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STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
HOUSE COMMITTEE ON VETERANS' AFFAIRS

ON
THE VETERANS ADMINISTRATION'S SECURITY FORCE
AND CRIME AT VA MEDICAL CENTERS

Mr. Chairman and members of the Committee, we are pleased to be here today to discuss the Veterans Administration's (VA's) security force and the extent of criminal activity occurring at VA medical centers. We conducted our review of the issue of crime at VA medical centers at the request of the Chairman, Senate Committee on Veterans' Affairs; the Chairman, Subcommittee on Government Information and Individual Rights, House Committee on Government Operations; and Representative Paul N. McCloskey.

Our review work was performed at the VA central office in Washington, D.C., and at 11 VA medical centers in 6 States. Although our detailed audit work has been completed, we are still in the process of analyzing our data.

Our testimony today will focus on the extent of crime at VA medical centers and our observations on VA's security force and suggestions for improving its operations.

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ACQUISITIONS

CRIME AT VA MEDICAL CENTERS INCREASING

Crime at VA medical centers has been rising steadily. The nature of crimes committed covers the full spectrum of crimes against individuals, property crimes, and substance abuse.

--Violent crime was up 51 percent between fiscal years 1977 and 1980.

--Losses of Government property are recognized by VA to have reached alarming levels, up about 35 percent between fiscal years 1979 and 1980.

--Six of 11 medical centers we reviewed had indications of a drug problem.

Violent crime

Over the last three fiscal years violent crime--murder, rape, robbery and aggravated assault--at VA medical centers has increased 51 percent. To illustrate the nature of the problem, during March and April 1981, 151 violent crimes were reported VA-wide consisting of 6 armed robberies; 10 strong armed robberies; 127 aggravated assaults (47 with dangerous weapons); 1 rape and 7 attempted rapes.

Property crime

Losses of office machinery, laboratory equipment, televison sets, linens, patient garments, subsistence items, drugs and medical supplies, canteen merchandise, cash, and numerous other items are recognized by VA to have reached alarming levels. From fiscal year 1978 to 1980, total dollar losses from all criminal activity were up 74 percent.

The total dollar loss reported by VA medical centers for fiscal year 1980 was $4.7 million. However, this total dollar loss does not fully reflect losses in linens, drugs and expendable supplies. According to a May 1980 report prepared by VA's Inspector General, annual drug losses alone were estimated to be about $17 million.

Illegal drugs

Six of the 11 medical centers we reviewed had indications of a drug problem--Bronx, Allen Park, Wood, Houston, Sepulveda and Long Beach. Officials at each of these centers believed they had a drug problem, even though one may not have been indicated by the reported statistics.

To give the Committee some indication of the comments we received, I would like to highlight what we were told at two of the centers.

Bronx VA Medical Center

--Although the Bronx reported only 3 drug violations during fiscal year 1979 and 6 during fiscal year 1980, both the center director and assistant director told us that they were aware of illicit drug activity but were unable to document such occurrances because when it was witnessed by hospital personnel no action was taken to report the incident to the VA police for fear of reprisals.

--One service chief told us illegal drugs were a problem and that most incidents were not reported because people do not want to get involved.

--Twelve of 16 medical personnel interviewed thougnt that drug and alcohol usage was a problem.

--Some Bronx staff members cited fear of reprisal as the reason why they did not report the use of drugs.

Six months after we completed our audit work at the center, VA undercover officers arrested 18 employees for the sale and use of illegal drugs, primarily cocaine and marijuana.

<u>Long Beach VA Medical Center</u>

--All 11 medical service personnel that we interviewed from the Spinal Cord Injury (SCI) service believed that illegal drug and alcohol use was a problem.

--One nurse estimated that 40 to 50 percent of all SCI patients had a drug or alcohol problem.

--We spoke with three current and one former psychiatry service employees, and three believed that drug abuse wa- a problem.

--All 11 of the VA police officers we interviewed believed that drug use was a problem.

--Representatives of local veterans groups and a Federal employee union claimed to be aware that drug activity was uncontrolled.

Three VA undercover operations in 1976, 1978, and 1979, had positive results in detecting the use and sale of marijuana, hashish and cocaine.

VA'S APPROACH
TO SECURITY

VA relies primarily on its approximately 1800 police for crime prevention and the protection of patients, staff, visitors and property at its medical centers. The inability to recruit enough qualified police and to come to grips with high police turnover makes it difficult for VA to maintain an effective crime deterrent.

Officials at nine of the 11 medical centers we reviewed told us it was difficult to recruit qualified police officers. In most cases the reason given was low pay. In our discussions with VA police officers, they uniformly perceived their pay to be inadequate. The average VA police officer is a grade GS-5 earning approximately $12,500 a year.

