



# Federal Health Matters

## **Military Health Costs Soaring**

The cost of military health care is on the rise: A recently released report indicates that the DoD expects to spend \$52.5 billion on health care in 2012—a 300% increase over its fiscal year 2001 budget. The report adds that, by 2015, health care costs will account for nearly 10% of the DoD budget. These eye-popping figures have set alarm bells ringing inside the Pentagon.

The report—from the left-leaning Center for American Progress—claims the rising costs eventually could begin to divert funding away from other crucial national security initiatives. Therefore, they propose ways to cut \$15 billion a year from the Pentagon's health care budget. One option is to address the costs associated with TRICARE, which account for much of the cost increase. Fees for some of the 9.6 million service members who participate in the program have not increased since 1995. Moreover, TRICARE enrollees pay rates far below what others pay in the private sector.

Fees for 1 popular program, TRICARE Prime, stand at \$38 per month, or \$460 per year for an entire family. Individual retirees pay \$230 per year. The report calls for a gradual increase in enrollment fees and deductibles for working-age retirees who can afford to pay. It also would raise costs for retirees who participate in TRICARE for Life—a supplemental policy for veterans enrolled in Medicare. Those enrollees would pay a \$120 annual enrollment fee, and the program would no longer cover the first \$500 in expenses, and would increase cost-sharing with Medicare.

The Center for American Progress emphasizes that their recommenda-

tions would, in no way, affect active-duty service members, who would continue to receive health care at no cost. Furthermore, lower-income or seriously injured veterans, who receive their health care coverage through the VA, also would not be affected. Rather, the report highlights the importance of restoring the cost-sharing balance between military retirees and the American taxpayer.

## **Navy Looks to New Treatment for PTSD**

It is estimated that 40,000 veterans of the Iraq and Afghanistan wars have returned home with posttraumatic stress disorder (PTSD)—often caused by the severe shock of battle—and soon, the navy will launch a full-scale study of a potential treatment for the disorder.

A treatment originally developed for menopausal symptoms also appears to work on the life-altering symptoms of PTSD. Victims of PTSD find they often cannot adjust to a normal life, and experience flashbacks to the horrific act that caused their PTSD. Only about half of patients with PTSD receive some relief from medications or counseling.

During this new treatment, a local anesthetic is injected into a nerve center located in the neck. It takes just seconds for results and early reports have been encouraging. In fact, Dr. Eugene Lipov, the physician in Chicago who developed the treatment for menopausal women, has seen successful results in 15 patients with PTSD. "It takes away nightmares, that's very clear. It takes away the hyperarousal and always being revved up," says Dr. Lipov.

Navy physician CAPT Anita Hickey has observed what's being called the "Chicago Block," and is about to begin a study with PTSD patients at a naval medical center in San Diego. If the study demonstrates that the procedure works, the Chicago Block may become the best method of treating PTSD, not just for former soldiers, but for survivors of any traumatic situation, including 9/11, who struggle with the symptoms of PTSD.

## **Altitude Sickness to Be Studied**

The DoD recently awarded the University of Colorado School of Medicine's Altitude Research Center 2 grants, totaling \$4 million, to try to develop a simple test to identify soldiers who might be vulnerable to the debilitating headaches, nausea, and fatigue associated with altitude sickness in mountainous combat zones, such as Afghanistan, where the elevation can rise up to more than 24,000 feet.

Altitude sickness is caused by a lack of oxygen. At 18,000 feet above sea level, each breath gathers half as much oxygen as it does at sea level. Symptoms, which can range from minor to severe, also can include excessive thirst, sleeplessness, and even swelling of the brain.

An earlier study by the Center found a way to predict, with better than 90% accuracy, whether someone would develop altitude sickness. The initial phase of the DoD-funded study, which will take place this summer, will look for the same genetic marker or others in a larger study group under different conditions. About 140 people from the Dallas area (about 460 feet above sea level) will be given

blood tests before spending 2½ days in Breckenridge, Colorado (elevation of 9,600 feet) to determine if they develop altitude sickness. It will take about 9 months to analyze the data.

