senior leaders, including the examples discussed in the draft report. He added that VA police officers will refer similar matters to the Office of Accountability and Whistleblower Protection in the future. He requested closure of this recommendation.

The full comments from the Acting Deputy Secretary are included in Appendix B.

VHA Management Comments

The Executive in Charge, Office of the Under Secretary for Health, concurred with the report without further comments (see Appendix C).

OIG Response

The Acting Deputy Secretary’s comments and corrective action plans are responsive to the intent of the recommendations. In response to a technical comment on OS&LE’s staffing plans related to Recommendation 4, the OIG included an update of that information in the report.

Regarding the Acting Deputy Secretary’s clarifying comments for Recommendation 5, the OIG agrees that the OS&LE’s Director for Police Service’s comment that VA police would handle administrative matters related to facility leaders in accordance with VA Handbook 0700 was inaccurate. As indicated on pages 23 and 24 of the report, police investigations are not governed by this policy. However, VA policies identify additional activities performed by VA police officers outside of only conducting criminal investigations. For example, VA Directive 0730 states that VA police officers perform timely investigations of reported crimes and *acts of misconduct*.⁶² VA police officers also conduct investigations *to the extent necessary to determine whether a crime has been committed and to collect basic information and evidence relative to an incident*.⁶³

The OIG will monitor the department’s planned actions and will close the five recommendations when sufficient evidence demonstrates the proposed actions have been completed.

⁶² VA Directive 0730, paragraphs 2g (8).

⁶³ VA Handbook 0730, paragraph 71 (2).

Appendix A: Scope and Methodology

Scope

The OIG conducted audit work from June 2017 through September 2018. The audit focused on the adequacy and effectiveness of the police program governance structure, including its 139 VA medical facilities that had a police unit during FY 2017. The OIG selected five VA medical facilities for on-site review in North Little Rock, Arkansas; Denver, Colorado; Washington, DC; Albany, New York; and Columbia, South Carolina. The audit included the VISNs assigned to the VA medical facilities visited as well as VHA's Office of the DUSHOM and VA's OSP in Washington, DC.

The OIG used multiple sources of information, including applicable laws and regulations, VA policies and procedures, and literature on industry practices pertaining to police management and accountability. The OIG obtained testimonial and documentary information from program officials and staff in various offices across the country including the Office of the DUSHOM, the OSP, and various VA medical facilities.

As part of the audit, the OIG collected and reviewed VA-reported data on the number of authorized police officer positions and vacancies in the 0083, 1811, and 0080 job series as of January 31, 2018, at 139 medical facilities. That information was provided by the medical facilities to the Office of the DUSHOM. The OIG did not directly obtain and independently verify this staffing information because VHA did not routinely track this program information. The OIG used reports by OS&LE to assess the effectiveness of the inspection program for every VA medical facility with a police unit.

Methodology

To determine whether the police program had an effective governance structure, the OIG reviewed program documentation and interviewed VHA and OSP employees to discuss roles and responsibilities. The OIG interviewed management and staff during site visits on topics related to the audit objective. In addition, the OIG compared VA's police program organizational structure with three federal agencies that provide their own police services—the Department of Homeland Security's Federal Protective Service, the Department of the Interior's National Park Service, and the Army Military Police Corps.

To assess police staffing levels, the OIG requested the number of authorized VA police officer positions and vacancies or in-process placements as of January 31, 2018. The Office of the DUSHOM coordinated the data request to the VHA facilities. The OIG calculated vacancy rates by dividing the reported number of police positions vacant or in the process of being filled by the total number of police positions that were authorized for each medical facility. The OIG identified facilities with police officer shortages by assessing vacancy levels among VISNs,

MyVA regions, and medical facilities. In order to check police personnel qualifications, the OIG collected documentation of preemployment screening, medical evaluations, drug testing, and training results of newly appointed officers during site visits to five medical facilities.

To assess the adequacy of the inspection program, the OIG reviewed police inspection reports and updates, including scheduled dates and ratings, and assessed timeliness between inspections by calculating calendar days within the applicable inspection requirements at the time of the inspection before and after OS&LE's policy change on November 7, 2014. OS&LE agreed with the OIG's methodology for analyzing the timeliness of its inspection process and the results. The OIG interviewed VHA and OS&LE employees to gain an understanding of the inspection program and related responsibilities.

The OIG conducted an online survey of facility police chiefs and medical facility directors in October 2017 to gather information and perspectives concerning their police program. This resulted in survey responses from 119 facility police chiefs and 88 medical facility directors nationwide. The OIG reviewed and analyzed the responses and followed up for clarification or additional information as needed.

Fraud Assessment

The OIG assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this audit. The OIG exercised due diligence and remained alert to any fraud indicators. The OIG did not identify any instances of fraud during this audit.

