U.S. DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Structural Safety of Department of Veterans Affairs Facilities

Minutes of Annual Meeting

Tuesday, May 21 thru Wednesday, May 22, 2024
Day 1: 9:00 a.m. to 5:00 p.m. EST
Day 2: 9:00 a.m. to 12:38 p.m. EST

Approved for submission:
/s/ Allison C. Ellis Chair
July 18, 2024

Committee Members:	**VA Staff:**
Allison C. Ellis, PE, Chair	Sherene R. Dorazio, PE, CFM Deputy Executive Director
Nathan C. Gould, DSc PE, SE	Ross A. Davidson, DBIA, Asso. AIA, FHFI, CFM OFP AED
James Martin, II, PhD, M.ASCE	Donald L. Myers, AIA, CFM OFP FSS Director, DFO
James McDonald, SE	Anirban Bhattacharyya, CFM ODC Deputy AED
Julio Ramirez, PhD, Dist. M.ASCE	Juan Archilla, PE, CFM OFP FSS, SPMO, ADFO
Steven R. Winkel, FAIA, PE, CASp	Gregory Boehm, CFM ODC SPMO Director
	Jelessa Burney, ACMO Program Specialist
	Ian Doiron, SE, PE, CFM CSS
	Gary Drikow, VHA OCAM, Associate Director
	Asok Ghosh, PhD, PE, CFM CSS
	Taeyong Kim, PE, PMG, CFM, SPMO
	Fred Lau, PE, CFM OFP FSS
	Jason Lambie, CFM ORP Lease Delivery, Director
	Bryan Unger, PE, CFM OFP CSS
	Edward Wang, PhD, PE, F. ASCE, VHA OHE
	Jacob Yoder, PE, VHA OCAM, SPMO
	Loi Pham, OIG

VA OFFICES/ACRONYMS: ACMO: Advisory Committee Management Office; ADFO: Advisory Committee Alternate Designated Federal Officer; ADUSH: Assistant Deputy Under Secretary for Health; AED: Associate Executive Director; CFM: Office Of Construction & Facilities Management; CSS: Consulting Support Service; DFO: Advisory Committee Designated Federal Officer; FSS: Facilities Standards Service; OCAM: Office of Capital Asset Management; ODC: Office of Design and Construction; OFP: Office Of Facilities Planning; OIG: Office of Inspector General; ORP: Office of Real Property; OSHM: Office of Safety & Health Management; PM: Program Manager; PMG: Planate Management Group; SPMO: Seismic Corrections Program Management Office; VHA: Veterans Health Administration

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DAY 1 – 5/21/2024

1. Greetings, introductions, protocols, committee planning, and comments - Chair Allison Ellis
   - **a.** Committee chair Allison Ellis officially opened the 2024 meeting of the Committee on Structural Safety of VA Facilities at 9:00 AM
   - **b.** Overview of Meeting Protocols
   - **c.** Overview of Meeting Agenda
   - **d.** Roll call conducted by Juan Archilla

2. Executive briefing by CFM Deputy Executive Director – Ms. Sherene Dorazio
   - **a.** For veterans' population, VA has a lot in the northeast. When veterans move, VA has a significant number of veterans moving to New Mexico, Arizona, Texas, Florida, so VA must get infrastructure placed quickly. Leasing is lever VA can pull.
   - **b.** Average age of a VA facility is 60 years.
   - **c.** Leases have been following industry standards. Most leases are small, less than five stories.
   - **d.** VA is starting to use more leases.

3. VA Secretary's Public Service Announcement Video to Advisory Committees
   - **a.** Commended VA CFM staff for all the hard work on behalf of veterans. Providing advice and recommendations helping ensure VA delivers great service to veterans. Need committee's best recommendations for qualified, diverse individuals for future Committee member candidates.
   - **b.** Veterans' outcomes will drive everything VA does because veterans, not VA are the ultimate judges of VA's success. VA will be the leading advocate for veterans, their families, caregivers, and survivors in everything VA does. Veterans have made their down payments sometimes in blood and invisible wounds.
   - **c.** All veterans must feel safe and welcome in every VA facility. VA welcomes every veteran including women, veterans of color, LGBTQ plus veterans, and wishes to make sure every person entering a VA facility feels safe.
   - **d.** VA seeks excellence in all VA does and leverages the strength of diversity that makes up the veterans population, our VA workforce, our volunteers, and our country. Diversity is also a strength on these Advisory Committees. VA wants and needs caring members that look like our diverse veteran and American population. Diversity is a strength, never a weakness.
   - **e.** Those are fundamental values VA needs to live up to, and the Secretary will be looking to the Committee to help us do just that. Committees like this one have done lifesaving, life- changing work.
   - **f.** VA needs critical guidance and results from our Federal committees, now more than ever.

4. Response to 2023 Committee recommendations
   - **a.** Response 4: FCA FEMA P-154 assessments – Asok Ghosh and Juan Archilla

     - **i.** **Recommendation 4 (2023)**: The Advisory Committee on Structural Safety of VA facilities commends Department of Veterans Affairs (VA) on their use of FEMA P-154 for the seismic assessment of existing buildings. The Advisory Committee recommends that CFM continue the FEMA P-154 seismic assessments and work to implement these seismic assessments into the FCA program by end of FY24 Q1.

ii. **VA Response:** Following the recommendations of The Advisory Committee on Structural Safety of VA Facilities (ACOSS) 2022 Meeting, Juan Archilla and Jacob Yoder, CFM and VHA Seismic Program's structural engineers, respectively, visited the San Francisco VAMC to conduct detailed FEMA P-154 Level 2 assessments on Ancillary buildings of various construction types and the conclusions of these assessments were presented in ACOSS 2023 Meeting.

