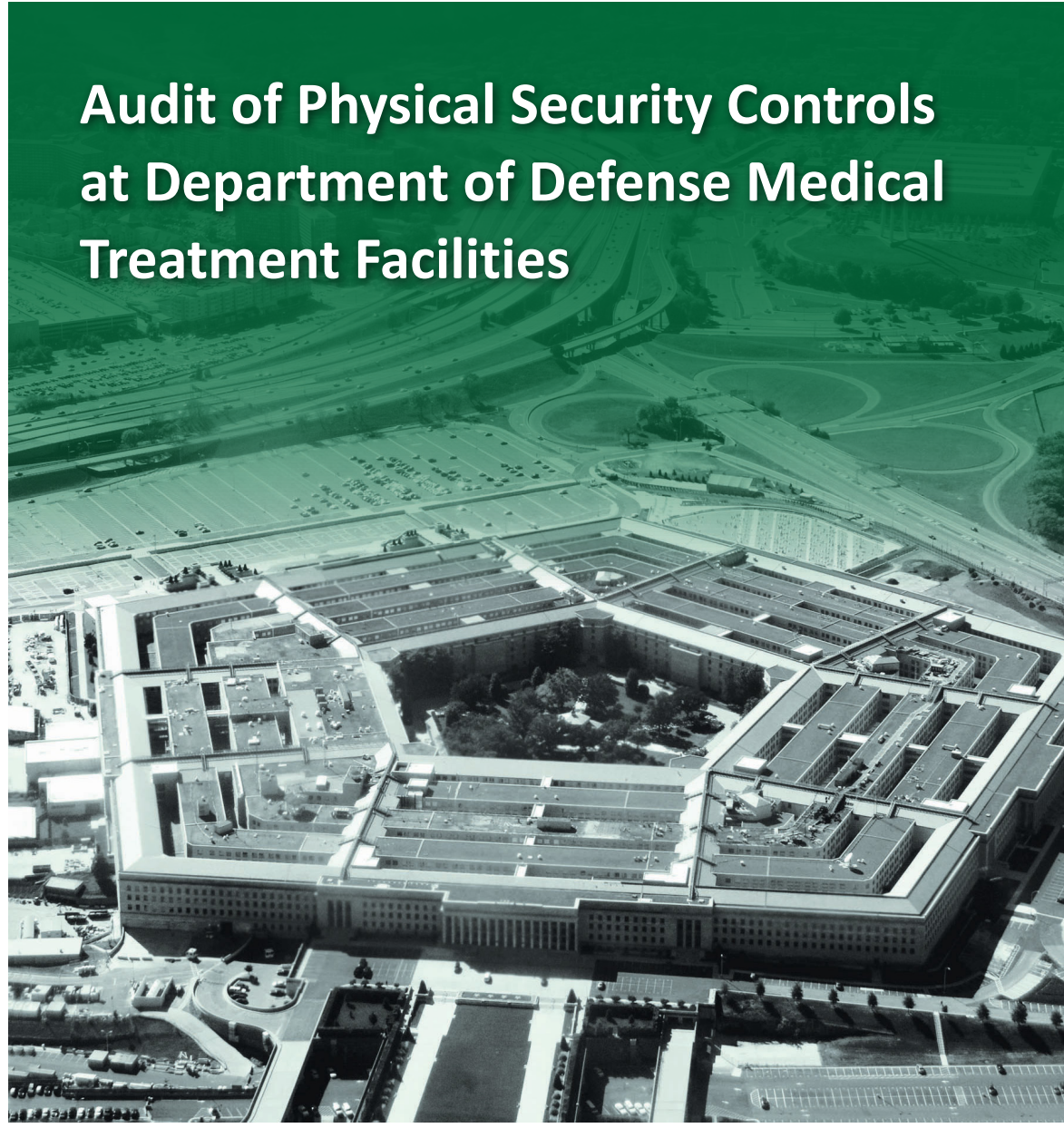


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INSPECTOR GENERAL

U.S. Department of Defense

APRIL 6, 2020



Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities

INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE

The document contains information that may be exempt from mandatory disclosure under the Freedom of Information Act.

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Results in Brief

Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities

April 6, 2020

Objective

The objective of this audit was to determine whether DoD medical treatment facilities (MTFs) implemented physical security controls to prevent unauthorized access to facilities, equipment, and sensitive areas.

Background

Several past security incidents at DoD installations demonstrate the importance of physical security controls to protect personnel and equipment at DoD facilities. For example, in January 2015, an Army veteran shot and killed a Department of Veteran's Affairs psychologist on the grounds of William Beaumont Army Medical Center at Fort Bliss, Texas. In addition to insider threats, MTFs can also be subject to criminal acts such as theft. The U.S. Drug Enforcement Agency reported that in 2018 there were 647 armed robberies of controlled substances from U.S. pharmacies. Moreover, the Occupational Safety and Health Administration reported that the rate of serious workplace violence incidents on average was four times greater for health care workers than in private industry.

