



Federal Health Matters

VA Secretary Nominee Pledges to Speed Benefits Claims and Restore Priority 8 Enrollments

General Eric K. Shinseki, President-elect Barack Obama's nomination for secretary of the VA, said shortly before his confirmation hearings that speeding the department's disability claims process and restoring its benefits to Priority 8 veterans would be among his top goals in the position. Senate hearings on appointing Shinseki, whom Obama announced as his nominee on December 7, are scheduled to begin January 14.

In a statement obtained January 6 by The Associated Press, Shinseki told the Senate VA Committee that he would try initially to speed the VA disability claims process, which currently averages at least six months, to 145 days. He said that switching from paper applications to "an integrated, all electronic claims processing system" would be helpful in this regard. During the presidential campaign, Obama pledged to speed the claims process through electronic processing and hiring new claims workers.

The VA's backlog of over 600,000 disability claims has been the subject of several recent controversies. In October, the department ordered its 57 regional Veterans Benefits Administration offices to stop shredding documents after the VA Office of Inspector General found that 36 claims documents had been placed in shred bins inappropriately. Eventually, the VA found that about 500 claims-related documents at 41 regional offices had been slated inappropriately for shredding. Also in October, the director of the New York Regional

Office was suspended after an internal investigation found the office had backdated claims documents to falsely suggest they were processed within the required seven days. A November summary of the VA investigation said that 56% of that office's claims carried incorrect dates. On December 18, a federal judge dismissed a lawsuit by Vietnam Veterans of America and Veterans of Modern Warfare that sought to require the VA to process claims within 90 days and resolve appeals within 180 days.

Expanding care to Priority 8 veterans was another Obama pledge that Shinseki echoed in his statement to the Senate committee. Priority 8 veterans—who have incomes of more than

with his retirement in June 2003. Before his nomination as VA secretary, Shinseki was best known for telling the Senate Armed Services Committee in February 2003—one month before the commencement of Operation Iraqi Freedom—that the United States might need to send "something on the order of several hundred thousand soldiers" in order to stabilize postinvasion Iraq. At the time, Donald H. Rumsfeld, then secretary of defense, and Paul D. Wolfowitz, then deputy secretary of defense, called this estimate far too high. Three years later, however, John P. Abizaid, chief of U.S. Central Command, told the Senate Armed Services Committee that "General Shinseki was right."

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\$27,790 (with no dependents) and either no service-connected disabilities or 0% disability ratings—were blocked in January 2003 from enrolling in the VHS. VA officials have said that they plan to reopen enrollment to some, but not all, of these veterans beginning in June. Rep. Chet Edwards (D-TX), chairman of the House Military Construction and VA Appropriations Subcommittee, said January 5 that the expansions would benefit an estimated 265,000 veterans.

Shinseki, 66, received two Purple Hearts for his service in Vietnam and became the first Asian American four-star army general during his 38 years in the military, which ended

The general's nomination was praised by the veterans' organizations Vietnam Veterans of America, Iraq and Afghanistan Veterans of America, and Veterans for Common Sense, as well as by Sen. Daniel K. Akaka (D-HI), chair of the Senate VA Committee, and Rep. Bob Filner (D-CA), chair of the House VA Committee. By contrast, Rep. Steve Buyer (R-IN), ranking Republican on the House VA Committee, called Shinseki a qualified candidate but maintained that current VA secretary James B. Peake, MD should remain in the role. "For years, the VA has struggled unsuccessfully to overcome the mounting problems in its benefits administration," he said

in a press release. “Secretary Peake is clearly the person who was turning the tide and overhauling the benefits delivery system.”

Daschle Named as HHS Secretary

President-elect Barack Obama announced on December 11 that Thomas A. Daschle, a former Democratic senator from South Dakota, is his choice for the positions of HHS secretary and director of the newly created White House Office of Health Reform (WHOHR). The primary division of the HHS is the PHS, which encompasses the IHS, the CDC, the FDA, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health. Obama said that, as director of WHOHR, Daschle would be the “lead architect” of the new administration’s health care reform efforts.

Daschle, 61, served for eight years in the House of Representatives and for 18 years—10 of them as the Democratic leader—in the Senate before being defeated for reelection in 2004. Since then, he has worked for a law and lobbying firm and written a book about health care reform. Daschle’s proposals for such reform have included the establishment of a Federal Health Board, which would be chosen by the president and confirmed by the Senate, to make coverage decisions for federal health programs.

IOM Calls for Better TBI Research

The DoD and VA should enhance their research on traumatic brain

injury (TBI) by such measures as large-scale studies, animal models, analyses of control group outcomes, and predeployment neurocognitive testing, according to a report released December 4 by the Institute of Medicine (IOM).

TBI has been called the signature wound of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Frequently, TBI is caused by blasts from explosive weaponry, which account for about 75% of all wounds in these conflicts. According to the DoD, some form of TBI has affected about 5,500 U.S. service members who fought in OIF and OEF by January 2008.

For the report, an IOM committee reviewed about 1,900 studies on TBI with the goals of describing the condition’s long-term (six months or more) outcomes and making research recommendations for the VA and DoD. Of the studies reviewed, however, the IOM committee determined that many were “beset by limitations that are commonly encountered in epidemiologic studies, including lack of a representative sample, selection bias, lack of control for potential confounding factors, self-reporting of exposure and health outcomes, unknown pre-morbid status, and outcome misclassification.” In addition, many of the studies had small samples sizes, as well as low participation rates, loss of participants to follow-up, and inadequate follow-up duration. Another problem was inconsistency in the definition of TBI severity between studies.

Based on the studies that were deemed appropriate for inclusion, the report committee found that all forms of TBI—including mild TBI—were associated with the long-term outcomes of depression, aggressive behavior, and memory problems. Moderate and severe TBI were associated with dementia of the Alzheimer type, parkinsonism, endocrine dysfunction,

growth hormone insufficiency, and unemployment, while penetrating TBI was associated with decline in neurocognitive function. Additionally, penetrating TBI was found to have a causal relationship with premature death and both penetrating TBI and severe or moderate TBI were found to have causal relationships with unprovoked seizures.

The report is part of the IOM’s *Gulf War and Health* series, which was commissioned by the VA in response to congressional directives passed in 1998. In October 2008, a VA-appointed committee on Gulf War health problems said that previous reports in the series were “skewed and limited by a restrictive approach” as directed by the VA and should be redone.

VA Announces New Outpatient Clinics and Travel Reimbursement Increase

The VA announced on December 4 that it will open 31 community-based outpatient clinics in 16 states by late 2010, with some clinics opening in 2009. The clinics will be located in Alabama, Arkansas, California, Florida, Georgia, Hawaii, Illinois, Iowa, Maryland, Michigan, Minnesota, Mississippi, Missouri, North Carolina, Pennsylvania, and Vermont.

The department also announced later in the month that, beginning January 9, it will lower the amounts it withholds from travel reimbursements for service-disabled and low-income veterans. Its new deductibles will be \$3 for one-way trips and \$6 for round trips, with a calendar cap of \$18, six one-way trips, or three round trips—whichever comes first. The VA’s previous deductibles were \$7.77 for one-way trips and \$15.54 for round trips, with a calendar cap of \$46.62. ●