ACOSS 2023 Meeting Recommendation 4 was based on these conclusions and recognition of the applicability of FEMA P-154 Screening for VA facilities seismic condition assessment.

iii. VA Staff Briefing

1. SEISMIC SCREENING/EVALUATION OF VA FACILITIES AND VA FACILITY CONDITION ASSESSMENT
    a. San Fernando earthquake in 1971, when two VA buildings collapsed, led to creation of Secretary's Advisory Committee on Structural Safety (ACOSS) along with the initiation of seismic evaluation of VA facilities.
    b. 1994 Presidential Executive Order (EO) 12941, requiring all federal agencies to develop an inventory of their owned and leased buildings and develop an estimate of the cost to mitigate unacceptable seismic risk to these building, lead to a comprehensive seismic evaluation program for VA facilities. During the period of 1999 to 2006, the VA Seismic Inventory was created with identification of Extreme High Risk (EHR) and High Risk (HR) buildings. This evaluation process emphasized Critical and Essential buildings.
    c. Around 2015, CFM structural engineers added guidelines to incorporate VA Seismic Inventory data in Facility Condition Assessment (FCA) to better inform VA Medical Centers the additional cost (escalation adjusted) to mitigate unacceptable seismic risk (for EHR and HR buildings).
    d. At the same time, ASCE/SEI 41-13 Tier 1 screening of Nonstructural Components and Equipment of Critical and Essential VA facilities was added to the scope of FCA.
        NOTE: Seismic Force Resisting System screening/evaluation of VA facilities has never been in the scope of FCA.
    e. Following the ACOSS 2023 Recommendation 4, for the first time, VA will be able to implement an on-going screening process by utilizing FEMA P-154 as a facility condition assessment tool for further prioritization of seismic evaluation of VA facilities.

2. SEISMIC CONDITION ASSESSMENT GUIDELINES BASED ON ICSSC STANDARD
    a. Executive Order (EO) 13717 requires each federal agency that owns or leases an existing federal building adopt the Interagency Committee on Seismic Safety (ICSSC) Standards of Seismic Safety for Existing Federally Owned and Leased Buildings: ICSSC Recommended Practice as a minimum level acceptable for managing earthquake risks associated with that building.
    b. Though not adopted by VA yet, the current version of the standards is ICSSC Recommended Practice 10 (RP 10-22).
    c. RP 10-22 includes FEMA P-154, Rapid Visual Screening of Buildings for

Potential Seismic Hazards, as a referenced document with other national consensus-developed model building codes, standards, or guidelines.

d. RP 10-22 Section 1.2.2 recommends utilization of FEMA P-154 for Screening Process for possible seismic evaluation circumstances.
e. Recommendation 4 of Advisory Committee on Seismic Safety in 2023 meeting is in line with the RP 10-22 recommendation.

3. IMPLEMENTATION OF FEMA P-154 SCREENING FOR VA FCA
    a. Selection of Buildings to be screened
        i. Exempt Facilities According to RP 10-22 with modification to Item ‘h" by crossing out the part of the sentence “for a cumulative occupancy time of less than five years”.
        ii. Benchmark Buildings According to RP 10-22 buildings that have been evaluated and/or retrofitted or newly constructed in accordance with one or more of the following standards or code are to be benchmarked:
            - ASCE/SEI 31-03: Seismic Evaluation of Existing Buildings
            - ASCE/SEI 41-06: Seismic Retrofit of Existing Buildings
            - ASCE/SEI 41-13: Seismic Evaluation and Retrofit of Existing Buildings
            - IBC 2009: International Building Code.

            Additionally, Buildings that have already been planned for evaluation using the code and/or standards listed above or the newer editions of those need not be included in the list of buildings to be screened.
        iii.
        iv. Grouping of Buildings within a VA Medical Center for FCA Grading and Cost Estimates Entry
    b. Condition Assessment/Screening Utilizing FEMA P-154 Screening
        i. Qualifications of the Screeners (Data Collectors)
    c. FCA Grading and Cost Estimation of Seismic Evaluation or Retrofit
        i. Group 1: Exempt Buildings (RP 10-22) – FCA Grade B
        ii. Group 2: Benchmarked Buildings (RP 10-22)
            - EHR and HR Buildings and Those Under Seismic Retrofit Projects, not Retrofitted – FCA Grade F with Cost Estimate for seismic mitigation
            - Retrofitted Buildings – FCA Grade B
            - Evaluated Buildings that are found not have seismic issues – FCA Grade C
            - Newly Constructed Buildings – FCA Grade A
        iii. Group 3 Buildings Already Programmed for Evaluation – FCA Grade C
        iv. Group 4 Buildings Screened According to FEMA P-154
            - Buildings with Final Score > 2.0 – FCA Grade C
            - Buildings with Final Score ≤ 2.0 – FCA Grade D with Cost Estimate for seismic study
    d. Nonstructural Components Hazards Screening for Ancillary Facilities

i. Grade F: deficiency identified without need for evaluation; apply mitigation cost estimate
ii. Grade D: further detailed evaluation recommended; apply seismic study cost estimate
iii. Grades C, B, A: low or no nonstructural hazards, grade based on assessor's judgement.

iv. Discussion

1. Determination of facility criticality is a challenge. VA clarified that based on an OIG recommendation, VA is updating the seismic information in the Capital Asset Inventory (CAI) database to include accurate Facility Criticality Designations determined by VHA. This data will feed the FCA Scope of Work to accurately determine the assessment scope.
2. Allison encourages VA to continually look at that data, in case building functions change. Juan noted the CAI database gets certified annually.
3. Julio mentioned tools are available for data mining, such as artificial intelligence/machine learning tools.
4. Julio also mentioned that training should be required for Level 1 assessors, too.
5. Jim McDonald mentioned that the quality of retrofits can be a concern, but VA clarified that only newer retrofits are exempt (post H-18-8 1995 and ICSSC minimum benchmark standards). Newer retrofit designs are reviewed for quality, to include 3rd party peer reviews for major projects. VA is voluntarily evaluating older retrofits with detailed seismic studies.
6. Facility staff should be engaged with the FCA assessment teams so they can learn of their facility conditions.

v. ***Recommendation 2 (2024)***: The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) on the use FEMA P-154 for the screening of buildings with potential seismic hazards within the Facility Condition Assessment Program.

