



## Study Finds VA Data Still At Risk

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According to a report released on September 19 by the Government Accountability Office (GAO), the personal information of veterans and others (such as health care providers) in the VA system remains at risk for data tampering, fraud, and inappropriate disclosure. The GAO came to this conclusion after determining that the VA had not yet fully implemented two of four recommendations previously made by the GAO and 20 of 22 recommendations made by the VA Office of Inspector General (IG) with regard to improving data security.

While the widely publicized May 2006 incident involving the theft of computer equipment containing personal data on approximately 26.5 million veterans and military personnel brought weaknesses in VA data security to light, the government was aware of problems prior to this incident. All four GAO recommendations were issued in June 2002, and a number of the IG recommendations were first made in March 2005.

In preparing its most recent report, the GAO examined security policies and action plans, interviewed relevant department officials, and tested encryption software at selected VA facilities. Among the report's findings are the lack of a documented process by which the director of field operations and security (DFOS) and the chief information security officer (CISO) can ensure effective coordination and implementation of security policies and procedures. Additionally, the post of CISO has been vacant since June 2006, there is confusion regarding which devices require encryption, and procedures

for incident response and notification remain inadequate.

The GAO report does acknowledge areas in which the VA has made strides, such as the reorganization of its management structure to provide better oversight and fiscal control over its information technology systems. The report focuses, however, on the areas that need improvement and makes 17 recommendations. These recommendations include: developing and implementing a plan for coordination between the DFOS and CISO; filling the post of CISO expeditiously; developing, documenting, and implementing procedures to ensure that action plans are addressed in an effective and timely manner; creating, documenting, and executing clear guidelines for identifying devices that require encryption and documenting which equipment has had encryption installed; establishing procedures for notifying individuals whose data security may be compromised and for documenting this communication; and conducting an assessment of which data should be considered high risk.

In written comments to the GAO, VA Deputy Secretary Gregory C. Wilshusen indicated that the VA "generally agrees" with the report's findings and recommendations. He referred to the security procedures in place prior to the May 2006 incident, however, as "legally adequate." He also described how the VA has already implemented or is working to implement many of the GAO's recommendations.

## IHS Director Declines Second Term

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On September 7, the IHS announced that Charles W. Grim, DDS, MHSA would not seek a second term as direc-

tor of the agency. Grim's four-year term came to an end on July 16, 2007, and he has served as acting director since that date. In an IHS press release, Grim cited the 1,500-mile commute between his home in Oklahoma and Washington, DC as his reason for leaving the post.

As IHS director, Grim was responsible for managing approximately 15,000 employees and a \$4-billion nationwide health care delivery program composed of 12 regional offices. During his tenure, Grim focused on strengthening preventive health care and started initiatives in behavioral health, health promotion and disease prevention, and chronic care management. He also worked for the passage of the pending reauthorization of the Indian Health Care Improvement Act; aimed for a steady budget for Native American health care; formalized partnerships between the IHS and organizations such as the VA, the Mayo Clinic (Rochester, MN), Harvard University (Cambridge, MA), Johns Hopkins University (Baltimore, MD), and Health Canada; and worked on indigenous health issues with Australia, New Zealand, Mexico, and the World Health Organization's Pan American Health Organization. Grim also was noted for being a strong advocate for tribal consultation and tribal self-determination in health care choices.

A member of the Cherokee Nation of Oklahoma, Grim began his career with the IHS in 1983 at the Indian Health Center in Okmulgee, OK. He also currently serves as an assistant surgeon general and a rear admiral in the Commissioned Corps of the PHS.

On September 18, HHS Secretary Michael O. Leavitt announced that IHS Deputy Director Robert G. McSwain will assume the role of acting director of the IHS. ●