



## Court Rules VA Mental Health Care Fails to Prevent Suicides

Citing an average of 18 suicides a day among veterans returning from war zones, a federal appeals court recently ruled that the VA's delays in treating those experiencing the symptoms of posttraumatic stress disorder (PTSD) and other combat-related mental illnesses are so "egregious" they violate veterans' constitutional rights.

In a 2:1 ruling, the U.S. 9th Circuit Court of Appeals blamed the VA's dysfunctional system of treating PTSD for contributing to the 6,500 veteran suicides each year, and ordered a San Francisco district judge to draft directives to the VA to overhaul its mental health care.

Chief Judge Alex Kozinski ruled, "There comes a time when the political branches have so completely and chronically failed to respect the people's constitutional rights that the courts must be willing to enforce them." He also noted, however, that the court does not have the authority to reform the VA. Judge Stephen Reinhardt echoed Kozinski by stating, "We would have preferred Congress or the President to have remedied the VA's egregious problems without our intervention when evidence of the department's harmful shortcomings and its failure to properly address the needs of our veterans first came to light years ago."

Congress and the VA are better suited to fixing the deficient system for treating mentally wounded soldiers than are the courts, the judges said, adding "but that is only so if those governmental institutions are willing to do their job."

The case now goes back to U.S. District Judge Samuel Conti, with instructions to write a court order to the government to provide the care and compensation promised to veterans by law.

## VA Accepting Applications for Caregivers

On May 9th, the VA began accepting applications for a new program that will provide additional support to eligible post-9/11 veterans who elect to receive their care in a home setting from a primary family caregiver.

The VA recently has released the interim final rule for implementing the Family Caregiver Program of the Caregivers and Veterans Omnibus Health Services Act 2010. The program expands on the foundation of caregiver support now provided through the VA, and takes into account what families and clinicians have long known: that family caregivers in a home environment can enhance the health and well-being of veterans under VA care.

Some of the additional services for primary family caregivers include a stipend, mental health services, and access to health care insurance, if they are not already entitled to care or services under a health care plan. Caregivers also can receive comprehensive education, training, and medical support as part of this program.

According to Deborah Amdur, the VA's chief consultant for Care Management and Social Work, "Providing support to family caregivers, who sacrifice so much to allow veterans to remain at home surrounded by their loved ones, is very important to us at [the] VA. We offer a

range of caregiver support services... to ensure that our caregivers have the tools and support they need to continue their caregiving role."

Veterans may download a copy of the Family Caregiver Program application (VA CG 10-10) at <http://www.caregiver.va.gov>. The application enables the veteran to designate a primary family caregiver and secondary family caregivers, if needed. Caregiver Support Coordinators are stationed at every VA medical center and can be reached at (877) 222-VETS to assist in the application process.

## Is Veterans' Health Tied to Genetics?

The VA is seeking to transform veterans' health care by tying their health issues to genomic research through the nationally expanded Million Veteran Program (MVP). A genome is the entirety of a person's hereditary information, encoded in DNA or, for many types of viruses, in RNA.

The MVP was developed to consolidate genetic, military exposure, health, and lifestyle information together in a single database, the VA said in a statement. By identifying gene-health connections, the program can advance disease screening, diagnosis, and prognosis, so veterans receive "more effective, personalized therapies," the statement said.

Participation in the MVP is completely voluntary for patients who wish to share their health information as well as genetic material. Active involvement in the program includes filling out surveys about health and health-related behaviors, providing a blood sample (to obtain DNA and other materials), completing a health

assessment, allowing secure access to VA and VA-linked medical records, and allowing future contact for further information. Data from the surveys and medical records will be stored indefinitely for future medical research. VA Secretary Eric K. Shinseki believes, “This innovative research program will support [the] VA’s mission to provide veterans and their families with the care they have earned.”

## BRAC Results in Closure of Walter Reed

The Base Realignment and Closure plan, or BRAC, will result in enormous and historic changes for wounded warriors, military members, and their families. As part of the BRAC plan, the 102-year-old Walter Reed Army Medical Center must close its doors no later than September 15, 2011.

Instead, patients can receive their care at 2 other hospitals: Fort Belvoir in Fairfax County, Virginia, and National Naval Medical Center in Bethesda, Maryland, which will become the “new Walter Reed” under the official name “Walter Reed National Military Medical Center Bethesda” in Maryland.

“This is the largest infrastructure investment ever made in the military system,” says Vice Adm. John Mateczun, commander of the Joint Task Force National Capital Region Medical. He added that no expense is being spared to treat the nation’s military heroes. He continued, “We’ve been investing almost \$2.5 billion into these extraordinary new hospitals. Medical centers will be tremendous for all the ill and injured who will come here for care from Iraq, Afghanistan, or wherever our country happens to be.”

The new facilities will have world-class capabilities for traumatic brain injury treatment, amputee care and rehabilitation, behavioral health care,

substance abuse treatment, comprehensive cancer care, and every specialty that any state-of-the-art hospital would have.

The closing of Walter Reed also brings treatment closer to the military population. COL Norvell Van Coots, commander of the Walter Reed Health Care System at Walter Reed Army Medical Center, added, “What we’ve realized is we’re putting health care where the beneficiaries are because the bulk of our beneficiaries don’t live in the middle of Washington, DC.”

Employees also will be trading places and changing jobs. With almost 9,000 people moving during this transition period, approximately two-thirds of all the employees who work at Walter Reed will shift to Walter Reed Bethesda, and one-third will transfer to Fort Belvoir.

The nation’s war-wounded have been treated at Walter Reed since the early 1900s. It was the nation’s first medical facility for the military, and it was considered state-of-the-art from the beginning. The hospital is located on hallowed ground. “The land here is historic. It was chosen not by accident, but because this is the Fort Stevens battlefield. You know, the only battle of the Civil War fought within the nation’s capital,” says Van Coots.

## Copayments to be Waived in Telehealth Program

The Veterans Telehealth Act of 2011 is a new bill that would waive copayments for veterans living in rural areas, who speak with their physicians via teleconference.

Introduced by Senators Chuck Grassley (R-Iowa), Jon Tester (D-Montana), and Mark Begich (D-Alaska), the bill would allow eligible veterans to waive their \$50 copayments, so long as they use telemedicine for doctor appointments.

“For those living in rural Alaska, providing in-home care or care in a local clinic makes health care more affordable and relieves the stress of having to travel to a major city,” Begich said. “This legislation is a simple solution that saves money and actually improves the quality of services delivered by the government. It should be a model for how we can address federal spending as we continue to find ways to reduce the deficit while still serving veterans and other Americans.”

Physicians’ clinical visits would be brought into the veterans’ homes and, if further treatment was necessary, the patients then would have to travel to larger cities, as needed. The cost of waiving copayments would be offset by the money saved in reducing travel expenditures—a cost that currently is incurred by the VA.

According to the VHA, telehealth programs have demonstrated reduced hospital admissions and clinic and emergency department visits. Meanwhile, a recent study by researchers at the Ralph H. Johnson VA Medical Center and Medical University of South Carolina showed that telehealth therapy could be an effective treatment of posttraumatic stress disorder, anxiety, depression, and stress, all common disorders experienced by veterans. ●

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