



# Federal Health Matters

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## ***Principi Announces CARES Decisions***

On May 7, VA Secretary Anthony J. Principi announced his decisions regarding the Capital Asset Realignment for Enhanced Services (CARES) initiative. These decisions represent the culmination of a three-year review process, which has included the formulation of a Draft National CARES Plan (DNCP), review of the DNCP by the independent CARES Commission, and consideration of the commission's recommendations by VA officials. Principi's 206-page decision document details both systemwide and region-specific plans for reorganizing VA health care facilities and services to improve efficiency of and access to care.

Included in the plan is the opening of 156 new community-based outpatient clinics (CBOCs) by 2012; two new medical centers in Orlando, FL and Las Vegas, NV; and two new Blind Rehabilitation Centers. In addition, it provides for the possibility of adding four new and expanding five existing Spinal Cord Injury Centers.

With the aging of the veteran population, long-term health care is an area of increasing concern for the VA. In his decision document, Principi said the VA is "in the process of developing policy options for managing long-term care into the future, which will lead to a strategic plan for long-term care."

Meanwhile, the VA is working on updating and revising its nursing home and domiciliary models—as well as those for forecasting long-term care needs and performing strategic planning. It's also changing its policy to allow some VA nursing homes that provide primarily long-term care to be freestanding.

In the area of mental health—another domain highlighted in the CARES Commission's report—Principi cited the VA's recently completed needs assessment, which will be used to guide development of a comprehensive VA Mental Health Strategic Plan. With an expected completion date of August 2004, this plan will address such issues as integration of mental health services at CBOCs, inter-VISN consistency of mental health services, and proximity of acute inpatient mental health services to other inpatient services.

Other plans identified by Principi in the CARES decision document include:

- the launch of a pilot program to extend provider training into the CBOC setting;
- possible expansion of its academic affiliations with nursing schools and other professional health education institutions;
- development of policy for a new facility designation, Veterans Rural Access Hospital, that would define more clearly the clinical and operational characteristics of small and rural VA medical facilities;

- formulation of a National Clinical Contracting Strategy to research options for contracting care on a national level and to create contracting policies that ensure high quality care; and
- expansion of telehealth services by the VA Office of Care Coordination—particularly in the areas of mental health, dermatology, and retinal imaging.

Although the publication of Principi's decisions marks the end of one phase of the CARES plan, the secretary has established a permanent CARES Implementation Board to ensure that the VA maintains a "high-level national focus" on these issues. The full text of the decision document, including state-by-state changes, is available online at the VA CARES Commission web site ([www.carescommission.va.gov](http://www.carescommission.va.gov)).

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## ***New Resource for Severely Disabled Soldiers***

When severely wounded or disabled soldiers aren't sure where to turn for answers about the next stage of their lives and careers, they now have a safety net. Organized by the Army's Well-Being Liaison Office, the Disabled Soldier Support System (DS3) works as a "clearinghouse" for information on how service members and their families can meet their financial, administra-

tive, medical, vocational, and other needs.

After a severe injury or illness, the return to civilian or military life can be abrupt and fraught with all kinds of problems. The purpose of DS3 is to steer these service members toward the appropriate services and to ensure a smooth transition. To that end, DS3 works closely with local, federal, and national agencies and organizations (such as the VA and veterans service organizations) to provide support, advocacy, and follow-up services.

DS3 is designed to assist active duty personnel, reservists, and National Guard members with designated or expected disability ratings of 30% or more and one of several "special conditions," which include loss of a limb or eye, spinal or disfiguring injuries, and psychiatric disorders. Currently, the services are intended for U.S. Army personnel, but Acting Army Secretary Les Brownlee assures that DS3 "won't turn anybody down" and hopes the program will serve as a pilot for the other military branches.

