



Federal Health Matters

Severe Pneumonia Strikes Deployed Service Personnel

Since March 2003, 19 service members deployed to the central command area of operations—most of Southwest Asia, the horn of Africa, and South Central Asia—have developed serious pneumonia requiring medical evacuation for ventilator support. Two have died and the remaining 17 have recovered.

The DoD began investigating the situation in July and has determined that the cases don't appear to be related to severe acute respiratory syndrome, vaccine administration, or exposure to chemical or biological weapons. Neither do the cases seem to have been transmitted from person to person, since they were spread out over six months, several countries, and numerous command units.

Known infectious agents (including *Streptococcus pneumoniae*, the most common bacterial cause of pneumonia) were identified or presumed in four of the cases. In 10 cases, noninfectious causes are suspected due, in part, to the unexpected presence of eosinophilia. Interestingly, nine of these 10 patients recently had begun smoking. The DoD speculates that, in these cases, the combined effect of the arid climate, dusty environment, and irritants in cigarette smoke may have initiated or exacerbated the service members' conditions.

The ongoing DoD investigation involves two overseas Army Epidemiological Consultation teams, one in Iraq and one in Germany (where most of the patients were treated), collecting and transmitting information to Walter Reed Army Institute of Research. There, experts are gathering, analyzing, and evaluating the data with the help of consultants from the CDC and the Armed Forces Epidemiology Board. The investigation will continue, Assistant Secretary of Defense for Health Affairs William Winkenwerder told the press, "until answers are found."

Independent Commission Considers VA CARES Plan

In August, VA Secretary Anthony J. Principi handed over the completed draft of the National Capital Asset Realignment for Enhanced Services (CARES) Plan to the independent CARES Commission. Since then, the commission has been reviewing the plan and soliciting input from stakeholders.

Prompted by a 1999 General Accounting Office study that found the VA was spending \$1 million per day on unneeded or unused facilities, the CARES initiative seeks to improve the efficiency of VA health care by aligning resource allocation with veterans' evolving needs. This required the VA to project the demand each

Veterans Integrated Service Network (VISN) will face over the next 20 years and propose changes accordingly.

A major component of the draft plan is the consolidation of programs and facilities. For example, in VISN 3's VA Hudson Valley Health Care System, the plan would transfer all inpatient units to the Castle Point campus and maintain the Montrose campus as an outpatient care facility only.

Other strategies involve increasing collaboration with DoD facilities and maximizing opportunities offered through research and academic affiliations. In this way, the VA aims to expand further its outpatient services while maintaining sufficient inpatient capacity—as well as adequate readiness to back up the DoD and respond to domestic incidents.

In the months since the draft plan was completed, public meetings have been held in each VISN to discuss the specific CARES plan for that network and invite comments. Attendees of the meeting in Lyons, NJ expressed concerns about veterans' access to care being limited by the consolidation of facilities and services. Other groups, such as the American Federation of Government Employees, also have questioned whether the plan adequately addresses veterans' needs. The CARES Commission is expected to present its recommendations to Secretary Principi in December. ●