The Advisory Committee recommends that FEMA P-154 training be required for Level 1 Screeners.

b. Response 2: Relocate Facility Criticality Designations (FCDs) – Fred Lau & Juan Archilla

i. **Recommendation 2 (2023):** The Advisory Committee on Structural Safety of VA facilities commends Department of Veterans Affairs (VA) on their revisions and updates to H-18-
8. The Advisory Committee recommends that CFM investigate relocating the Facility Criticality Designation tables from H-18-8 Seismic Design Requirements and the Physical Security and Resiliency Design Manual to the overarching Structural Design Manual.

ii. **VA Response:** Concur. OALC CFM will collaborate with VHA to create a new document more appropriate than the Structural Design Manual for relocating the Facility Criticality Designations Table from H-18-8 and the Physical Security and Resiliency Design Manual. The efforts to create a new overarching document are underway and the target completion date is before the 2025 Advisory Committee Meeting next year. CFM and

VHA agree, and the new document will reside in CFM's Technical Information Library website as Design Project oriented document, instead of a policy memo document.

c. Response 3: HAZUS Seismic Risk Analysis – Juan Archilla

i. **<u>Recommendation 3 (2023)</u>:** The Advisory Committee on Structural Safety of Facilities commends the Department of Veterans Affairs (VA) for beginning the process of using the HAZUS model for evaluating seismic risks to buildings. This work was done in the past as a demonstration project using an older version of HAZUS. The Advisory Committee recommends that CFM implement a seismic safety evaluation process for VA buildings by applying an updated version of the VA-specific HAZUS program. It is the Advisory Committee's opinion that this information would be valuable for project prioritization and potential recategorization of seismic risk.

ii. **<u>VA Response</u>: Concur**. OALC CFM is developing a task order for a HAZUS tool tailored for VA use. It will provide quantifiable metrics for seismic risk to operations, life-safety, and repair costs, regardless of building criticality. The HAZUS data will allow a reevaluation of VA's seismic risk priority rankings and recommend updates to the prioritization criteria.

iii. Update
Planned, but work delayed for FY25 due to shifting FY24 priority to award four high priority seismic study task orders for 130+ Critical/Essential buildings nationwide to comply with Directive 7512 and OIG audit finding.

iv. Discussion
1. Nathan mentioned FEMA has programs in place for HAZUS to update not only from a technical standpoint, but also for the application.

d. Response 1: Damage Assessment Team (DAT) Training – Asok Ghosh

i. **<u>Recommendation 1 (2023)</u>**: The Advisory Committee on Structural Safety of VA facilities commends Department of Veterans Affairs (VA) on their voluntary training related to post disaster (earthquake and windstorm) damage assessment training. It is recognized that the current Disaster Assessment Team approach is voluntary. The Advisory Committee recommends the implementation of a Post Disaster Team be a funded program that funds recurring training for qualified staff and develops an implementation program for post disaster assessments. Members of this team should be among the first responders to a facility after a damaging event.

ii. **<u>VA Response</u>: Concur**. The Office of Acquisition, Logistics, and Construction (OALC) and Office of Construction and Facilities Management (CFM) will fund post disaster (earthquake and windstorm) damage assessment training for Disaster (Damage) Assessment Team members. CFM will investigate training options for Applied
Technology Council's (ATC) post-disaster field evaluation procedures: ATC-20 (Post Earthquake Safety Evaluation of Buildings) and ATC-45 (Safety Evaluation of Buildings after Windstorms and Floods). When significant disasters occur requiring damage

assessment, VA will prioritize sending qualified and trained staff to conduct damage assessments.

iii. VA Staff Briefing

1. FOUNDING AND DEPLOYMENT OF CFM POST DISASTER DAMAGE ASSESSMENT TEAM
    a. VA DAT stood up in response to the 1971 San Fernando Earthquake in Los Angeles, VA.
    b. On that team was a CFM architect, then a recent graduate from Penn State, Dan Colagrande ended up moving to CA for several months after the earthquake to work on-site to help with recovery and planning for the replacement VAMC there.
    c. In 1998 Dan assembled a team to deploy to Hampton VAMC in response to Hurricane Bonnie.
    d. In 2005 Dan lead the DAT to Biloxi and New Orleans in response to Hurricane Katrina.
    e. In 2012 Mike Koch lead the DAT to NYC and Montrose, NY, in response to Hurricane Sandy.
    f. In 2017 CFM DAT deployed to Puerto Rico to provide post disaster damage estimate for San Juan VA Medical Center as well as other clinics under VA Caribbean Health Care System in response to Hurricane Maria.

2. MANDATORY TRAINING REQUIREMENTS FOR DAT MEMBERS
    a. VA 15832: Incident Command System (ICS)-800.D, National Response Framework: An Introduction (FEMA).
        Target Audience: Personnel with Emergency Management or Incidental Command Responsibilities.
        The goal of the ICS-800.D is to provide guidance for the whole community. Within this broad audience, the National Response Framework focuses especially on those who are involved in delivering and applying the response core capabilities. (3.0 hrs. Independent Study)
    b. VA 21498: ICS – 100.C, Introduction to the Incident Command System. Target Audience: VHA employees working in emergency situations. Introduces the Incident Commend System and provides the foundation for higher level ICS training. This course describes the history, features and principle, and organizational structure of the ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS). (3.0 Hrs.)
    c. VA38365: The Disaster Emergency Medical Personnel System (DEMPS) Personnel Qualification Course.
        Target Audience: All members of the DEMPS.
        This training is provided to all members of the DEMPS as part of their initial qualification and refresher training requirements to prepare them to be deployed into austere disaster environments. (0.25 Hrs.)
    d. VA36569: VHA Annual NIMS Refresher Explanation for Non-Emergency Managers

Target Audience: All VHA non-emergency managers self-certification to acknowledge annual refresher requirements.

3. NEED FOR SPECIALIZED TRAINING FOR STRCTURAL SAFETY GUIDANCE
    a. DAT is not Trained to Provide Guidance for Post-Disaster Occupancy as well as Facility Damage Estimate After an Earthquake and/or Tsunami.
    b. APPLIED TECHNOLOGY COUNCIL Provides an In-Person and Web-Based Combined Training for
        i. Post Earthquake Safety Evaluation, and
        ii. California Governor's Office of Emergency Services (Cal OES) Safety Assessment Program (SAP) Training, Including Safety Evaluation of Buildings after Windstorm and Floods.
    c. COST (Including ATC-20 and ATC-45 Field Manuals):
        i. $8000 for 100 Participants |Web-Based/Virtual)
        ii. $11000 for 100 Participants |In-Person)
    d. In-person meetings to take Place
        i. At 425 I Steet NW, Washington, DC, as well as
        ii. A West Coast Location

iv. Discussion

1. Nathan commented that it would be beneficial to have a program in place to train at least some key individuals that could go in and, if not do everything themselves, at least stand up the local folks and help them understand the process. The objectives would be extremely helpful not only after an earthquake, but maybe after a large damaging windstorm or some other type of issues. Having an internal program to have several key individuals be leaders, trained, and ready, and maybe even able to take this to the local level and gather those folks to help them.

