



Federal Health Matters

Gulf War Task Force Releases Report Draft

Veterans of the Gulf War will soon have their concerns addressed differently. On March 31, VA Secretary Eric K. Shinseki announced the completion of the final draft of a comprehensive report that identifies how the VA will improve services for this group of veterans.

The Gulf War Veterans' Illnesses Task Force (GWVI-TF) was formed in August 2009 to address the growing needs and concerns of Gulf War veterans, especially those who have experienced unexplained chronic multisystem or undiagnosed illness. Of the 700,000 service members who deployed in support of Operations Desert Shield and Desert Storm, over 300,000 have filed disability claims; 85% have been granted service connection for at least one medical condition. By conducting evaluations of currently available programs and services, the GWVI-TF hopes to identify gaps in service as well as opportunities to improve care of Gulf War veterans. "This report's action plans provide a roadmap to transform the care and services we deliver to Gulf War Veterans. We must learn from the past and take the opportunity to anticipate the future needs of our veterans," said Secretary Shinseki.

In its comprehensive report, the GWVI-TF outlines areas in need of improvement, including data sharing between the VA and DoD in order to notify veterans of potential exposures, monitor their long-term health, and inform them regarding decisions about additional follow-up. The task force hopes to transition from reactive to proactive medical surveillance to better manage vet-

erans' potentially hazardous exposures. By expanding training for examiners of the Veterans Benefits Administration (VBA), they anticipate better management of disability claims with multiple known toxin exposure incidents.

The GWVI-TF also will review, and if necessary, update regulations concerning the delivery of benefits to veterans with Gulf War-related disabilities. They will increase outreach to provide information and guidance to veterans regarding these available benefits and services. The GWVI-TF also seeks to improve VA health care by implementing a new model of interdisciplinary health education and training, increasing the number of long-term, veteran-focused studies, and conducting new research in order to develop treatments.

These recommendations are based upon the combined findings of The Gulf War Veterans Illnesses Advisory Committee, VA Research Advisory Committee on Gulf War Illnesses, the interagency Deployment Health Working Group, and other related sources. The GWVI-TF is comprised of staff members from several organizations, including the Office of the Secretary, VHA, VBA, Office of Public and Intergovernmental Affairs, Office of Policy and Planning, and Office of Congressional and Legislative Affairs. The draft will be open to public comment for 30 days prior to its final publication.

VA to Hold Female Veterans Forum in July

This summer, the VA seeks to evaluate and improve further the quality of health care available to the growing

population of female veterans. In July, the VA will invite female veterans and their advocates to a forum in order to discuss recent problems and concerns in the VA health care system as well as ways to improve access to care and benefits for this group.

Currently, there are 1.8 million female veterans in the United States, which represents about 7.8% of the total veteran population. By 2020, the VA estimates this percentage will reach as high as 10.5%. As the number of female veterans continues to increase, new concerns regarding the quality of gender-specific health care have arisen and need to be addressed.

Last summer, the U.S. Government Accountability Office (GAO) conducted an evaluation of the facilities and programs available to female veterans and found serious deficiencies. The GAO report detailed a lack of private bathing facilities and changing rooms for women, physicians who lack experience in treating female patients, and facilities that are not prepared or designed for the presence of children.

The VA plans to make specific improvements, such as having comprehensive primary, specialized, and mental health care at every VA medical center; staffing each center with a program manager focused entirely on female veterans' affairs; and creating a multifaceted research program about women's health.

"This forum will continue our identification of how best to serve this growing population of veterans," said VA Secretary Eric K. Shinseki. "We must constantly reevaluate and solicit input on our performance as measured against the needs of our women veterans."

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VA Medical Centers Go Green

The VA is continuing efforts to reduce its environmental impact by incorporating the use of renewable energy sources at their medical centers. These new initiatives are part of the VA's Green Management Program, which promotes programs that reduce waste, purchase preferable products, conserve natural and cultural resources, and integrate environmental considerations into day-to-day operations and long-term planning processes.

On April 22, the VA announced the allocation of \$20.2 million to a project that will install solar energy systems at 18 VA medical centers (VAMCs) across eight states and American Samoa. The VA has elected to use solar panels with crystalline silicon modules—considered the best and most efficient option for all of the facilities—that will be mounted either on rooftops, on carports, or on the ground. Once completed, the solar cell installations will have a total capacity of 3,020 kilowatts and will vastly increase the use of renewable energy sources in the VAMCs. The VA anticipates this project will be completed and the solar panels will be operational by September 2010. Solar feasibility studies will be conducted at an additional 31 facilities using Recovery Act funding in order to further this energy initiative.

Recently, the VA also evaluated the potential use of renewable fuels in the energy plants that supply certain VAMCs. In January 2010, the VA completed studies of 38 facilities located in 15 states and Puerto Rico. The studies were designed to aid in the transition to clean and renewable energy sources as well as to help find optimal locations for these energy plants. Renewable fuels under consideration are: biogas (including methane gas from landfills) and biomass (agricul-

tural waste such as decaying trees and landscape waste). All of the facilities included in the study were selected based upon such factors as availability of renewable fuels, characteristics of the energy plant, and local utility rates.

The January studies also examined each energy plant's ability to incorporate cogeneration technology into their systems. Cogeneration is the use of a heat engine or a power station to generate electricity and useful heat

of veterans aged 18 to 29 years, being enrolled in the VHA led to 250 fewer suicides each year.

Kemp credits the decrease in veteran suicides to the comprehensive mental health strategic plan developed by the VA in 2004, which involves increasing veterans' access to mental health services. Since 2004, the VA has hired 6,000 additional mental health professionals, increasing the number of providers to 20,000. This

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simultaneously. It is one of the most common forms of energy recycling and is one of the most cost-efficient ways of reducing carbon emissions when heating in colder climates. Of these new initiatives, VA Secretary Shinseki said, "these assessments will help VA continue to lead in going green."

Decreasing the Number of Veteran Suicides

The VA hopes to combat the large number of veteran suicides that occur each year by continuing to promote its toll-free hotline and by increasing outreach programs that address problems leading to suicide.

On April 22, Janet E. Kemp, RN, PhD, the VA's national suicide prevention coordinator, spoke with reporters and cited mounting evidence that the VA's screening and assessment processes are successful in identifying high-risk patients and providing needed interventions. Kemp estimated that, for the group

staffing increase has led to the placement of mental health professionals at every VA medical center, allowing veterans to gain access to same- or next-day help.

Another large initiative taken by the VA to prevent veteran suicides is the toll-free national hotline that was established in July 2007. The hotline uses VA professionals trained to deal with distress and immediate crises. Kemp has credited the hotline with stopping 7,000 suicides in progress. Additionally, last year the VA created an online chat service on its web site, which allows veterans to talk anonymously with a VA counselor.

During 2009, the number of veteran suicides was reported to be as high as 707, while the number of unsuccessful suicide attempts reached over 10,000. Despite its success, the VA is redoubling its efforts to improve services for veterans so that the number of suicides is further decreased. As Antonette Zeiss, PhD, deputy chief of mental health services at VA's central office, says, "Just one death is too many." ●