(FOUO) In 2019, the Government Accountability Office reported that DoD installations were not monitoring the personnel access control system for access to DoD installations, [REDACTED]

[REDACTED]

Background (cont'd)

On October 25, 2019, the Deputy Secretary of Defense directed that the authority, direction, and control of MTFs in the continental United States, Alaska, Hawaii, and Puerto Rico transfer from the Military Departments to the Defense Health Agency (DHA). The DHA entered into memorandums of agreement with the Military Departments to ensure efficient and effective MTF operations until the DHA reaches full operating capability. The DHA expects to be at full operating capability for physical security functions by October 1, 2020.

Finding

We determined that DoD MTFs generally implemented physical security controls, as required by DoD Instruction 5200.08, "Security of DoD Installations and Resources and the DoD Physical Security Review Board" December 10, 2005, incorporating Change 3, Effective November 20, 2015. However, we also determined that security weaknesses existed.

We visited eight MTFs and found that all had implemented local physical security measures. However, we identified security weaknesses at all of the eight MTFs that could allow unauthorized access to DoD MTFs and controlled or restricted areas within the MTFs. Specifically:

- Personnel at six of the eight MTFs had access to restricted areas, such as pharmacies, when they were not authorized access to those areas, because MTF staff did not update access control systems and there was no requirement for them to do so. For example, we determined that three unauthorized personnel at a major medical center used a badge to access the narcotics vault.
- Personnel did not limit access to only authorized personnel for a community-based clinic and did not assess the risk of unauthorized personnel entering the community-based clinic, as required by DoD guidance, because security personnel concluded that an access control point was unnecessary. However, staff at the clinic stated that unauthorized personnel had accessed



Results in Brief

Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities

Finding (cont'd)

the clinic in the past. Without an access control point, an unauthorized individual can enter the clinic and proceed to sensitive areas, such as the pharmacy, unchallenged by clinic staff.

- Generator facilities and fuel storage tanks were not always protected from unauthorized access because MTF personnel did not properly secure fences in accordance with DoD guidance, and, according to MTF security personnel, MTFs lacked the resources to replace ineffective barriers. Backup generators provide emergency power to essential systems in case of main power loss. Access to backup generators and fuel tanks by unauthorized personnel increases the risk of damage, sabotage, or acts of terrorism, potentially resulting in failure of medical equipment and loss of life.
- The commanders of two MTFs granted 24-hour access for all staff, including volunteers, to all exterior doors because the commanders wanted staff to have that level of access and there was no policy restricting that level of access. This included access to rear stairwell doors that would typically be used as emergency exits. Allowing access to rear doors increases the risk that unauthorized personnel, or staff without an operational need to enter the clinic, can access the MTF undetected, where they may have access to equipment, pharmaceuticals, and personal patient information.
- (FOUO) Use of security guards and security monitoring procedures were inconsistent within the DoD because no standards for security guards and monitoring existed for all DoD MTFs.

(FOUO) [REDACTED]

Also, while all of the MTFs we visited had security monitoring equipment and alarm systems in use, the use of these security devices was inconsistent. For example, some MTFs used contractor personnel to actively monitor security cameras in order to provide real-time information to base security forces, while other MTFs recorded and archived video for reference in the event of a security incident. We found no minimum standard for use of security cameras and alarm systems in DoD MTFs.

As a result of these security weaknesses, the restricted areas where medical equipment and pharmaceuticals were stored were vulnerable to unauthorized access, and the MTFs were vulnerable to incidents of violence, sabotage, or terrorism. Based on our findings at the MTFs we visited and the lack of minimum physical security standards, we concluded that these weaknesses may also exist at other DoD MTFs.

Recommendations

Among other recommendations, we recommend that the DHA Director:

- issue guidance for all MTFs under DHA control to require security personnel to remove access permissions for unauthorized staff, and conduct quarterly system reviews to ensure that access to sensitive areas is limited to authorized personnel;
- determine whether community-based clinics under DHA control have established a baseline level of protection for leased facilities as required by DoD guidance, and established access controls based on risk to limit entry to authorized personnel only;



Results in Brief

Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities

Recommendations (cont'd)

- assess generator and fuel storage security at each MTF under DHA control and implement controls that meet the DoD Unified Facilities Criteria requirements for generator facilities and fuel storage tanks, working with installation commanders when necessary; and
- issue guidance that requires personnel to enter and exit MTFs through specific sets of doors, such as main entrance or emergency room doors.

Management Comments and Our Response

The DHA Director agreed with all of the recommendations and stated that the DHA will take corrective actions. Specifically, the Director stated that the DHA is creating interim policies covering access systems and for the use of specific entry doors, security guards, and video monitoring and alarm systems until the DHA updates physical security requirements. Additionally, the Director stated that the DHA will task the Military Departments to conduct physical security inspections to identify weaknesses and implement controls, immediately conduct assessments of all generator facilities and fuel storage tanks, and provide the DHA with the baseline level of protection for all community-based clinics. These proposed actions resolve all of the recommendations. We will close the recommendations when the DHA provides documentation to support these actions. Please see the Recommendations Table on the next page for the status of recommendations.