2. Steve commented that there is a valuable overlap between Seismic exposure and California Office of Emergency Services training. They have a well developed program, which is geared toward people who are basically familiar with buildings but are not necessarily engineers. Those people are deputized as part of the authority having jurisdiction. Sophisticated facilities like VA, the local folks who are working on it every day are going to know what to look for and what they're looking at. And with some training he thinks it would be incredibly valuable.

3. Jim McDonald commented this also offers an opportunity for the VA to develop more resiliency at almost no cost. He introduced an example at his company project about a fossil fuel plants project under extreme requirements.

4. Juan showed VA Directive 7512 that this responsibility falls under the administrator of the medical center. They're supposed to develop contingency plans to coordinate with the Emergency Planning Process located in moderate high and higher seismic areas to conduct post-earthquake safety evaluation of the buildings and structures. These plans must be incorporated in all the VA Medical Center strategic plans and then it mentions ATC as a source of a training and learning procedures for conducting these evaluations.

v. ***Recommendation 3 (2024)***: The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) on implementing training for the Damage Assessment Team on ATC-20 and ATC-45.

The Advisory Committee recommends that VA develop the capability to deploy trained staff within 48 hours to engage in post-event safety evaluations, and to authorize VA staff to assess and tag buildings at impacted VA Facilities.

e. Response 6: Update Seismic Risk lists to include collapse risk buildings located in regions of lower seismicity – Juan Archilla and Jacob Yoder

i. **Recommendation 6 (2023):** The Advisory Committee on Structural Safety of VA facilities commends the Department of Veterans Affairs (VA) on their current seismic assessment program for existing buildings. The current program only addresses (*correction: prioritizes*) EHR and HR buildings (*clarification: for set-aside funding for resolution. VA does study non-EHR/HR buildings*). The Advisory Committee recommends that CFM extend the seismic assessment program to reclassify those critical and essential buildings deemed to be at risk of collapse as HR or EHR buildings.

ii. **VA Response:** Concur. Based on prior Advisory Committee recommendations, Exceptionally Hight Risk (EHR) and High Risk (HR) designations only applied to buildings in moderate high or higher seismic zones. OALC CFM will propose updates to VA Directive 7512 and VA Seismic Risk Definitions re-defining EHR and HR criteria to include buildings in lower seismic zones that are determined to be at risk for collapse after an American Society of Civil Engineers (ASCE) 41 or equivalent seismic evaluation. Additionally, detailed definitions of EHR and HR criteria will be permanently removed from Directive 7512 and directed to VA Seismic Risk Definitions, where they have been moved in response to a 2019 Advisory Committee recommendation to update the seismic risk criteria.

iii. VA Staff Briefing

1. EHR HR Definitions Impact
    a. Existing EHR and HR definitions only apply to Moderate High (HR) and higher (EHR) seismic zones, and already include seismic structural deficiencies (including collapse risk and less severe deficiencies)
    b. Therefore, the gap for collapse risk buildings is only in lower seismic zones previously exempt (Moderate Low and Low)
    c. Since the EHR list is limited to Very High and High seismic zones, the new collapse risk buildings in lower seismic zones will be added to the HR list.
        i. When collapse risk for lower seismic zones confirmed after a seismic evaluation
        ii. Consistent with RP-10, Unacceptable Risk Exposure (which will include VA EHR/HR as higher tiers when adopted) is determined after a Seismic Evaluation (ASCE 41)

2. Existing EHR Definition

a. Exceptionally High Risk (EHR) Buildings: Typically, a large main hospital building located in a high seismic zone and constructed before the adoption of H-08-8 in 1975. Specific definitions of EHR buildings are buildings that meet all the following criteria below:
    i. Located in High or Very High seismic zones.
    ii. Designated as a Critical or Essential facility.
    iii. Designed prior to adoption of H-08-8 or is evaluated in the BSE- 1N earthquake to be at high risk of major structural damage or collapse;
    iv. Area is greater than 10,000 square feet, except for Critical and Essential utility plants;
    v. Building is not otherwise exempt; and
    vi. The building has not been retrofitted or is evaluated in the BSE- 1N earthquake to be at high risk of major structural damage or collapse.

3. Proposed New HR Definition
    a. High Risk (HR) Buildings: HR buildings, the second-tier category, have been added to identify buildings just below EHR level. They are defined as meeting one of the following:
        i. Buildings that meet the definition of EHR except they are located in an area of Moderate High seismicity.
        ii. Buildings that meet the definition of EHR, except they are smaller than 10,000 square feet and greater than 1,000 square feet, except for Critical and Essential utility plants;
        iii. Buildings that meet the definition of EHR, except they were retrofitted prior to the adoption of H-18-8, December 1995; or
        iv. Buildings that meet the definition of EHR, except they are evaluated in the BSE-1N earthquake to be at high risk of structural damage, but not at high risk of major structural damage or collapse; or
        v. Buildings located in Moderate Low or Low seismic zones that are evaluated in the BSE-1N earthquake to be at risk of collapse.

4. Identified Collapse Risk HR Buildings
    a. Buildings underwent Tier 1 and Tier 2 seismic evaluation during the 1999- 2006 VA Seismic Inventory project
        i. Boston, MA Building 1 (Main Hospital / not-inpatient)
        - Moderate Low seismic zone
        ii. White River Junction, VT Building 2 (Boiler Plant)
        - Moderate Low seismic zone
        iii. Grand Junction, CO Building 20 (Nursing Home)
        - Low seismic zone (was higher at Moderate High when studied in 2004)
        iv. West Haven, CT Building 5 (Research)
        - Low seismic zone (was higher at Moderate Low when studied in 2003)

5. Actions Needed
    a. Update *VA Seismic Risk Definitions* document with revised HR definition
    b. Update Directive 7512 to formally direct EHR/HR definitions to *VA Seismic Risk Definitions (VASRD)*
        i. VASRD is the currently approved source of EHR/HR definitions by VA acceptance of Structural Advisory Committee recommendation
        ii. Directive 7512 update directing to VASRD is pending resolution of leasing issue
    c. RP-10 needs to be formally adopted in H-18-8 by January 2025 to comply with EO 13717
        i. Propose to similarly adopt it prior to the Directive 7512 update like the VASRD
        ii. Note: RP-10 includes new Unacceptable Risk Exposure (URE) category for buildings regardless of Facility Criticality Designation (FCD) or Risk Category

6. RP 10 URE Definition
    a. Proposed VA URE Hierarchy discussed at 2023 Adv. Comm. Meeting
        i. EHR
        - Keep Current: <u>Critical/Essential</u> in H, VH seismic zones.

        ii. HR
        - Keep Current: <u>Critical/Essential</u> in MH seismic zones, ML/L collapse risk, etc.

        iii. ER (Elevated Risk)
        - Introduce Ancillary buildings after seismic evaluations per RP10. Also includes nonstructural only damage for all FCDs as indicated.

