



Federal Health Matters

New Health Reform Bill Would Reauthorize Indian Health Care Improvement Act

On October 30th, House Democrats introduced a new health reform bill that includes a long-awaited reauthorization of the Indian Health Care Improvement Act (IHCIA), the main legal framework for the U.S. government's provision of health care to American Indians and Alaska Natives. Originally authorized in 1976, the act was reauthorized in 1992 but expired in 2000; a reauthorization bill passed the Senate but not the House last year.

An IHCIA reauthorization proposal is included as a division in the new reform bill, the Affordable Healthcare for America Act (H.R. 3962). According to a summary by the House Committee on Energy and Commerce, this division would address "improvements in workforce development and recruitment; facilities construction, maintenance, and improvements; access to and financing of health services; provision of health services for urban Indians; organization improvements within the [IHS]; and the provision of behavioral health services."

Other bills to reauthorize the IHCIA were introduced earlier this year by Rep. Frank Pallone, Jr. (D-NJ) and by Sen. Byron Dorgan (D-ND) as the Indian Health Care Improvement Act Amendments of 2009 (H.R. 2708) and the Indian Health Care Improvement Reauthorization and Extension Act of 2009 (S. 1790), respectively. On October 20, the House Energy and Commerce Subcommittee on Health held a hearing on Pallone's bill that included testimony from IHS Director Yvette Roubideaux, MD and Rachel

Joseph of the National Indian Health Board, an advocacy organization. Both Roubideaux and Joseph suggested multiple revisions to the bill but strongly advocated the reauthorization of IHCIA; Joseph added that it is "critical" to make the act permanent.

VA Presumes Agent Orange Connection for More Conditions

The VA announced on October 13 that it plans to add three conditions to those that it presumes to be connected with the defoliant Agent Orange when they are experienced by veterans who entered Vietnam during the Vietnam War. The conditions are Parkinson disease, B-cell leukemias (such as hairy-cell leukemia), and ischemic heart disease.

VA Secretary Eric K. Shinseki decided to add the conditions in response to a July report by the Institute of Medicine, which found evidence that they are associated with herbicides. The VA estimates that up to 200,000 veterans might benefit from the policy change. It will bring the number of conditions presumed to be connected with Agent Orange to 15; the other conditions include type 2 diabetes, prostate cancer, and Hodgkin disease.

The VA's presumption of an Agent Orange connection currently does not apply to veterans who served in deep-water ships off the coast of Vietnam without setting foot in the country during the war. The proposed Agent Orange Equity Act (S. 1939/H.R. 2254), however, would expand the presumption to these veterans.

The United States sprayed an estimated 11 million to 12 million gallons of Agent Orange during the Vietnam

War for such purposes as reducing enemy cover and destroying crops. The VA estimates that 2.6 million U.S. military personnel were exposed to the defoliant between January 1965 and April 1970, and an April 2003 article in *Nature* estimated that 2.1 million to 4.8 million residents of Vietnam were exposed. The government of Vietnam estimates that the defoliant caused illness in two million people, caused birth defects in 500,000, and maimed or killed 400,000.

Senate VA Committee Hears Testimony on Military Exposures

The Senate VA Committee heard testimony on October 8 from veterans, veterans' relatives, scientists, physicians, and DoD and VA officials about the health effects of military-related environmental exposures in the United States, Japan, and Iraq.

Testimony by John R. Nuckols, PhD and Michael Partain focused on the problem of contaminated water at Marine Corps Base Camp Lejeune, NC. Studies of the base's water supply have indicated that it was contaminated with trichloroethylene, perchloroethylene, and other chemicals between 1957 and 1987. Nuckols, a member of the National Research Council, described the council's study of the issue, which concluded that evidence of health problems resulting from the contamination "is limited and unlikely to be resolved with further study." Partain, 41, who was conceived, carried, and born at Camp Lejeune, testified that he is one of about 41 men who were diagnosed with breast cancer after exposure to the contaminated water; his cancer

was diagnosed two years ago. The proposed Caring for Camp Lejeune Veterans Act of 2009 (S. 1518) would provide hospital care, medical services, and nursing home care to veterans and family members who resided at the base, or were in utero while their mothers resided at the base, during the contamination period.

