Federal Health Matters

Task Force Reports on Federal Services for GWOT Vets

On March 6, in the wake of the Walter Reed Army Medical Center scandal, President Bush created the Interagency Task Force on Returning Global War on Terror (GWOT) Heroes and charged it with improving the delivery of federal benefits and services to GWOT service members and veterans. After a 45-day period during which the task force performed a gap analysis, VA Secretary R. James Nicholson, chair of the task force, briefed the President on the group's findings. The report Nicholson presented includes 25 recommendations for improving benefits and services—within the existing authority and funding levels of the federal agencies involved.

The task force was composed of senior officials from the VA, DoD, HHS, Department of Labor, Department of Housing and Urban Development, Department of Education, Office of Management and Budget, Small Business Administration, and Office of Personnel Management—all of which provide services to veterans and service members. As part of their analysis, these members considered over 2,400 comments from service members, veterans, family members, veterans' service organizations and advocates, leaders of state and local veterans agencies, and federal employees. The concerns most commonly voiced involved access to services and benefits; case management during transfer between organizations or departments; disability processes; and such health care issues as appointment scheduling, awareness of available services, technology improvements, and staffing levels.

Of the task force's 25 recommendations, 11 concern the delivery of health care. Notable among these are: the development of a joint VA-DoD system of comanagement and case management to ease the transition from DoD to VA health care; VA screening of all GWOT veterans for mild to moderate traumatic brain injury (TBI); expansion of VA access to DoD records to improve the transfer of patient care; enhancement of the computerized patient record system, including the addition of polytrauma identifiers, a TBI tracking database, and a DoD-VA interface that gives health care providers access to data on service members injured in the combat theater; increased VA-HHS collaboration to improve access to care in remote or rural areas; and standardized data sharing between the VA and IHS. Additionally, the task force recommends that the DoD and VA develop a joint process for evaluating disability and that several federal agencies work together to expand employment, educational, and housing opportunities for veterans and to raise veterans' awareness of the federal programs, services, and benefits to which they are entitled.

On May 8, Nicholson announced the formation of the 17-person Advisory Committee on Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) Veterans and Families, to be chaired by David W. Barno, a retired lieutenant general who served as the senior U.S. commander in Afghanistan between October 2003 and May 2005. Other members of the committee include OIF and OEF wounded veterans, family members, survivors, leaders of major veterans' organizations, and veterans' advocates. "[These] people have experienced war and our system of care and can advise me from first-hand experience on how we are doing and what we need to do better," said Nicholson.

IHS Dedicates New Health Care Center in South Dakota

On May 10, the IHS held a formal dedication of the new Sisseton-Wahpeton Oyate Health Care Center in Sisseton, SD. This 85,574–square foot facility replaces a 26,200–square foot IHS facility located in Agency Village, SD. The new health care center maintains the existing outpatient services from the old facility and adds optometry and physical therapy services. In addition, it provides space for health programs operated by the Sisseton-Wahpeton Sioux Tribe, including community health, child protection, tribal health administration, and an ambulance service. The facility also includes 62 new staff quarters and will be able to house a total staff of 170 full-time employees, 28 of whom will be filling tribally funded positions. IHS Director Charles Grim, DDS, MHSA said the new facility is an "impressive accomplishment" that "stands as an example of what can be achieved through the determination and leadership of the tribes, [the] HHS, and the IHS."

Report Calls for Revamping of VA PTSD Disability Compensation Procedures

A new report, *PTSD Compensation and Military Service*, from the Institute of Medicine (IOM) and the National Research Council (NRC)—both part of the National Academies—has raised questions about how the VA evaluates posttraumatic stress disorder (PTSD)

and distributes disability compensation to veterans with PTSD. The study, which was sponsored by the VA after a recent sharp increase in PTSD disability claims, uncovered a slew of inconsistent evaluation practices that have caused some veterans to receive insufficient, excessive, or unmerited payments.

The IOM-NRC committee recommends that the VA develop new evaluation tools and rating criteria that address PTSD more specifically. In particular, the report says that the ability of the widely used Global Assessment of Functioning (GAF) scale to evaluate disability from PTSD is limited by "its emphasis on the symptoms of mood disorders and schizophrenia and its limited range of symptom content." The report advises the VA to raise awareness of these limitations among clinicians who perform PTSD evaluations until a more appropriate instrument can be implemented. In addition, the committee questions the use of one set of criteria to assign disability ratings to veterans with any mental health disorder (including PTSD), calling the practice "crude and overly general." The committee suggests that the VA use a multidimensional framework, which is detailed in the report, to develop new, PTSD-specific criteria.

In a statement released on May 8, Senate VA Committee Chair Daniel K. Akaka (D-HI) highlighted four other recommendations from the report: (1) to establish certification, training, and retraining programs for raters who process PTSD claims; (2) to make compensation decisions based on PTSD's overall effects on functioning, rather than focusing narrowly on occupational impairment; (3) to require that each veteran filing a claim receive a thorough, initial evaluation by an experienced professional; and (4) to set a standard amount of time to be devoted to PTSD evaluations. Additionally, the report quells suspicions about the initial filing of PTSD claims by veterans decades after separation from military service by affirming that PTSD can develop at any time after exposure to trauma. The committee found ample evidence of late-onset symptoms and exacerbation of previously undiagnosed, subclinical disease. Furthermore, the committee identified the processing of PTSD claims related to sexual assault as a problem area for the VA, given the difficulty of obtaining corroborating evidence for this type of trauma. The report urges the VA to provide thorough training for raters on addressing these claims.

John Rowan, national president of the Vietnam Veterans of America, lauded the report for providing Congress and the VA with clear guidelines for improving the disability claims process. He suggested that the VA use existing tools—such as its PTSD curriculum and its 2002 *Best Practice Manual for PTSD Compensation and Pension Examinations*—to ensure consistent and appropriate PTSD evaluations until the new instruments and criteria recommended in the report are developed. ●