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Director, Defense Health Agency	None	1.a, 1.b, 1.c, 1.d, 1.e, 1.f, 1.g	None

Note: The following categories are used to describe agency management’s comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – OIG verified that the agreed upon corrective actions were implemented.



**INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500**

April 6, 2020

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Audit of Physical Security Controls at Department of Defense
Medical Treatment Facilities (Report No. DODIG-2020-078)

This final report provides the results of the DoD Office of Inspector General's audit. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

The Defense Health Agency agreed to address all the recommendations presented in the report; therefore, the recommendations are considered resolved and open. As described in the Recommendations, Management Comments, and Our Response section of this report, the recommendations may be closed when we receive adequate documentation showing that all agreed-upon actions to implement the recommendations have been completed. Therefore, please provide us within 90 days your response concerning specific actions in process or completed on the recommendations. Your response should be sent to either followup@dodig.mil if unclassified or rfunet@dodig.smil.mil if classified SECRET.

If you have any questions, please contact me at [REDACTED].

A handwritten signature in black ink that reads "Theresa S. Hull".

Theresa S. Hull
Assistant Inspector General for Audit
Acquisition, Contracting, and Sustainment



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Introduction

Objective

The objective of this audit was to determine whether DoD medical treatment facilities (MTFs) implemented physical security controls to prevent unauthorized access to facilities, equipment, and sensitive areas. See the Appendix for our scope and methodology.

Background

Security Threats to DoD Personnel

Several past security incidents at DoD installations demonstrate the importance of physical security controls to protect personnel and equipment at DoD facilities. For example, in January 2015, an Army veteran shot and killed a Department of Veteran's Affairs psychologist on the grounds of William Beaumont Army Medical Center at Fort Bliss, Texas. The Occupational Safety and Health Administration has reported that the rate of serious workplace violence incidents was four times greater for health care workers than in private industry on average.¹ The U.S. Drug Enforcement Agency reported that in 2018 there were 647 armed robberies of controlled substances from U.S. pharmacies.

(FOUO) In 2019, the Government Accountability Office (GAO) reported that DoD installations were not monitoring the physical access control system for access to DoD installations, [REDACTED]

[REDACTED].² The physical access control system uses data that is updated every 24 hours to allow security personnel to determine whether to permit individuals access to DoD installations. The GAO concluded that the installations did not have the data necessary to evaluate the effectiveness of the system [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

- | [REDACTED]
[REDACTED]
- | [REDACTED]
[REDACTED]
- | [REDACTED]
[REDACTED]

¹ The Occupational Safety and Health Administration defines workplace violence as violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.
² Report No. GAO-19-316SU, "DoD Installations: Monitoring the Use of Physical Access Control Systems Could Reduce Risks to Personnel and Assets," May 31, 2019.

Requirements for Physical Security

DoD Instruction 5200.08, "Security of DoD Installations and Resources and the DoD Physical Security Review Board," December 10, 2005, incorporating Change 3, Effective November 20, 2015, requires commanders to prepare and enforce security orders and regulations to ensure the proper safeguarding of personnel, facilities, and property from loss, destruction, espionage, terrorism, or sabotage.

The Interagency Security Committee is a collaborative group that provides leadership to the nonmilitary Federal community supporting physical security programs that are comprehensive and risk based. The Interagency Security Committee mandate is to enhance the quality and effectiveness of security in and protection of buildings and nonmilitary Federal facilities.

"The Risk Management Process for Federal Facilities: An Interagency Security Committee Standard, 2nd Edition," November 2016, defines the criteria and processes that those responsible for the security of a facility should use to determine facility security level, and provides an integrated, single source of physical security countermeasures for all Federal facilities. In December 2012, the DoD voluntarily and officially adopted this standard for all off-installation leased facilities.

Defense Health Agency Transition

In 2016, Congress expanded the role of the Defense Health Agency (DHA) by directing the transfer of responsibility for the administration of all MTFs from the Military Departments to the DHA by October 1, 2018. The National Defense Authorization Act for Fiscal Year 2019 extended the date for the transfer to September 30, 2021, using a phased approach. However, the transition plan for MTFs in the United States was modified from a four-phase approach to an accelerated transition. On October 25, 2019, the Deputy Secretary of Defense directed that the authority, direction, and control of MTFs in the continental United States, Alaska, Hawaii, and Puerto Rico transfer from the Military Departments to the DHA. The DHA entered into memorandums of agreement with the Military Departments to ensure efficient and effective MTF operations until the DHA reaches full operating capability. The DHA expects to be at full operating capability for physical security functions by October 1, 2020.

