



# Federal Health Matters

## DoD Announces New Assistant Secretary of Defense for Health Affairs

On April 16, following nomination by President Bush and confirmation by the Senate, the DoD announced the appointment of Army Reserve Colonel S. Ward Casscells III, MD as the new assistant secretary of defense for health affairs. Casscells replaces William Winkenwerder, Jr., MD who is returning to the private sector after six years in the position. Casscells brings decades of experience in the private, academic, and military spheres to his new role, which tasks him with assuming overall leadership of the Military Health System, advising Secretary of Defense Robert M. Gates on health policies and programs, and managing all DoD health resources.

After earning his MD from Harvard Medical School in Boston, MA and becoming board certified in cardiology, Casscells served in the cardiology branch of the National Institutes of Health from 1985 to 1991. In 1992, he joined the University of Texas Health Science Center at Houston, where he became a distinguished professor of medicine, chief of cardiology, vice president of biotechnology, and professor of public health. While in Houston, he also served as the director of clinical research at the Texas Heart Institute, a member of the board of directors of the American Heart Association's Houston affiliate, and the president of the Houston Cardiology Society (1995–1996).

In January 2001, Casscells was appointed to President Bush's Healthcare Advisory Committee. He has assisted in the response to such disasters as the 1995 Oklahoma City

bombing, the 1995 sarin gas attack on Tokyo's subway system, the 2004 tsunami in Southeast Asia, and Hurricanes Katrina and Rita in 2005. He joined the U.S. Army Reserves at the age of 53 and spent his first assignment studying avian influenza in the Middle and Far East regions. Most recently, Casscells was deployed to Iraq, where he was made an honorary member of the Iraqi Medical Regiment.

During his confirmation hearings in late March, Casscells expressed support for the DoD's electronic health record initiative, identifying greater use of electronic resources as an important avenue for cost savings. He told the Senate he would carefully review the findings of the DoD independent review panel and the Presidential commission before taking major action to correct the problems uncovered by the Walter Reed Army Medical Center scandal. Nevertheless, Casscells affirmed in an April 19 memo to his DoD colleagues that "new policies and processes are required."

## Senate Hearing Investigates DoD-VA Health Care Collaboration

On March 27, Senate VA Committee Chair Daniel K. Akaka (D-HI) led the committee's second oversight hearing of the year on the collaboration between the DoD and VA to meet the needs of returning service members. This time, the focus was on health care, particularly for soldiers and veterans with traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and other serious conditions related to service in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). While not an official topic of the

hearing, the bureaucratic inefficiencies exposed by the recent scandal involving Walter Reed Army Medical Center (WRAMC) in Washington, DC was a recurring theme.

In addressing the committee, Sen. Bernie Sanders (I-VT) and Major Ladda Tammy Duckworth, director of the Illinois Department of Veterans Affairs, both highlighted the problems of inadequate treatment of TBI and PTSD due to a lack of uniform screening measures, difficulties in transitioning patients promptly from soldier to veteran status, and inconsistent availability of health care services. Sanders focused on the plight of veterans living in rural areas where some specialized VA health care services are unavailable. Often, he said, these veterans must choose between uprooting their lives and families to relocate to areas with better services, incurring high out-of-pocket costs by seeking private health care, or going without the long-term therapies that would offer their best chances for recovery.

Duckworth spoke from her personal experience as an OIF veteran who had both legs amputated after her Black Hawk helicopter was struck by a rocket-propelled grenade. While she described a relatively smooth transition from DoD to VA care, she said she was surprised to find the VA's prosthetic services "decades behind" both the DoD and the private sector. Until it can catch up, she said, the VA should expand its program that allows veterans to access prosthetics services from private practitioners. Based on her recent experience working for the state of Illinois, Duckworth also advised that the Seamless Transition initiative be expanded beyond the DoD and VA to involve state and local veterans agencies. Finally, she urged

the VA to abolish the two-year limit on free health care offered to all OEF and OIF veterans, citing the possibility of delayed symptoms and the need for long-term treatment in veterans with TBI or PTSD.

Another OIF veteran, retired Army Captain Jonathan D. Pruden, testified that problems with DoD or VA care often arise not from a lack of resources but from insufficient information and guidance for soldiers navigating these complicated systems. While Pruden praised VA Secretary James R. Nicholson's hiring of 100 patient advocates and 400 benefits personnel, he urged the organization to do more. He also pointed out that, due to the aging of the veteran population, "VA practitioners have become specialists in geriatrics and have very little experience with blast injuries and young patients." Additionally, Pruden called for more objective oversight of DoD-VA collaboration. He criticized a recent decision to allow the Government Accountability Office to stop reporting annually on the Joint Executive Council, which he described as "the only significant entity that straddles the divide between the DoD and the VA."

Bruce M. Gans, MD, executive vice president and chief medical officer of the Kessler Institute for Rehabilitation

(West Orange, NJ) testified about opportunities for the VA and DoD to partner with the private sector to fill gaps in acute and long-term rehabilitative care. He described a reversal of the situation following World War II, when the VA and DoD established an extensive network of rehabilitation facilities in the absence of local private sector care. In more recent years, he explained, budgetary constraints and the aging veteran population have eroded this federal network while private organizations have expanded. Although Gans said the DoD and VA were slow to respond to his organization's invitations to discuss these issues, he reported having met with senior VA officials in early March. At this meeting, Gans said he proposed establishing a coordinating council to develop standards and procedures to guide private sector contracting for this type of care.

At the hearing, VA Acting Under Secretary for Health Michael Kussman, MD and Deputy Assistant Secretary of Defense for Health Affairs Ellen Embrey described the ways in which their departments are working together and their plans for future partnerships. For instance, Kussman highlighted the Benefits Delivery at Discharge Program, which enables service members to register for VA health care

and benefits prior to separation from active duty. Responding to the criticism that their departments do not have an efficient and timely interchange of electronic health records, Kussman and Embrey described such initiatives as the Bidirectional Health Information Exchange, which allows for outpatient data sharing, and the direct access to DoD inpatient records that has been granted to staff at VA Polytrauma Rehabilitation Centers (PRCs). Kussman also testified that U.S. Army liaison officers are present in all four VA PRCs and that outreach coordinators from the VA's Office of Seamless Transition visit severely injured patients at WRAMC and the National Naval Medical Center in Bethesda, MD and submit recommendations for improving care based on their observations. Additionally, Embrey emphasized ongoing DoD-VA collaboration to develop joint evidenced-based clinical practice guidelines. Finally, Kussman cited the new Interagency Task Force on Returning Global War on Terror Heroes, which was created by President Bush and is chaired by Nicholson. This task force, which met for the first time in early March, has been charged with identifying and resolving gaps in the services provided to returning soldiers and veterans. ●