



Federal Health Matters

Legislation Pending for New VA Outpatient Clinics

On July 8, the House VA Subcommittee on Health approved the Veterans Medical Facilities Management Act of 2004, which authorizes leases for 16 new VA outpatient clinics, at a cost of about \$24 million annually. The bill has been forwarded to the full House VA Committee for consideration.

The new clinic sites include two in North Carolina; five in Texas, three in California, and one each in Virginia, Florida, Tennessee, Ohio, Indiana, and Colorado. The bill also greenlights a 75-year land lease for a new VA medical center on the Fitzsimons Campus of the University of Colorado, Aurora.

Furthermore, the bill would allow the VA to retain proceeds from any sales, leases, or transfers of its excess properties to other agencies or organizations, to be placed in a new Capital Asset Fund for future use. Before the VA could dip into the new fund, however, it would have to certify that it continues to offer the legally mandated number of long-term care beds for elderly veterans. In this way, says Rob Simmons (R-CT), chair of the subcommittee and sponsor of the bill, the legislation gives the “VA additional flexibility, while at the same time holding it accountable for meeting the long-term care needs of our aging veterans.”

Study Links Combat and Mental Health Problems

An Army medical report appearing in the July 1st issue of the *New England Journal of Medicine* confirmed that involvement in combat operations in Afghanistan and Iraq puts service members at significant risk for mental health problems, including major depression, substance abuse, generalized anxiety, and posttraumatic stress disorder (PTSD). It also indicated that barriers to DoD mental health services still exist, particularly a perception of stigma associated with mental health problems.

Earlier studies of the mental health effects of sustained ground combat (during the Vietnam War and prior military conflicts) were performed years after the individuals returned home. This study, therefore, is the first to test soldiers’ mental health soon after their return from combat.

Researchers administered an anonymous survey to members of four U.S. combat infantry units (three army and one marine corps) either one week before or three to four months after deployment. The study sample did not include service members who had been severely wounded or removed from their unit for other reasons, such as misconduct.

Soldiers and marines returning from Iraq or Afghanistan were

significantly more likely to screen positive for major depression, generalized anxiety, or PTSD than were soldiers about to be deployed. In general, those returning from Iraq had more mental health problems than did those returning from Afghanistan—a finding that correlated with higher rates of combat experiences in the Iraq veterans. In fact, the researchers found that the prevalence of PTSD increased linearly with the number of firefights in which service members participated: from 4.5% in those who reported no firefights to 19.3% in those who reported more than five. Only 38% to 45% of respondents who met strict criteria for a mental health problem indicated an interest in receiving help, and only 23% to 40% reported actually receiving mental health treatment in the past year.

The researchers estimate that up to 17% of service members returning from combat may be at risk for a mental health disorder, compared to 3% to 4% of the general U.S. population. They call for immediate efforts, in the form of outreach and education, to address the perceived stigma attached to mental health problems. They also advocate changing DoD health care delivery models in such a way as to allocate more primary care resources to mental health, provide confidential counseling by means of employee assistance programs, and include PTSD in primary care screening procedures.

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IHS Offers Diabetes Prevention Grants

Over the past decade, the prevalence of diabetes among Native Americans has increased more than 50%. To combat this problem, the IHS announced on June 30 the availability of \$24.7 million in competitive grant funding to be awarded to IHS, tribal, and “urban Indian” programs that work to prevent diabetes and reduce related cardiovascular risk factors.

The grants are being offered through the Special Diabetes Program for Indians, which was established by the Balanced Budget Act of 1998. In the past, similar grants have been used to improve dia-

betes wellness and activity centers, provide diabetes self-management training, and purchase more effective diabetes medications. Such initiatives have increased Native Americans’ access to basic clinical examinations, diabetes screening, nutrition education, and physical fitness programs.

DoD Vaccination Programs Expanded

On June 30, the DoD expanded its smallpox and anthrax vaccination programs to include selected units within the U.S. Pacific Command and additional personnel serving within the U.S. Central Command.

According to Assistant Secretary of Defense for Health Affairs William Winkenwerder, Jr., this policy update was made in response to recent findings from periodic reviews of exposure threat and vaccine availability that are built into the DoD’s vaccination programs.

Service members covered by the new policy include those assigned or deployed to the specified units for 15 or more consecutive days. In addition, vaccination will be offered on a voluntary basis to family members who accompany service members into these geographic regions. The DoD currently is looking into offering vaccination to its emergency essential civilian employees and contractor personnel in these areas as well. ●