The 450 MTFs transferring to the DHA include different types of medical facilities that provide different levels of service. For example, the DoD operates major medical centers that sometimes serve as trauma centers in communities for both military and civilian patients. Clinics are the smallest medical facilities and are sometimes located off an installation in leased office space.

Beginning on October 1, 2018, all MTFs within the Military Health System, whether under Service command or DHA administration and management, were required to follow the same DHA-established policies, procedures, and standard business processes. On July 23, 2018, the DHA issued Administrative Instruction Number 003, “Physical Security Program.” The Administrative Instruction establishes the DHA’s procedures for implementation of an agency-wide physical security program, and directs DHA sites to outline how each site executes physical security requirements in site-specific standard operating procedures.

Review of Internal Controls

DoD Instruction 5010.40 requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls.³ We identified internal control weaknesses related to security weaknesses that could allow unauthorized access to DoD MTFs and controlled or restricted areas within the MTFs. We will provide a copy of the report to the senior official responsible for internal controls in the DHA.

³ DoD Instruction 5010.40, “Managers’ Internal Control Program Procedures,” May 30, 2013.

Finding

DoD Medical Treatment Facilities Implemented Physical Security Controls, but Weaknesses Existed

We determined that DoD MTFs generally implemented physical security controls as required by DoD criteria; however, security weaknesses existed.⁴ We visited eight MTFs and found that all had implemented local physical security measures. However, we identified security weaknesses at all of the eight MTFs that could allow unauthorized access to DoD MTFs and controlled or restricted areas within the MTFs. Specifically:

- personnel at six of the eight MTFs had access to restricted areas, such as pharmacies, when they were not authorized access to those areas, because MTF staff did not update access control systems and there was no requirement for them to do so;
- personnel did not limit access to only authorized personnel for a community-based clinic and did not assess the risk of unauthorized personnel entering the community-based clinic as required by DoD guidance because security personnel concluded that an access control point was unnecessary;
- generator facilities and fuel storage tanks were not always protected from unauthorized access because MTF personnel did not properly secure fences in accordance with DoD guidance, and according to MTF security personnel, MTFs lacked the resources to replace ineffective barriers; and
- the commanders of two MTFs granted 24-hour access for all staff, including volunteers, to all exterior doors because the commanders wanted staff to have that level of access and there was no policy restricting that level of access.

Additionally, we determined that use of security guards and security monitoring procedures was inconsistent within the DoD because no standards for security guards and monitoring existed for all DoD MTFs. As a result of these security weaknesses, the restricted areas where medical equipment and pharmaceuticals were stored were vulnerable to unauthorized access, and the MTFs we visited were vulnerable to incidents of violence, sabotage, or terrorism. These weaknesses may also exist at other DoD MTFs.

⁴ DoD Instruction 5200.08, "Security of DoD Installations and Resources and the DoD Physical Security Review Board" December 10, 2005, incorporating Change 3, Effective November 20, 2015.

DoD Medical Treatment Facilities Implemented Physical Security Controls, but Weaknesses Existed

We visited eight DoD MTFs, and all had implemented physical security controls to protect DoD property and personnel. MTF commanders issued local physical security standard operating procedures or instructions and specific guidance for restricted areas within each MTF. The MTFs we visited used security cameras, duress alarms, intrusion detection systems, and badging systems to regulate entry to restricted or controlled areas. Each MTF had access control systems to prevent unauthorized access to sensitive and restricted areas, and maintained access rosters based on operational need. However, physical security weaknesses existed at each MTF.

Unauthorized Personnel Had Access to Sensitive Areas

In six of the eight MTFs we visited, personnel had access to sensitive areas, such as pharmacies, even though they were not authorized to access these areas.

In six of the eight MTFs we visited, personnel had access to sensitive areas, such as pharmacies, even though they were not authorized to access these areas.⁵ The eight MTFs we visited maintained access rosters that listed

personnel who were authorized access to sensitive areas. When personnel were assigned to duties that required access to sensitive areas, MTF staff added the names to access rosters and security personnel added the access permissions in the access control systems. The MTFs used a variety of electronic systems for access to sensitive, restricted, and controlled areas, sometimes using badges, biometric readers such as fingerprint scanners, common access cards with personal identification numbers, or a combination of these. Names of personnel authorized access to restricted and sensitive areas were maintained in electronic access control systems, and when authorized personnel scanned their badges or entered their personal identification numbers, the system allowed access. Each MTF had procedures for adding personnel to access control systems, but did not have procedures to ensure that access was revoked when no longer authorized.

To test whether access to sensitive areas was limited to authorized personnel, we compared names on pharmacy access rosters to names contained in access control systems at six MTFs, and at each of the six MTFs, we found individuals with system access who were not authorized on the access roster. For example, we determined that three unauthorized personnel at a major medical center used a badge to

⁵ We were unable to test the access control system in two MTFs because MTF personnel stated that they were unable to print reports from a contractor's proprietary system. Therefore, security personnel were unable to provide evidence that access to restricted areas was limited only to authorized personnel.

access the narcotics vault. Security personnel at this MTF determined that the three unauthorized staff members had an operational need to enter the vault but should not have been able to access the vault with their badge. According to Army officials, security personnel removed vault access for the three unauthorized personnel as a result of our testing.