7. Proposed Post RP10 Seismic Risk category Hierarchy
    a. Unacceptable Risk Exposure – URE
        i. EHR
        - Exceptionally High Risk (Still Critical and Essential buildings)

        ii. HR
        - High Risk (Still Critical and Essential buildings)

        iii. ER (Elevated Risk)
        - Elevated Risk (All other at-risk bldgs.: Ancillary bldgs. and Critical/Essential bldgs. in lower seismicities, or C/E bldgs. in higher seismicities with only RP10 specified nonstructural damage).

8. VA Deficiency Category
    a. Used in EHR/HR definitions after a seismic evaluation, and for EHR/HR scores
    b. DC = Deficiency Category; which broadly describes the expected damage from the Design Earthquake (2/3 Maximum Considered Earthquake). The DC is determined by engineering judgement, based on the severity of seismic deficiencies ascertained in a seismic evaluation from a licensed professional engineer specializing in

structural engineering. It is typically recommended by the engineer performing the evaluation and validated by the VA Seismic Safety Coordinator.

- Deficiency Category 1 (35 points) – Building is in danger of collapse
- Deficiency Category 2 (20 points) – Building may not collapse, but will be heavily damaged
- Deficiency Category 3 (10 points) – Building will be damaged
- Deficiency Category 4 (5 points) – Building is structurally compliant, but may have non-structural seismic deficiencies
- Not yet studied (10 points)

c. Qualitative determination based on engineering judgement can lead to inconsistent interpretations of evaluators

9. RP 10 URE Definition
    a. Should VA Leverage RP10 URE damage thresholds as metrics to quantify current VA Deficiency Category qualitative measures of structural damage used for EHR/HR?
        i. Structural Damage (used for HR list for buildings in higher seismic zones):
            - Currently undefined so interpreted as any amount. Appropriate or use smaller thresholds for the top 2 criteria below (e.g., (a) 5%, (b) 10%, etc.)?
        ii. Major Structural Damage
            - More than fifteen percent of the total structural components resisting seismic force or deformation in a building in one direction do not meet a building performance level associated with the performance objective.
            - More than fifty percent of the total structural components resisting seismic force or deformation in a building in one direction do not meet a building performance level associated with the performance objective.
        iii. Collapse Risk
            - The performance of one or more structural components indicates a significant potential for total or partial collapse of the building. It is the responsibility of the agency to determine what constitutes a significant potential. If deemed appropriate by an agency, significant can be demonstrated as an unacceptable response given in AVVCE/SEI 7 Section 16.4.1 or ACE/SEI 41.

iv. Discussion

1. James McDonald commented the collapse definition mentioned in RP 10-22 should be more related to the stability of the building, not necessarily how much is damaged, that is major structural damage. Structural elements are damaged and can still be on the verge of collapse.
2. James McDonald suggested to possibly develop an alternative approach to RP 10-22 that also considers the building drift, where excessive drift would undermine building stability.
    a. The Committee decided a Subcommittee should be created to look at this issue composed of structural engineers on the parent Committee.

f. Response 5: Structural Standards for Leases – Juan Archilla and Jacob Yoder

i. **Recommendation 5 (2023):** The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) for expediting facilities to address local veteran needs, such as Community Living Centers, clinics, and ambulatory care facilities, through the use of leased properties. The Advisory Committee recommends that, by FY24 Q1, the VA develop specific procedures for new construction leased spaces and existing-building leased spaces to uphold applicable VA Seismic and Life Safety Building Standards. Specific procedures should address:
    a. Structural Safety requirements
    b. Fire and Life Safety requirements
    c. Continuity of operation, specifically relating to utility/ building system redundancy and structural resiliency
    d. Design drawing review and third-party inspections

ii. **VA Response:** Concur-in-principle. While current leasing methods meet both the executive orders for structural seismic safety and local and national life safety standards, OALC CFM will work with VHA to balance enhanced safety/resiliency, continuity of operations, and quality assurance requirements for privately owned, leased Critical and Essential facilities while maintaining the business viability to proceed with the leasing delivery method. Requirements will be determined by the end of FY 2024 Q3, which will be sufficient to affect the first leased Community Living Centers not planned to be solicited until FY 2024 Q4.

1. The balanced approach for Critical and Essential facilities will include:
    a. Determination of which facilities should be considered Critical and Essential for non-inpatient leases considering various factors, such as risk acceptance, VA alternative care options, and so forth;
    b. Requiring VA's Seismic Design Handbook H-18-8, Structural Design Manual, and selected/essential elements of the Fire Protection Design Manual;
    c. Enhancing continuity of operations by considering a hybrid approach of minimum requirements and risk assessment-based requirements; and
    d. In addition to design document reviews and inspections for code-compliance by local building code enforcement officials, above-code VA lease requirements will be confirmed by:

- Design document reviews for major leases to be conducted by CFM's Consulting Support Service and minor leases will be under the purview of the VHA local facility. Any deviations from VA lease standards require approval by the VHA Office of Healthcare Engineering through a formal process.
- Installation of above-code requirements will be confirmed by CFM resident engineers for major leases and VHA CORs for minor leases.