The second phase, in the summer of 2012, will study 24 research subjects who will spend 3 weeks at 17,000 feet elevation in Bolivia. That phase will look for the cellular mechanisms that help the human body adjust to altitude.

## VA Looks to Improve Disability Claims Backlog

The VA's ability to process disability claims is improving, but it is not where they want it to be just yet. In 2009, the VA completed 977,000 claims, but took in, for the first time, more than 1 million new ones. In 2010, the VA completed 1 million claims, but received 1.2 million new ones. By the conclusion of this year, officials expect to receive 1.45 million claims—a double-digit increase over the number of claims received in 2000.

"It is really unacceptable that the backlog is as big as it is and it takes as long as it does for veterans to receive their claims," Deputy VA Secretary W. Scott Gould said. The VA's goal by 2015, he said, is for veterans to wait no more than 125 days for a decision on a claim, with a 98% accuracy rate.

Gould attributed many of the new claims to the new wave of combat veterans with complex medical issues just entering the VA system. However, he acknowledged, 65% of claims were resubmissions from veterans already in the system.

The approach being taken by the VA to meet the 2015 goal involves hiring new claims processors and improving the way the VA trains them, reinvesting and re-engineering the business process used to complete the claims,

and investing in new technology to support these efforts. New technology includes a pilot program for the paperless Veterans Benefits Management System, which the VA plans to deploy in fiscal year 2012. In order to support these claims-processing initiatives, the VA's fiscal year 2012 budget request includes \$2 billion—up 19.5% over fiscal year 2010.

## Promising Treatment for Debilitating Bone Disease in Wounded Soldiers

Promising new research, supported by the army and National Institutes of Health, reveals a potentially highly effective treatment for heterotopic ossification (HO), a painful and often debilitating abnormal buildup of bone tissue. HO can be triggered by severe injuries and wounds, such as those that afflict wounded military personnel and surgery patients.

An animal study, by developmental biologists, demonstrated that a drug that interrupts a signaling-nuclear protein pathway can prevent HO. According to the authors of the report, there currently are no effective treatments for this disease. Surgeons can remove the abnormal bone masses, but surgery itself may trigger more of those growths. The exact mechanism by which HO occurs is not fully understood, but trauma, surgery, or deep burns cause local inflammation, followed by the arrival of skeletal cells that develop into chondrocytes (cartilage cells), and then are replaced by intrusive bone. A total of 10% to 13% of orthopedic patients may develop HO, mostly without major symptoms, after knee replacement or other invasive surgeries.

The incidence of HO is far higher in wounded soldiers—nearly 65%—because modern weapons cause ex-

treme, wide, and deep tissue damage. Although HO is not life-threatening, the bone growths can press against nerves and blood vessels, resulting in chronic pain, limited motion, problems fitting prosthetic limbs, and other complications.

## Soldiers to Be Checked for Vulnerability to Tinnitus

While hearing loss is common in soldiers returning from deployments to Iraq and Afghanistan, another concern for the military is a condition called tinnitus, which causes them to hear sound that isn't there.

With support from the DoD, colleagues at Washington University of Medicine in St. Louis, Missouri, will use magnetic resonance imaging (MRI) scans to look for pre-existing vulnerabilities in the brain's cortical neural networks that are associated with the development of tinnitus in active-duty military personnel. Researchers hope to identify differences in brain activity that will aid in the development of preventive strategies to alleviate the effects of tinnitus. Previous research has shown that MRI scans of the brains of patients with tinnitus differ in important ways from the brain scans of patients without tinnitus. They found major differences in a variety of neural networks responsible for hearing, vision, sensation, and short-term memory, among others.

Surprisingly, tinnitus is not always associated with physical injury to the ear or head. Environmental, emotional, and psychological triggers can lead to tinnitus. Some people view tinnitus as just one of a spectrum of posttraumatic stress disorders, which is particularly relevant to active-duty soldiers. For now, there is no active therapy for treating or preventing tinnitus. ●