Unauthorized access occurred because MTF personnel did not review and update access control systems, and did not always remove personnel from access control systems when the MTF staff removed personnel from access rosters. Security personnel at three MTFs stated that it was unnecessary to remove staff names from the access control system after they departed because those individuals would not have a need to enter the restricted areas. The security manager at one MTF stated that he always removed access when access was no longer required; however, we found names of unauthorized personnel in the access control system. No requirements existed for MTF security personnel to conduct periodic reviews of access control systems. It is also possible that unauthorized personnel have access to other restricted areas, because this lack of controls was not limited to just the areas we tested. Without removing unauthorized personnel from access control systems, there is an increased risk that unauthorized personnel can enter sensitive areas without detection. The DHA Director should issue guidance for all MTFs under DHA control to require security personnel to remove access permissions for unauthorized staff, and conduct quarterly system reviews to ensure that access to sensitive areas is limited to authorized personnel.

Army Officials Did Not Assess Risk of Unauthorized Access at a Community-Based Clinic

Army personnel did not limit access to only authorized personnel for a community-based clinic in leased space in a shopping mall. Army personnel did not assess the risk of unauthorized personnel entering the community-based clinic as required by DoD guidance. The DoD requires commanders to establish a baseline level of protection for leased facilities under their control and to assess risk to determine whether to establish an access control point to prevent unauthorized entry.⁶ Conversely, a Navy community based clinic we visited used personnel at the public entrance to inspect DoD identification cards and restrict entry to authorized staff and beneficiaries. Army officials did not comply with the requirement to assess risk at the community-based clinic we visited because they did not consider and evaluate threats from criminal elements. Despite this failure, security personnel stated that they concluded that it was unnecessary to restrict entry to the clinic to only authorized personnel.

⁶ "The Risk Management Process for Federal Facilities: An Interagency Security Committee Standard, 2nd Edition," November 2016.

Without fully assessing risk as required by the DoD, Army officials had no basis to conclude that an access control point was unnecessary. Army security personnel stated that unauthorized personnel had entered the community-based clinic in the past and were asked to leave by security staff. Security personnel stated that they did not believe it was necessary to ensure only authorized beneficiaries entered the Army clinic, and that checking identification at the door would create an unnecessary backlog of patients waiting to enter. Because the clinic included a pharmacy adjacent to the patient waiting area, unauthorized personnel could enter this clinic and proceed directly to the pharmacy without being challenged. As previously stated, security personnel did not assess the risk of criminals entering the MTF. The U.S. Drug Enforcement Agency reported that in 2018 there were 647 armed robberies and 807 burglaries of controlled substances from U.S. pharmacies.

Allowing unauthorized personnel into DoD MTFs increases the risk of theft or damage to DoD property and danger to the health and safety of DoD personnel. The DHA Director should determine whether community-based clinics under DHA control have established a baseline level of protection for leased facilities as required by DoD guidance, and established access controls based on risk to limit entry to authorized personnel only.

Backup Generators and Fuel Storage Areas Were Vulnerable

Generator facilities and fuel storage tanks at four of five MTFs we visited were not protected from unauthorized access because doors were not secured, fences were not secured, or fences were not sufficient to prevent unauthorized entry.⁷ For example, the Army requires outdoor emergency utility facilities to be within a fenced enclosure 7 feet high with three-strand barbed wire in accordance with DoD requirements.⁸ The bottom of the fence must extend to within 2 inches of the ground. However, we observed fuel tanks and backup generators at one Army MTF that were easily accessible by climbing over or crawling under existing fencing. Personnel at this clinic stated that unauthorized personnel have breached the fences in the past. The security manager at this Army MTF stated that fences could not be upgraded due to a lack of funding.

Additionally, the central energy plant at a major Navy medical center was easily accessible through a large door that was left open and unattended; a member of the audit team entered and walked through the facility undetected and unchallenged. Security personnel at this MTF stated that the installation controlled the generator

⁷ Three of the MTFs we visited did not have backup generators or fuel storage facilities.

⁸ DoD Unified Facilities Criteria 4-022-03, October 2013.

facility and MTF personnel could not direct staff to take additional security precautions. Backup generators provide emergency power to essential systems in case of main power loss. Access to fuel tanks and backup generators by unauthorized personnel increases the risk of damage, sabotage, or acts of terrorism, potentially resulting in failure of medical equipment and loss of life. The DHA Director should assess generator and fuel storage security at each MTF under DHA control and implement controls that meet DoD Unified Facilities Criteria requirements for generator facilities and fuel storage tanks, working with installation commanders when necessary.