2. As committed to in the response, VA staff (Juan Archilla and Jacob Yoder) have initial recommendations for consideration of which facilities should be considered Critical and Essential for non-inpatient leases considering various factors, such as risk acceptance, VA alternative care options, etc. Recommendations were shared with an integrated project team including other VA staff from CFM and VHA.

iii. VA Staff Briefing

1. Options Considered for VA Leasing construction requirements.
    a. Option 1: VA Compliant Structural/Seismic Design
    b. Option 2: IBC/Industry Standards with elevated IBC Risk Category nearest to VA Facility Criticality Designation
        i. VA FCD – IBC Risk Category Crosswalk
        Critical >= RC IV, Essential >= RC III, Ancillary >= RC II
    c. Option 3: IBC/Industry Standards as-is

2. Proposed Lease Facility Criticality Designations (FCD)
    a. Types of leased Facilities that are recommended to follow Option 1, the standard VA established FCD of Critical (IBC would consider RC IV)
        i. Acute Care [Acute Beds] - Inpatient (medical/surgical beds; MH/Psychiatric; MH Sustained Treatment and Rehab (STAR I, II, III); Drug/Alcohol Rehabilitation/Substance Abuse; Polytrauma; Maternity Delivery; Maternity non-delivery; Medical, Obs. Beds (47hr); Psychiatric; Surgery, Acute SCI)
        ii. Fire Station/Police Station
        iii. Hospital
        iv. National Continuity of Operation Center
        v. OI&T Core Data Center
        vi. Ambulatory Surgery Center (ASC) with more than 5 OR's (Cardiovascular and Thoracic; Colon Rectal; ENT; Neurological; Obstetrics and Gynecology; Plastic Surgery; Urology; Eye; Orthopedic, Podiatry; Major Dental; General and all other surgery)

    b. Types of leased Facilities that are recommended to follow Option 1, the standard VA established FCD of Critical (IBC would consider RC II)
        i. Medical Records - standalone central storage
        ii. Ambulatory Surgery Center (ASC) with fewer than 5 OR's (Cardiovascular and Thoracic; Colon Rectal; ENT; Neurological; Obstetrics and Gynecology; Plastic Surgery; Urology; Eye;

Orthopedic, Podiatry; Major Dental; General and all other surgery)

c. Leased Facilities that are recommended to follow Option 1, the standard VA established FCD of Essential (IBC would consider RC II)
    i. Rehabilitation Medicine - Inpatient (Blind, PT/OT)
    ii. Community Living Centers (CLC) (LTC)(Long)(Short)(Hospice)
    iii. Amb Medical: Digestive/GI/ Endoscopy – Procedure
    iv. Long Term Rehab Spinal Cord Injury/Disorders Center (SCID Center) - inpatient

d. Leased Facilities that are recommended to follow Option 3, the standard IBC established Risk Category IV (VA would consider FCD Critical)
    i. Acute Care (Acute Beds) – outpatient (Emergency Department)
    ii. OIT Mission Support Center
    iii. Hazardous Material Storage – (when qualifies as RC IV) (Note – discussion at committee may revise VA criticalities for HMS – see related agenda item)

e. Leased Facilities that are recommended to follow Option 2, an elevated IBC Risk Category IV from II (VA would consider FCD Critical)
    i. Research - Animal Facility

f. Leased Facilities that are recommended to follow Option 2, an elevated IBC Risk Category III from II (VA would consider FCD Essential)
    i. Consolidated Mail-Out Pharmacy (CMOP)
    ii. Dietetics (serving inpatient/food production)

g. Leased Facilities that are recommended to follow Option 3, the standard IBC established Risk Category II (VA would consider FCD Critical)
    i. Amb Medical: Dialysis
    ii. Amb: Urgent Care (note, current discussions may result in some urgent care facilities being considered Essential or Ancillary by VA).

h. Leased Facilities that are recommended to follow Option 3, the standard IBC established Risk Category II (VA would consider FCD Essential)
    i. Inpatient MH (Domiciliary/MH RRTP, CWT/TR/PRRP/PRRTP, SARTP)
    ii. Amb Medical: Oncology – Procedure
    iii. Amb: Laboratory and Pathology
    iv. Amb: Nuclear Medicine

i. The following types of facilities, if leased, are recommended not to control FCD of themselves, but based on the type of facility they support (i.e. their designation depends upon the most critical function that they support, as designated in previous slides)
    i. Emergency Generator
    ii. Imaging Service
    iii. Medical Gas Storage
    iv. OIT Campus Support Center
    v. Sterile Processing Service
    vi. Temporary Buildings
    vii. Water Tower, utility Supply Storage Structure, or Structures supporting utilities.
    viii. Medical Equipment Storage

iv. Discussion

1. Jason Lambie mentioned the issue is that VA leasing authority comes from GSA. Most leases must follow every Executive Order, including the seismic safety requirements. VA already meets the EO requirements in the leasing program. The challenge is that VA cannot just lease anything it wants, there are pricing constraints. The Office of Management and Budget (OMB) scoring requirements for Operating Leases necessitates that the leased asset must be a general purpose asset and not be built for special purpose of the Government and is not built to unique specification for the Government. His fear is that proposing leases with above-code requirements (i.e., using VA standards) could change the lease from being an Operating Lease into a Capital Lease, which the VA does not do because all the funding must be had up front for a Capital Lease.
   So while he understands the goal of having consistent resiliency standards between owned and leased buildings, he doesn't see how to get that to work for an Operating Lease.
2. Juan said one issue is that VA Directive 7512 says all Critical and Essential Facilities should be designed according to H-18-8 for seismic safety but doesn't distinguish between owned and leased buildings. Thus, if VA is going to lease Critical and Essential buildings built to industry standards versus VA standards, that needs to be clarified in Directive 7512 to distinguish the differences between owned and leased buildings.
3. Jim and Steve mentioned that in industry, it is standard to design and build higher than the code minimum requirements. But Jason mentioned that the difference is that VA is only leasing the building for a set period of time of around 20 years, so that is the difference.
4. Nathan asked how VA is involved in reviewing quality reviews. Jason said that VA has resident engineers to review above code requirements, but the building code plan review and inspections are conducted by the local building code departments and their consultants.
5. With the concern that it may not be possible to design critical/essential leases to VA standards, Allison asked if there is an avenue in the future to replace medical centers with leasing. Ross mentioned that there is an investigation of possibly leasing more important buildings, such as CLCs, micro-hospitals,

ambulatory surgery centers with more than 5 operating rooms, and research labs.

