



# Federal Health Matters

## Gould and Duckworth Fill VA Positions as Kussman Retires

April was a month of major personnel changes at the VA—as W. Scott Gould was sworn in as the department's deputy secretary, Michael J. Kussman, MD announced his upcoming retirement as its under secretary for health, and Tammy Duckworth was confirmed as its assistant secretary for public and intergovernmental affairs.

Gould began his new role on April 9, having been confirmed by the Senate one week previously. He told the Senate VA Committee on April 1 that his goals for the position included ensuring adequate access points and resources for current and future VA enrollees, streamlining the disability claims system, using information technology to enhance the delivery of benefits and services, and implementing the Post 9/11 Veterans' Educational Assistance Act effectively. Gould has held high-ranking positions at IBM, the U.S. Department of Commerce, and the U.S. Department of the Treasury, in addition to veterans' policy roles in President Obama's presidential campaign and transition team.

Kussman announced April 7 that he would retire from the VA effective May 9. After joining the department in 2000, he became acting under secretary for health in 2006 and officially was promoted to the post in 2007. Gould will lead a commission to provide the President with recommendations for Kussman's replacement.

The Senate confirmed Duckworth on April 22. On April 1, she told the Senate VA Committee that her goals for the position included working with state veterans affairs departments, veterans service organizations,

and other groups to promote better VA access for veterans. She also said that the VA needs to use new channels of communication, such as blogs, to inform veterans of their benefit entitlements.

Duckworth is an Operation Iraqi Freedom veteran with a combined 17 years of experience in the Illinois Army National Guard and the U.S. Army Reserve. On November 12, 2004, she was piloting a helicopter in Iraq when it was struck by a rocket-propelled grenade launcher, resulting in the loss of both her legs. In 2006, Duckworth ran as a Democrat for an Illinois seat in the U.S. House of Representatives and lost narrowly. She served as director of the Illinois Department of Veterans' Affairs from December 2006 to February 2009.

Sen. Richard Burr (R-NC), ranking Republican on the Senate VA Committee, requested in early April that the committee delay voting on Duckworth's confirmation so that he could ask her about confidential financial information that she had provided. He said on April 8 that his concerns had been resolved and that he supported the confirmation.

## VA Reports More Infections With Possible Links to Endoscopic Errors

There have been three positive tests for HIV, six positive tests for hepatitis B virus (HBV), and 19 positive tests for hepatitis C virus (HCV) infection among patients who were treated with improperly reprocessed endoscopic equipment at three VA facilities, the VA announced April 17.

Since December of last year, the department has identified problems

with endoscopic equipment used at VA Tennessee Valley Healthcare System (VATVHS) in Murfreesboro, TN from April 2003 to December 2008; at Charlie Norwood VAMC (CNVAMC) in Augusta, GA from January 2008 to November 2008; and at Miami VA Medical Center (MVAMC) in Miami, FL from May 2004 to March 2009. The equipment is believed to have exposed a total of 10,797 patients to a very small chance of infection; by April 17, the VA had notified 10,567 of these patients about the exposure and approximately 8,328 of the patients had been tested.

The VA said that one patient from each of the three facilities had tested positive for HIV; five patients from VATVHS and one from CNVAMC had tested positive for HBV; and seven patients from VATVHS, five from CNVAMC, and seven from MVAMC had tested positive for HCV. The department emphasized, however, that these infections "are not necessarily linked to any endoscopy issues and the evaluation continues."

Over 100 staff at the three facilities have been assigned to ensure that potentially affected patients "receive prompt testing and appropriate counseling," according to the VA.

## Article Calls for New DoD/VA Approach to Mild TBI

The DoD and VA are overemphasizing mild traumatic brain injury (TBI) in ways that result in inappropriate treatment, charge the authors of a controversial article in the April 16 issue of *The New England Journal of Medicine*.

The article, by Charles W. Hoge, MD, Herb M. Goldberg, BA, BEd, and

Carl A. Castro, PhD, describes post-deployment screening measures for mild TBI, the DoD/VA clinical definition of the condition, common treatments for postconcussive symptoms, and the VA's policy on TBI disability as ultimately harmful to patients. *USA Today* reported on April 15 that several researchers have disputed the article's conclusions, with Ibolja Cernak, medical director at Johns Hopkins University Applied Physics Laboratory in Washington, DC, calling the authors' perspective "narrow-minded and biased." Nevertheless, according to *USA Today*, the DoD says it is reviewing the article's recommendations, and LTG Eric B. Shoomaker, the army's surgeon general, says the article has convinced him that TBI screening should be changed.

The authors of the article argue that current DoD/VA screening practices produce "a foregone conclusion" that

persistent postconcussive symptoms are connected with mild TBI. But because the departments' definition of mild TBI does not include symptoms or a time course, they say, this connection is subjective. They add that the symptoms being attributed to mild TBI overlap with those of many illnesses, are common after injuries to other parts of the body, and, in Operation Iraqi Freedom veterans, are more strongly correlated with post-traumatic stress disorder (PTSD) and depression than with concussion.

The authors contend that mis-attributing symptoms to mild TBI can lead to inappropriate treatment; adverse drug effects; and a failure to address such underlying conditions as depression, PTSD, and substance abuse. In addition, they say, the common practice of referring patients with suspected postconcussive symptoms to specialty clinics designed for mod-

erate or severe TBI is wrongheaded. According to the authors, mild TBI is distinct from either of those conditions, and providers should focus on treating postconcussive symptoms themselves. They also say that the VA's "residuals of TBI" disability category, which carries a 40% disability rating, ignores evidence of "the strong association between compensation and persistence of symptoms after concussion."

The authors' recommendations for a better approach to mild TBI include screening for the condition soon after the blasts or injuries in question and encouraging patients to expect recovery. To help achieve the latter goal, they suggest, providers should refer to very mild injuries as "concussions"—rather than "mild TBI"—when communicating with patients. ●