Data Reliability

The OIG relied on computer-processed data obtained from VA's HR•Smart system to identify the names of police personnel categorized in the 0083, 1811, and 0080 job series and employed as of September 30, 2017. The OIG used VA's Personnel and Accounting Integrated Data system to identify the use of special pay incentives issued to those personnel. To test reliability, the OIG selected and compared data with documents obtained from VA medical facilities. The OIG believes that the data were appropriate and sufficient for the purposes of the audit based on this approach and the results of the testing.

Government Standards

The OIG's assessment focused on those internal controls related to audit objectives. The OIG conducted this performance audit in accordance with generally accepted government auditing standards. These standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on the audit objective. The OIG believes that the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objective.

Appendix B: Management Comments – Acting Deputy Secretary

Department of Veterans Affairs Memorandum

Date: October 31, 2018

From: Acting Deputy Secretary (001)

Subj: OIG Draft Report, Inadequate Governance of the VA Police Program at Medical Facilities (Project No. 2017-01007-D2-0053)

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 (OIG) draft report, Inadequate Governance of the Department of Veterans Affairs (VA) Police Program at Medical Facilities. I concur with OIG's report and provide an action plan for recommendations 1 through 4, and request closure on recommendation 5 in the attachment.
2. Ensuring medical facilities nationwide are safe and secure environments for patients, visitors, and employees is of the utmost importance to VA. The Office of Operations, Security, and Preparedness and the Veterans Health Administration will continue to work with OIG and all relevant stakeholders to make improvements to security and law enforcement programs and maintain the public's trust.
3. If you have any questions, please email Mr. Kevin Hanretta, Principal Deputy Assistant Secretary, Office of Operations, Security, and Preparedness, at kevin.hanretta@va.gov or (202) 461-4980.

(Original signed by)

James M. Byrne

Attachment

DEPARTMENT OF VETERANS AFFAIRS (VA)
Action Plan

OIG Draft Report, Veterans Health Administration: Inadequate Governance of the VA Police Program at Medical Facilities

Date of Draft Report: September 19, 2018

Recommendations/ Actions	Status	Target Completion Date
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Recommendation 1: The Veterans Affairs Deputy Secretary clarifies program responsibilities between the Veterans Health Administration and the Office of Operations, Security, and Preparedness, and evaluates the need for a centralized management entity for the security and law enforcement program across all medical facilities.

VA Comment: Concur. The Office of Operations, Security, and Preparedness (OSP), in coordination with the Veterans Health Administration (VHA), will conduct a comprehensive review of security and law enforcement programs and functions to evaluate the need for a centralized management entity across the Department. Findings from this review will guide any necessary changes to organizational structure, Department-wide policy, and governance. They will also help to clarify program responsibilities between OSP and VHA.

VA will provide the following documentation at completion of this action:

- Findings and recommendations from comprehensive program review

Status:	Target Completion Date:
Pending	September 30, 2019

OSP will develop methodology and procedures for performing trends analyses and assessments of program inspections results and recommendations across the Department. OSP will begin conducting analyses and assessments once it has onboarded the 10 additional full-time equivalent (FTE) positions described in the response to Recommendation 4. OSP will share the analysis and assessment results with VHA on a regular basis, and forward major, Department-wide risks to be included in the VA Enterprise Risk Management Risk Profile and Risk Register.

VA will provide the following documentation at completion of this action:

- Methodology and procedures for performing trends analysis and assessments
- Fiscal Year (FY) 2019 report of trends analysis and assessments

Status:	Target Completion Date:
Pending	First Quarter of FY 2020

OSP's Office of Security and Law Enforcement (OS&LE), in coordination with VHA, will convene Veterans Integrated Services Networks (VISN) Police Chiefs on a recurring basis to review inspection results, share information and lessons learned, and ensure deficiencies are addressed.

VA will provide the following documentation at completion of this action:

- Committee Charter

Status:	Target Completion Date:
Pending	June 30, 2019

OSP is currently codifying policy and procedures for conducting VA police program inspections that will clarify responsibilities for communicating inspection results and expectations for addressing program deficiencies. The draft directive is under review and will be certified per VA Directives Management System procedures.

VA will provide the following documentation at completion of this action:

- VA Police Program Inspections Directive

Status:	Target Completion Date:
In Progress	February 28, 2019

Recommendation 2: The Veterans Affairs Deputy Secretary ensures police staffing models are implemented for determining facility-appropriate levels for officers at medical facilities.

VA Comment: Concur. OSP, in coordination with VHA, will continue to develop the police staffing model identified in the draft report. The model will consist of an automated tool that pulls demographic information from local facilities and determines the optimal number of police officers needed. It will also include a template for determining staff breakdown and standardized position descriptions.