6. Jason mentioned another risk to consider with leased facilities is if the lessor goes bankrupt.
7. Ross mentioned that another issue that could prevent Operating Leases is the very large size of some facilities.
8. Jason clarified that it's technically on whether the lease can score, which represents the value of the rent. For example, the amount paid over the lease term should not exceed the cost of the building. He also added that there must be a commercial market for the building after the lease term ends, such that it can't be a government-specific building.
9. Juan mentioned that GSA leasing templates only have seismic safety certificates for Risk Category II buildings designed for the life safety objective and does not have seismic certificates for occupancy-based objectives that would be more in line with Risk Category III or IV buildings.
10. Allison asked if a Capital Lease were triggered, would VA rather do an owned building. Ross said that is correct, because the funds would be required up front for either case, so may as well own and operate the building.
11. Jason added that he does not think a recommendation to use VA standards for leases will overcome the scoring issue that would prevent an Operating lease and trigger a Capital lease. So, he thinks the better approach is for VA to decide if they are not willing to accept the risk of leasing Critical and Essential buildings in areas at high risk to natural disasters.
12. Juan mentioned that one issue is that some local codes elevate the risk category higher than IBC which more closely matches H-18-8 requirements, but others do not. For example, in California, OSHPD (now Department of Health Care Access and Information) requires nursing homes be elevated to Risk Category III (similar to VA Essential), but the IBC classifies them as Risk Category II (VA equivalent to Ancillary).
13. Ross suggested a recommendation to do an overarching study to determine the applicability of leasing higher acuity building types, including but not limited to surgery centers, CLCs, RRTPs, etc., in high-risk zones to include codes used in various areas. This study would help inform the Infrastructure Strategy Group.
14. Jason added that a risk determination could then be made on a case-by-case building basis.
15. James Martin said the study should highlight the disparities between IBC, local codes, and VA standards.
16. For example, the study should account for the disconnect between risk categories used between local code, IBC, and VA standards, to help inform the Infrastructure Strategy Group on risk acceptance of leasing for certain types of higher importance buildings.
17. Recommendation shouldn't specify exactly which types of buildings should be considered, to allow VA the flexibility to determine which VA Critical/Essential facilities that are being considered for leases should be included in the study.
18. Jim Martin said the study should help inform VA on leasing decisions to include factors such as optimization of risk, reliability, performance, and return on investment.

19. Gary asked about the timeline of this study. Ross said this broad overarching study would not impact leases that are currently in the system, but would help inform decisions for future, broader infrastructure strategy leasing decisions.
20. Juan asked if this would include mock structural analyses using the local, IBC and VA structural standards. The consensus was that it would not, but it would be more of an in-depth assessment/comparison of the applicable local/IBC codes and VA structural standards for the building types of interest.

v. ***Recommendation 1 (2024)***: The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) on the use of leased spaces to expedite services to veteran populations in need.

The Advisory Committee recommends that the VA conduct a study to determine feasibility of leasing for facilities in high-risk zones. The study should evaluate the risk categories of the facilities per the locally adopted codes, the latest edition of the International Building Code, and the Facility Criticality Designations in the VA Design Standards. The intent of the study is to inform the VA's decision on when to execute leases to optimize the risk, building performance, reliability, and return on investment.

The Advisory Committee recommends prioritizing leased spaces for buildings with VA Design Standards Facility Criticality Designations that align with risk categories in locally adopted codes. VA Directive 7512 should be updated to reflect the requirements for leases.

5. New Business Items
   - **a.** Temporary Buildings – Fred Lau and Jacob Yoder
     - i. VA Staff Briefing
       1. Temporary Facilities
          a. Issue – VA has "temporary" facilities that operate beyond 180 days.
          b. 2024 IBC Definition
             i. **Temporary Structure** – Any building or structure erected for a period of 180 days or less to support temporary events. Temporary structures include a range of structure types (public- occupancy temporary structures, temporary special event structures, tents, umbrellas and other membrane structures, relocatable buildings, temporary bleachers, etc.) for a range of purposes (storage, equipment protection, dining, workspace, assembly, etc.)
          c. Current VA Standards
             i. **Seismic Design Requirements (H-18-8)**: Can be Critical, Essential, or Ancillary. Designation to be defined on a case-by- case basis and requests for determination shall be submitted to the VA Seismic Safety Coordinator for coordination of review by pertinent VA administrations/offices for a determination.
             ii. **Physical Security & Resiliency Design Manual (PSRDM):** Can be Critical, Essential, or Ancillary. Physical security requirements to be determined per section 1.3 on a case-by-case basis.

d. Discussion/considerations:
    i. Include temporary equipment, utilities.
    ii. Develop VA-specific terminology and definition (including examples)?
        1. Relocatable Buildings (IBC section 3113) Definition: A partially or completely assembled building constructed and designed to be reused multiple times and transported to different building sites.
    iii. Develop of design/construction standards necessary?

ii. Discussion
1. One example is the need for additional space on a campus, they use trailers to house Sterile Processing Service. It would be temporary but stay more than 180 days.
2. Two issues were discussed: One is the title can be confusing. The other one is a potential hole where sites aren't following what VA wants. A unit is going to sitting for five years and not built to our Standard under the presumption that it's "temporary".
3. UFC 1-201-01 2022 c4 Non-Permanent DoD Facilities in Support of Military Operations define: "Temporary construction level" and "semi-permanent construction level". Temporary construction level buildings and facilities are designed and constructed to serve a life expectancy of five years or less. And semi-permanent construction level buildings and facilities designed and
constructed to serve a life expectancy of less than 10 years. With maintenance and upkeep of critical building systems. The life expectancy of a facility can be extended to 25 years.
4. Could limit temporary bldgs. to Ancillary Buildings.
5. The consensus was that a recommendation was not necessary, and the minutes can document the intended path forward, but the VA should proceed with their plan on clarifying temporary/non-permanent facilities, such as:
    a. In PSRDM, H-18-8, and the future Facility Criticality Designations (FCD) overarching document, clarify that Temporary Buildings (or Structures) are as defined by IBC (i.e. used for 180 days).
    b. For non-permanent buildings (unique to VA) that will be in use beyond 180 days but will eventually be removed/demolished, VA needs to come up with a name, definition, and time limit.
    c. Since IBC has only either Temporary or Permanent Buildings, the Non- permanent Buildings (unique to VA) must also meet IBC's requirement for Permanent buildings. VA does not want to do less than what IBC requires.