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## ***Strengthening National Biodefense***

On April 28, President Bush released a directive on national biodefense, entitled "Biodefense for the 21st Century," that called for more coordination of biodefense capabilities between federal, state, and local governments, as well as private sector institutions. On the same day, HHS Secretary Tommy Thompson, Deputy Secretary of Defense Paul Wolfowitz, and De-

partment of Homeland Defense Secretary Tom Ridge held a joint press conference to help explain the policies and initiatives in place and under development to meet the President's objectives.

Commenting on his department's activities, Ridge highlighted the development of systems—such as BioWatch—for detecting biological agents and alerting response teams to a possible attack. He also mentioned the establishment of the National Biodefense Analysis and Countermeasures Center, which will provide both research and forensic capabilities.

Thompson reported that, since 2001, the HHS has expanded its bioterrorism readiness staff nearly 10-fold and boosted its bioterrorism research budget from \$53 million to \$1.6 billion. Having stockpiled enough smallpox vaccine for every American, the department is focused now on bringing forward an improved anthrax vaccine as early as mid 2005. Overall, the HHS plans to enhance its ability to anticipate future threats, coordinate the development of medical countermeasures, and lead the effort to prepare for mass casualty care.

According to Wolfowitz, the DoD has long been a leader in research on biological agents and infectious disease. Through the U.S. Army Medical Research Institute of Infectious Diseases, the DoD has identified vaccine candidates for a number of dangerous diseases—including anthrax, smallpox, and Ebola. To expand their capabilities in this area, the DoD and the HHS are working together to build the new National Biodefense Campus in Fort Detrick, MD. In addition, the DoD

is pursuing new and emerging protection, detection, decontamination, and medical countermeasure technologies; participating in federal planning efforts to respond to catastrophic events; collaborating with the HHS on initiatives to accelerate medical countermeasures for biodefense; and working with partners in the North Atlantic Treaty Organization (and other overseas allies) to foster the exchange of science and technology that could help defend the world against potential global threats.

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## ***Reducing SIDS in Native American Populations***

With the rate of sudden infant death syndrome (SIDS) among Native Americans the highest in the nation, the HHS and the CJ Foundation for SIDS teamed up last year to fund culturally appropriate SIDS prevention efforts. Among the fruits of this labor is the newly completed "Face Up to Wake Up" SIDS Risk Reduction Resource Kit.

All together, 10,000 of these kits will be distributed free of charge to midwife programs, tribal and private day care centers, Early Head Start programs, other programs for women and children, and individual health care providers and educators in Native American communities across the country. Designed for educators, each kit includes a manual to guide group or individual instruction; two videos (in VHS and CD-ROM formats); and ready-to-print posters, brochures, public service announcements, and other educa-

Continued on page 55

Continued from page 45

tional tools. Some of the material will further instructors' own understanding of SIDS.

In addition to the \$200,000 the CJ Foundations for SIDS dedicated for the creation of the resource kits, another \$240,000 (including funds from the HHS and the Robert Wood Johnson Foundation) has been invested in developing activities to help Native American communities reduce alcohol use among pregnant women, reduce infants' exposure to maternal and secondhand smoke, increase knowledge of SIDS among pregnant women and teenage mothers, and enhance local "Back to Sleep" campaigns.

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### *VA Letter Campaign to Iraq and Afghanistan Vets*

The VA routinely sends informational packets to all service members separating from the military to inform them of the wide range of benefits for which they may be eligible. Recently, however, it has stepped up its outreach efforts by mailing over 150,000 letters from VA Secretary Anthony J. Principi to veterans returning from Operations Iraqi Freedom and Enduring Freedom.

In addition to thanking these recently separated service members

for their wartime efforts, Principi's letter reminds them of the special two-year enhanced access to VA health care that Congress has approved for new combat veterans with illnesses and injuries that may be related to military service. The secretary's letter is being sent in a package that also includes brochures, internet addresses, and information on applying for VA health care and other benefits online.

The VA expects to continue mailing about 10,000 letters each month as more and more Iraqi Freedom and Enduring Freedom service members separate from active duty. ●