Access to fuel tanks and backup generators by unauthorized personnel increases the risk of damage, sabotage, or acts of terrorism, potentially resulting in failure of medical equipment and loss of life.

case of main power loss. Access to fuel tanks and backup generators by unauthorized personnel increases the risk of damage, sabotage, or acts of terrorism, potentially resulting in failure of medical equipment and loss of life. The DHA Director should assess

MTF Commanders Provided 24-Hour Access to All Exterior Doors

The commanders of two of the eight DoD MTFs we visited granted 24-hour access for staff, including volunteers, to all exterior doors. This included rear stairwell doors that would typically be exit only or emergency exits. Security personnel stated that there was no operational need for this level of access but that it was the commanders' preference. The security manager at one of the clinics stated that stairwell doors should be exits only, but the commander overruled him. The two MTFs had 24-hour emergency departments but no other after-hours clinics; they also had main and emergency room entrances in the front of the MTF, adjacent to the parking lots. We found no DoD or Service-specific policy that requires limiting staff access to certain MTF entrances. However, allowing access to rear doors increases the risk that unauthorized personnel, or staff without an operational need to enter the clinic, can access the MTF undetected, where they may have access to equipment, pharmaceuticals, and personal patient information. Furthermore, by permitting use of these doors during hours of darkness, there is an increased risk that unauthorized personnel could access the MTF through doors that have not been completely closed and properly secured. Finally, because access to these doors was granted by scanning a badge, there is a risk that unauthorized personnel could use a lost or stolen badge to gain access undetected and unchallenged. The DHA Director should issue guidance that requires personnel to enter and exit MTFs through specific sets of doors, such as main entrance or emergency room doors.

Use of Security Guards and Security Monitoring Was Inconsistent

(FOUO) Four of the eight MTFs we visited had assigned security guard personnel but implementation varied among the MTFs. [REDACTED]

[REDACTED]

[REDACTED] The DHA Director should immediately develop and issue standards for the use of security guards within DoD MTFs.

All of the MTFs we visited had security monitoring equipment and alarm systems in use. For example, each MTF had duress alarms at critical locations, such as pharmacy windows, emergency rooms, and mental health clinics. Additionally, each clinic used video cameras to monitor activity. However, use of these security devices was inconsistent. Three MTFs used contractors or staff to proactively

There is no overarching requirement or criteria for the use of alarm systems and video recording in DoD MTFs.

monitor security cameras, enabling staff to communicate observations to law enforcement in real time. Security personnel at the remaining MTFs did not monitor security cameras in real time.

There is no overarching requirement or criteria for the use of alarm systems and video recording in DoD MTFs. Proactive monitoring of video and alarm systems can prevent damage to DoD property and

injury to DoD personnel while enabling real-time communication between the MTF and law enforcement. The DHA Director should develop minimum standards and issue guidance for use of alarm systems and video monitoring within DoD MTFs.

Physical Security Weaknesses May Exist at Other DoD MTFs

Part of the reason the DHA Director has not established specific physical security requirements for MTFs under DHA control was because the DHA recently assumed operational control of most DoD MTFs on October 25, 2019, and has not updated all policies and guidance. The current DHA physical security guidance allows MTF personnel to determine their own physical security standards and submit those standards to the DHA for approval. However, without a consistent set of physical security standards, the DHA Director cannot be assured that each MTF will establish strong physical security controls. Minimum physical security standards for all DoD MTFs would help ensure the safety of DoD personnel and security of sensitive equipment and information. The DHA Director should conduct physical security inspections for all MTFs to determine where weaknesses exist and implement controls to mitigate those weaknesses.

Conclusion

(FOUO) DoD MTFs implemented some physical security controls; however, security weaknesses still existed. MTF security personnel allowed unauthorized staff access to restricted areas; additionally, generator facilities and fuel storage facilities were not always protected from unauthorized access. Staff sometimes had 24-hour access to exterior doors without an operational need to access those doors. Finally, use of security guards and security monitoring procedures was inconsistent. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] As a result of these security weaknesses, the restricted areas where medical equipment and pharmaceuticals were stored were vulnerable to unauthorized access, and the MTFs we visited were vulnerable to incidents of violence, sabotage, or terrorism. Based on our findings and the lack of minimum physical security standards, these weaknesses may also exist at other DoD MTFs. Because the DHA assumed control of the MTFs in the United States in October 2019 and has not had time to assess the security controls at all MTFs, the DHA should develop consistent minimum standards for physical security for all MTFs under DHA control.

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Defense Health Agency Director:

- a. **Issue guidance for all medical treatment facilities under Defense Health Agency control to require security personnel to remove access permissions for unauthorized staff, and conduct quarterly system reviews to ensure that access to sensitive areas is limited to authorized personnel.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is creating an interim policy memorandum to immediately address the recommendation while it updates its physical security policy.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides us with the updated physical security policy that includes removing access permissions and conducting quarterly system reviews.