Once police officers are hired, VA has a difficult time keeping them. The turnover rate has been running about 30 percent per year. One VA medical center we reviewed essentially restricts recruiting to persons who have family ties to the area and to persons who have another source of income in addition to the VA police salary. Five of the six officers employed at this center were retired from military service and drawing military retirement pay.

VA's chief of security believes the severe and long standing problems of attracting, recruiting and retaining quality police officers are caused by the Office of Personnel Management (OPM) police series classification standard and low pay of police officers. OPM recognizes these problems and has established a study group to determine the feasibility and desirability of establishing a separate special occupational

service for protective service occupations in the Federal Government. OPM's report on this matter is expected to be issued soon.

An additional problem may be the limited training VA police receive--only 5 days--and the time when this training is provided. VA operates its own police training school at the VA medical center, Little Rock, Arkansas where the one week of training is provided.

VA police officers are required to receive this training during their first year of employment. We found, however, that the average time between employment and training was over 12 months. At one medical center, the average time between employment and training for the 13 officers who received such training was 17 months. According to VA's security staff director the high turnover rate is the main reason for the training delays. As of October 1980, 323 VA police officers had not received VA training.

When crimes are committed VA police have neither the authority nor the training to conduct criminal investigations. According to VA policy, VA police officers are expected to investigate crimes only to the extent necessary to determine whether a crime has occurred.

For its investigations, VA generally relies on four regional security officers who perform needed investigations at any of the 172 medical centers and on about 27 detectives stationed at certain centers that employ them.

The four regional officers investigate situations when called in by the center directors. For example, these officers

are used to conduct covert and undercover operations at the centers. During the 54 month period of October 1976 through March 1981, 38 covert operations were conducted. Nineteen of these were undercover investigations to detect illegal drug traffic and the others were primarily for theft.

The 27 detectives conduct investigations only at the centers at which they are stationed. For example, during a four month period in 1979, the detective at the SF center investigated 34 of the 78 offenses reported at that center.

VA also attempts to enlist outside help for its investigations. However, while local police and Federal agencies may be called on in certain situations, the assistance they provide is limited. The FBI and Drug Enforcement Administration (DEA), for example, investigate crimes at VA medical centers. However, most crimes are not significant enough in terms of dollar loss or quantity of drugs to warrant FBI or DEA involvement. FBI and DEA agents are aware of the types of cases U.S. attorneys will prosecute. Most crimes occurring at VA medical centers do not meet the criteria established for prosecution.

With few in-house investigative resources and limited outside help, improvements are called for if VA's crime problem is to be controlled.

SUGGESTIONS FOR IMPROVEMENT

Undercover operations appear to have had fairly successful results and more need to be conducted, especially as they relate to the use of illegal drugs. However, only one regional officer specializes in illegal drug traffic.

Training could be strengthened and given in a more timely manner. For example, during fiscal year 1980, VA police responded to over 45,000 disturbances and assaults--mostly by patients. Generally, the only training police officers receive in handling assaultive behavior is a 4-hour unit given at VA's 5-day police school.

Responses from police officers and medical staff at all 11 medical centers we reviewed echoed the need to provide additional training to VA police in handling assaultive behavior. Five of the 11 officers we interviewed at two centers said they had received no training in dealing with violent, mentally-ill patients. About 23 percent of the patients at these two centers were psychiatric patients.

Training must also be provided as soon as possible after the applicant is hired.

Detectives could be assigned at the medical district level rather than to individual medical centers. This would provide added coverage to those centers that currently have no on-site investigative capability. However, because each of VA's 28 medical districts includes 4 to 10 medical centers, detectives would have to insure that they devoted their attention only to the most serious cases. VA's security staff director agreed that this approach has merit.

We found indications that not all crimes are reported. For example, a September 1979, security division investigation report concluded that police officers at one location were so intimidated by some employees that they would not arrest an employee even if they saw them commit a violation. As

previously mentioned, the acting medical center director at the Bronx Center wrote to VA's chief of security during March 1980, and said that the center's employees and patients were living in fear of recrimination if they voluntarily aided in the identification of offenders.

This type of situation must be addressed by VA. Effective law enforcement is virtually impossible where those affected are intimidated and not willing to come forward and report a crime.

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Mr. Chairman, this concludes our statement. We will be happy to respond to any questions you or other members of the Committee may have.

ATTACHMENT

VA MEDICAL CENTERS AT WHICH GAO CONDUCTED ITS REVIEW

Bronx and Manhattan, New York

Miami and Tampa, Florida

Houston and Kerrville, Texas

Long Beach, Sepulveda and

San Francisco, California

Allen Park, Michigan

Wood, Wisconsin

These medical centers were selected to provide widespread geographic coverage. The Kerrville, Texas, medical center was chosen because of its rural location in contrast to the primarily urban locations of the other centers.

We also monitored the investigation conducted by VA's Office of Inspector General at the Palo Alto, California, center and issued a report on this effort on August 30, 1980 (HRD-80-106).