Additionally, OSP, in coordination with VHA, will update the 2003 staffing policy based on the new model and any additional requirements identified in the recurring meetings with VISN Police Chiefs described in VA's response to Recommendation 1. OSP will incorporate the updated staffing requirements into the Inspections Checklist.

VA will provide the following documentation at completion of this action:

- Police Staffing Model
- Updated Staffing Policy
- Updated Inspections Checklist

Status:	Target Completion Date:
In Progress	September 30, 2019

Recommendation 3: The Veterans Affairs Deputy Secretary makes certain that medical facilities use strategies to address police staffing challenges, such as having documented recruitment plans for police officer positions that include a determination of the need for special salary rates and incentives.

VA Comment: Concur. VHA will work with the Office of Human Resources and Administration to conduct an evaluation of special pay tables for VA police and develop documented recruitment plans for police officer positions.

VA will provide the following documentation at completion of this action:

- Evaluation Report

Status:	Target Completion Date:
Pending	June 30, 2019

As noted in the draft report, funds to support the police program, including special salary rates or incentives to police, must compete with financial support for healthcare services. OSP, in coordination with VHA, will research potential short and long-term funding options to help alleviate this challenge.

VA will provide the following documentation at completion of this action:

- Summary of funding options

Status:	Target Completion Date:
Pending	April 30, 2019

Recommendation 4: The Veterans Affairs Deputy Secretary assesses the staffing levels for the Office of Security and Law Enforcement police inspection program, and authorizes and provides sufficient resources to conduct timely inspections of police units at medical facilities to help identify program compliance issues.

VA Comment: Concur, with clarification. OS&LE takes its responsibility for conducting comprehensive police program inspections seriously and understands the role these inspections play in addressing deficiencies. In November 2014, OS&LE leadership changed the inspection schedule from a 2-year cycle to a 4-year cycle to address concerns around the limited amount of trained staff available to conduct such a high volume of inspections. To implement the new cycle, OS&LE stopped the 2-year cycle timeframe and split the facilities due for inspection in FY 2015 in half. OS&LE scheduled any facilities that had operational or leadership issues for inspections in the first part of FY 2015. OS&LE inspected the remaining facilities in FY 2016. As a result, OS&LE inspected all facilities, except for those inspected in FY 2015, within the 286-day average indicated in the report (from the original 2-year cycle).

Moreover, the six OS&LE employees responsible for conducting inspections also worked on other high priority assignments during the OIG audit. They supported the

Secretary of Veterans Affairs by conducting site visits to 211 facilities across the country to verify assets and staff presence in support of the MyVA initiative. They also worked on investigations to address a significant increase in complaints received through the Complaint Generated VAOIG Hotline Referrals/Non-Referrals.

Given the increase in workload, OSP performed an initial assessment of the required staffing level for OS&LE and was authorized to hire 10 FTE positions in FY 2019. (Technical comment: The draft reports states that 9 of the 10 requested FTE were approved.) OS&LE began hiring for these positions on October 1, 2018, and estimates that all employees will be onboard by March 31, 2019. OSP will conduct an additional assessment to determine required staffing needs above the 10 FTE and establish the resource linkage for any additional authorized positions.

VA will provide the following documentation at completion of this action:

- Staffing Assessment

Status:	Target Completion Date:
In Progress	June 30, 2019

Recommendation 5: The Veterans Affairs Deputy Secretary ensures procedures are developed for appropriately handling VA police investigations of medical facility leaders.

VA Comment: Concur, with clarification. VA police only conduct criminal investigations and do so in accordance with VA Directive and Handbook 0730, Security and Law Enforcement. VA police should not be involved and would not initiate an investigation into non-criminal matters. VA would initiate an investigation per VA Handbook 0700, Administrative Investigations. The draft report appears to indicate that OS&LE stated VA police would handle misconduct investigations against facility leaders using VA Handbook 0700. This is inaccurate because, as stated above, VA police only conduct criminal investigations.

Under the direction of the Secretary of VA, the Office of Accountability and Whistleblower Protection (OAWP) is charged with investigating potential allegations of poor performance or misconduct by senior executives and senior leaders, including the two examples in the OIG draft report. As such, VA police officers will refer these matters to OAWP in the future.

VA requests closure of this recommendation.

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

Appendix C: Management Comments – Executive in Charge, Office of the Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: October 02, 2018

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: OIG Draft Report, Inadequate Governance of the VA Police Program at Medical Facilities (VIEWS 00112312)

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

1. Thank you for the opportunity to review the Office of Inspector General draft report, Inadequate Governance of the VA Police Program at Medical Facilities. I have reviewed the draft report and concur with the report without further comments.
2. If you have any questions, please email Karen Rasmussen, M.D., Director, Management Review Service at VHA10E1DMRSAction@va.gov.

(Original signed by)

Richard A. Stone

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.
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