- b. **Determine whether community-based clinics under Defense Health Agency control have established a baseline level of protection for leased facilities as required by DoD guidance, and established access controls based on risk to limit entry to authorized personnel only.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is tasking the Military Departments to provide the current baseline level of protection for community-based clinics. Additionally, the Director stated that the DHA has published guidance that addresses criteria for determining MTF facility security levels and appropriate protective measures.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides us with documentation that shows that all community-based clinics have established baseline levels of protection that meet minimum DoD standards and have established access controls based on risk.

- c. **Assess generator and fuel storage security at each medical treatment facility under Defense Health Agency control and implement controls that meet DoD Unified Facilities Criteria requirements for generator facilities and fuel storage tanks, working with installation commanders when necessary.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is tasking the Military Departments to immediately conduct assessments of MTF generator facilities and fuel storage tanks.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides us with documentation that shows that the Military Departments completed assessments of MTF generator facilities and fuel storage tanks, and that MTFs have implemented controls that meet DoD Unified Facilities Criteria requirements.

- d. **Issue guidance that requires personnel to enter and exit medical treatment facilities through specific sets of doors, such as main entrance or emergency room doors.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is creating an interim policy memorandum to address the matter immediately while it updates its physical security policy to include this requirement.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides the updated physical security policy that includes limiting access to specific sets of doors.

- e. **Immediately develop and issue standards for the use of security guards within DoD medical treatment facilities.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is creating an interim policy memorandum to immediately address the use of security guards while it updates the security guard policy.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides the updated security guard policy.

- f. Develop minimum standards and issue guidance for use of alarm systems and video monitoring within DoD medical treatment facilities.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is creating an interim policy memorandum to immediately address the use of alarm systems and video monitoring while it updates its physical security policy to include the requirement.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides the updated physical security policy that includes alarm systems and video monitoring.

- g. Conduct physical security inspections for all medical treatment facilities to determine where weaknesses exist and implement controls to mitigate those weaknesses.**

Defense Health Agency Comments

The DHA Director agreed with the recommendation and stated that the DHA is tasking the Military Departments to conduct physical security inspections of all DoD MTFs to determine where weaknesses exist, and to implement controls to mitigate those weaknesses.

Our Response

The Director's comments addressed the recommendation. The recommendation is resolved but will remain open. We will close the recommendation when the DHA provides documentation that shows that physical security inspections were performed at all DoD MTFs, and the DoD MTFs implemented controls to mitigate the identified weaknesses.

Appendix

Scope and Methodology

We conducted this performance audit from April 2019 through February 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

~~(FOUO)~~ We reviewed DHA, DoD, and Service-specific physical security criteria. We interviewed physical security personnel from the DHA, U.S. Army Medical Command, U.S. Navy Bureau of Medicine and Surgery, and U.S. Air Force Medical Support Activity. We visited the following MTFs to interview key personnel and observe physical security procedures:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

We obtained and reviewed copies of local physical security procedures. We obtained access rosters to restricted areas and compared them to access control systems to determine whether access was limited to authorized personnel. We observed procedures to determine whether staff adhered to physical security policies and procedures.

Use of Computer-Processed Data

We used computer-processed data to reach the conclusions in this report. We obtained personnel lists and access reports from access control systems to determine whether access to restricted areas was limited to authorized personnel. We compared the data to published access rosters and provided our results to MTF personnel for review. MTF personnel did not dispute the results and updated access control systems as a result. Therefore, we conclude that the data were sufficiently reliable.

Prior Coverage

No prior coverage has been conducted on MTF physical security during the last 5 years.

Management Comments

DHA Comments to Draft Report



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

March 25, 2020

[REDACTED]
Program Director for Audit
Acquisition, Contracting, and Sustainment
U.S. Department of Defense Office of Inspector General
4800 Mark Center Drive
Alexandria, VA 22350-1500

Dear [REDACTED]

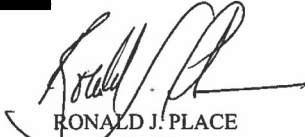
I am in receipt of the Department of Defense Inspector General's (DoD IG's) Draft Report No. D2019-D000AW-0136.000, "Audit of Physical Security at DoD Medical Treatment Facilities." The Defense Health Agency (DHA) concurs with all recommendations as listed:

- a. Issue guidance for all military medical treatment facilities (MTFs) under DHA control to require security personnel to remove access permissions for unauthorized staff, and conduct quarterly system reviews to ensure that access to sensitive areas is limited to authorized personnel.
- b. Determine whether community-based clinics under DHA control have established a baseline level of protection for leased facilities as required by DoD guidance, and established access controls based on risk to limit entry to authorized personnel only.
- c. Assess generator and fuel storage security at each MTF under DHA control and implement controls that meet DoD Unified Facilities Criteria requirements for generator facilities and fuel storage tanks, working with installation commanders when necessary.
- d. Issue guidance that requires personnel to enter and exit MTFs through specific sets of doors, such as main entrance or emergency room doors.
- e. Immediately develop and issue standards for the use of security guards within DoD MTFs.
- f. Develop minimum standards and issue guidance for use of alarm systems and video monitoring within DoD MTFs.
- g. Conduct physical security inspections for all MTFs to determine where weaknesses exist and implement controls to mitigate those weaknesses.