Paul Gillooly, PhD and Laurie Paganelli testified about the health impacts of air conditions at the U.S. Naval Air Facility at Atsugi, Japan. U.S. military personnel and their family members who lived at the facility were exposed to smoke from a nearby, privately owned incinerator complex. Gillooly, of the Navy/Marine Corps Public Health Center (NMCPHC), described many studies on this exposure's possible effects, including a 2002 study by the Navy Environmental Health Center (NEHC). The NEHC found that children who lived at the base during a family member's three-year or six-year tour of duty could have a higher cancer risk than is considered acceptable by the Environmental Protection Agency (EPA) but that adults who lived or worked on the base for the same amount of time have a cancer risk that falls within the EPA's acceptable range. A study published this year by the NMCPHC found that a cohort of people who had lived at the base between 1985 and 2001 had a higher risk of dermal complaints, but no differences with regard to cancer, when compared to a control group. Paganelli, the wife of a navy service member who lived at the base with her family from 1997 to 2000, criticized the navy for failing to inform residents of the base's health risks. She testified that her son was diagnosed with alveolar rhabdomyosarcoma in 2008 and that her family will never know whether it was caused by toxic exposure.

John J. Resta and Stacey Pennington discussed the possible effects of a

“burn pit”—a 10-acre pit where trash, including medical waste, was burned—at Joint Base Balad in Iraq. Resta, a scientific advisor at the U.S. Army Center for Health Promotion and Preventive Medicine, testified that “no environmental monitoring data collected at Joint Base Balad to date have identified an increased risk for long-term health conditions.” Pennington described the experience of her late brother, Steven Ochs, who served three tours in Iraq as an army staff sergeant between 2003 and 2007 and was stationed at the base. She testified that Ochs was diagnosed with acute myeloid leukemia after returning from Iraq, that he died several months later, and that physicians believed—but could not prove—that his condition was chemically induced. On September 11, 32 members of the House signed a letter asking the Senate to restrict the DoD's use of open-air burn pits in its 2010 defense authorization bill.

Philadelphia Facility Report Provokes Call for VA Transparency

On October 17, Rep. Joe Sestak (D-PA) introduced the Transparency For America's Heroes Act (H.R. 3843), which would require the VA to publish reports on facility inspections within 30 days. Sestak said the bill is needed in light of the circumstances surrounding a 2008 report by the Madison, WI-based Long Term Care Institute (LTCI) on a long-term care facility at the Philadelphia VA Medical Center (PVAMC).

The VA hired the LTCI to inspect and report on over 100 VA long-term care facilities nationwide, and the institute's report on the PVAMC facility found that it “failed to provide a sanitary and safe environment” for residents, according to the *Pittsburgh*

Tribute-Review. The paper obtained this report through a Freedom of Information Act (FOI) request and published a description of it on September 19, 2009. On September 25, however, the VA issued a directive stating that reports by the LTCI are not subject to FOI release requests.

Obama Signs VA Advance Appropriations Act

Although Congress failed to pass a VA appropriations bill by October 1, the start of fiscal year (FY) 2010, a law signed by President Obama on October 14 could help to ensure that the department receives timely medical appropriations in the future. The Veterans Health Care Budget Reform and Transparency Act (VHCBRIA) (P.L. 111-81) authorizes Congress to make such appropriations one FY year in advance, starting in FY 2011.

Congress has failed to pass a VA appropriations bill by the beginning of 20 of the past 23 FYs, which has forced the department to rely on temporary funding and prevented it from making planning, hiring, and purchasing decisions. Most of the veterans service organization representatives who testified before joint meetings of the House and Senate VA Committees in February and March emphasized these or other drawbacks and described VHCBRIA as a top legislative priority.

VA appropriations for FY 2010 still had not been approved as of press time. On July 10, the House passed the Military Construction and Veterans Affairs Appropriations Act of 2010 (H.R. 3082), which would provide the VA with a total of \$133 billion in FY 2010, including \$48.2 billion for VA medical services. But the Senate has not passed its version of that bill, the Military Construction and Veterans Affairs and Related Agencies Appropriations Act of 2010 (S. 1407). ●