b. Hazardous Materials FCD Clarification – Juan Archilla and Jacob Yoder
i. VA Staff Briefing
1. FCD Clarification: Hazardous Material Storage
    a. Space Usage: Hazardous Material Storage
    b. Description of the Issue: VA designates "Hazardous Material Storage" as a Critical function. Needs to be clarified if this applies to hazardous materials that may pose a general risk if they escape in an event, to any

hazardous material, etc. It has been proposed to use IBC approach dependent on material and max amount stored to define criticality.

c. Discussion Notes: It is noted that there is difficulty with terminology like "hazardous storage". "Hazardous area" is used in life safety code.

ii. Discussion

1. The Committee mentioned that IBC definition doesn't define radioactive materials as hazmat. There are federal regulations not in IBC for nuclear waste that should be considered, and it's likely that nuclear medicine might create radioactive hazards.
2. Otherwise, could follow IBC Definition for hazardous materials.
3. VA should consider special materials or circumstances to evaluate if a higher standard is needed such as radiation/nuclear med.

iii. ***Recommendation 5 (2024)***: The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) on the consideration of hazardous materials when assessing risk categories.

The Advisory Committee recommends that the VA identify the risk category of spaces within facilities containing hazardous materials based on the hazardous materials definitions outlined in the most recent edition of the International Building Code (IBC). Additionally, the VA should consider applicable federal regulations for materials not included in the IBC, such as radioactive materials/ nuclear waste.

c. Water Tower/Structure FCD Clarification – Juan Archilla and Jacob Yoder

i. VA Staff Briefing

1. FCD Revision: Water Towers and similar utilities
    a. Space Usage: Water Tower
    b. Description of the Issue: H-18-8 allows water towers to be designated as Ancillary (follows the highest facility it serves and there are a few Ancillary campuses). IBC classifies water towers as either RC III or IV (see excerpts below). (Maybe N/A to PSRDM) …unless it's a very minor water supply structure serving small amount of minor bldgs.? TBD. Also discuss other utilities.
        i. RC3: Power-generated stations with individual power units rated 75 MW_{AC} (megawatts, alternating current) or greater, water treatment facilities for potable water, wastewater facilities and other public utility facilities not included in Risk Category IV.
        ii. RC4: Water storage facilities and pump structures required to maintain water pressure for fire suppression. Public utility facilities providing power generation, potable water treatment, or wastewater treatment.
    c. Discussion Notes: Proposal is for PSRDM to remain as is (allow water towers to be designated as ancillary for ancillary facilities), but for H-18- 8 to require structural design/analysis of water towers to have a lower bound of Essential to follow IBC requirements more closely. Should

there be a lower bound for very small water supply structures serving a small number of buildings?

ii. Discussion
1. Nathan mentioned that water towers are special structures by special vendors designed to standard requirements. Requiring the special VA drift criteria could cause issues, so the consensus of the meeting was that it makes sense to just follow IBC requirements (The consensus was that a formal recommendation was not necessary, and the meeting minutes would document the intended path forward).

6. Adjourn
a. Chair Allison Ellis adjourned the meeting at 5:00 pm.

DAY 2 – 5/22/2024

7. VA Handbook H-18-8 Seismic Design Requirements Updates – Juan Archilla
i. VA Staff Briefing
1. Revision highlights
a. Use latest referenced standards IBC 2024, ASCE/SEI 7-22. ACE/SEI 41-23, and AISC 341-22.
b. FCDs Clarification
i. For Table 5 Essential Facilities, Community Living Center (long term care, inpatient rehabilitation)
ii. For Table 7 Facilities with Varying FCDs, delete Rehabilitation Medicine Inpatient (Blind, PT/OT) and its notes.
c. RP-10 needs to be adopted by January 2025 to comply with EO 13717. It would be good to adopt it in H-18-8 prior to Directive 7512, that takes a long time to update, in particular with the outstanding leasing issue.
d. VA should not exempt Essential/Risk Category III buildings one-story steel or wood light-frame buildings less than 5,000 ft^2, as allowed in RP-10 Section 1.3(f). See further discussion in Section 8.ii.

2. ***Recommendation 4 (2024)***: The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) on using the NIST Interagency Report Standards of Seismic Safety for Existing Federally Owned and Leased Buildings.

The Advisory Committee recommends that the VA adopts the latest version of ICSSC Recommended Practice 10 (RP 10-22) and modify H-18-8 to include RP 10-22 prior to January 2025, regardless of the update date of Directive 7512. The adoption should modify RP 10-22 1.3(f) to remove “Risk Category III.”

8. Minimum Footprint Consideration – Juan Archilla and Jacob Yoder
i. VA Staff Briefing
1. When we define EHR/HR criteria, there is no minimum square footage information.
2. Single Story, support spaces can be classified as Critical, Essential, Ancillary, etc.
3. Scale of issue:

a. Under 1,000 sf (in Moderate High (MH) and higher seismic areas) – 37 bldgs.
b. Under 500 sf (in MH and higher seismic areas) – 22 bldgs.

ii. Discussion

1. RP 10 and RP 8 both exempt very small facilities unless its occupancy based, except for RP 10 does also exempt 1-story steel or wood-light frame Risk Category III buildings (in addition to Risk Categories I and II).
2. Still need to assess buildings based on function/impact, so should not exempt VA occupancy-based, regardless of small size. Therefore, Essential (Risk Category III) 1- story steel or wood-light frame buildings should not be exempt (see 2024 Recommendation 4 in Section 7.2).
3. Facility Criticality Designation is verified for each building prior to making a determination of the seismic risk.
4. Exemption status should also be determined. Juan confirmed VA checks if a building is exempt or not prior to assessing its seismic status.

iii. ***Recommendation 6 (2024)***: The Advisory Committee on Structural Safety of VA Facilities commends the Department of Veterans Affairs (VA) on the seismic assessment program to identify EHR and HR buildings.

The Advisory Committee recommends that the VA continue to review all structures of Critical or Essential nature regardless of size. This review should include a review by an assessor to verify the status of the building to determine if the building is exempt.

9. Finalize Recommendations
Recommendations 1, 2, 3, 4, 5, and 6 (2024) noted above were finalized.

10. Advisory Committee 2025 meeting planning

a. Allison's last meeting. VA thanked Allison for her excellent service. She has been an exceptional leader for the Advisory Committee.

11. Adjourn

a. Chair Allison Ellis adjourned the meeting at 12:38 pm.