Please see the attached DHA response to the audit's findings and recommendations. Specifically, in response to Recommendations (1a), (1d), and (1f), DHA is developing an interim procedures memorandum to implement the recommendations as DHA Administrative Instruction 003 (DHA-AI 003) is under revision. In response to Recommendation (1e), DHA will continue to follow the current U.S. Army Medical Command policy until DHA policy is signed.

DHA Comments to Draft Report (cont'd)

Thank you for the opportunity to review and respond to the draft report recommendations.
My point of contact for this topic is [REDACTED] [REDACTED] can be reached at [REDACTED]
[REDACTED] or via email at [REDACTED]



RONALD J. PLACE
LTG, MC, USA
Director

Attachment:
As stated

DHA Comments to Draft Report (cont'd)

**DEPARTMENT OF DEFENSE INSPECTOR GENERAL DRAFT REPORT UNDATED
PROJECT NUMBER D2019-D000AW-0136.000**

**“AUDIT OF PHYSICAL SECURITY CONTROLS AT DoD MEDICAL TREATMENT
FACILITIES”**

**Department of Defense Comments
to the Inspector General Recommendations**

RECOMMENDATION 1a: Issue guidance for all military medical treatment facilities (MTFs) under Defense Health Agency (DHA) control to require security personnel to remove access permissions for unauthorized staff, and conduct quarterly system reviews to ensure that access to sensitive areas is limited to authorized personnel.

DoD RESPONSE: DHA concurs with this recommendation, and is creating an interim policy memorandum to address this matter immediately while the DHA Physical Security Policy is updated to include this requirement.

RECOMMENDATION 1b: Determine whether community-based clinics under DHA control have established a baseline level of protection for leased facilities as required by DoD guidance, and established access controls based on risk to limit entry to authorized personnel only.

DoD RESPONSE: DHA concurs with this recommendation, and is tasking the Military Departments, who are in a Direct Support role of DHA, to provide DHA with the baseline level of protection the community-based clinics are operating under. In accordance with DoD, Interagency Security Committee (ISC) and Unified Facilities Committee (UFC) regulations, DHA has published policy that addresses the criteria for determining the Facility Security Level for MTFs and the appropriate protective measures to mitigate risks to DHA assets.

RECOMMENDATION 1c: Assess generator and fuel storage security at each MTF under DHA control and implement controls that meet DoD UFC requirements for generator facilities and fuel storage tanks, working with installation commanders when necessary.

DoD RESPONSE: DHA concurs with this recommendation, and is tasking the Military Departments, who are in a Direct Support role of DHA, to immediately conduct an assessment of all generator facilities and fuel storage tanks supporting the operations and maintenance of an MTF.

RECOMMENDATION 1d: Issue guidance that requires personnel to enter and exit MTFs through specific sets of doors, such as main entrance or emergency room doors.

DoD RESPONSE: DHA concurs with this recommendation, and is creating an interim policy memorandum to address this matter immediately while the DHA Physical Security Policy is updated to include this requirement.

DHA Comments to Draft Report (cont'd)

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RECOMMENDATION 1e: Immediately develop and issue standards for the use of security guards within DoD MTFs.

DoD RESPONSE: DHA concurs with this recommendation, and is creating an interim policy memorandum to address this matter immediately while the DHA Security Guard Policy is updated to include this requirement.

RECOMMENDATION 1f: Develop minimum standards and issue guidance for use of alarm systems and video monitoring within DoD MTFs.

DoD RESPONSE: DHA concurs with this recommendation, and is creating an interim policy memorandum to address this matter immediately while the DHA Physical Security Policy is updated to include this requirement.

RECOMMENDATION 1g: Conduct physical security inspections for MTFs to determine where weaknesses exist and implement controls to mitigate those weaknesses.

DoD RESPONSE: DHA concurs with this recommendation, and is tasking the Military Departments, who are in a Direct Support role of DHA, to conduct a physical security inspection of all MTFs to determine where weaknesses exist and to implement controls to mitigate those weaknesses.

Acronyms and Abbreviations

DHA Defense Health Agency

GAO Government Accountability Office

MTF Medical Treatment Facility

Whistleblower Protection

U.S. DEPARTMENT OF DEFENSE

Whistleblower Protection safeguards DoD employees against retaliation for protected disclosures that expose possible waste, fraud, and abuse in government programs. For more information, please visit the Whistleblower webpage at <http://www.dodig.mil/Components/Administrative-Investigations/Whistleblower-Reprisal-Investigations/Whistleblower-Reprisal/> or contact the Whistleblower Protection Coordinator at Whistleblowerprotectioncoordinator@dodig.mil

For more information about DoD OIG reports or activities, please contact us:

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