



Federal Health Matters

DoD Will Not Award Purple Heart for PTSD

The DoD announced January 6 that it has rejected a proposal to begin awarding the Purple Heart—a medal that honors service members who were wounded or killed in combat—to those who have been diagnosed with combat-related posttraumatic stress disorder (PTSD).

The proposal was put forth in May 2008 by John E. Fortunato, a DoD psychologist and chief of the Recovery and Resilience Center (RRC) in Fort Bliss, TX, as a way of reducing the stigma associated with PTSD. Fortunato emphasized the physical component of PTSD, which affects structures in the brain, and said that some service members with the disorder have paid “as high a price” as those who have sustained traumatic brain injuries or shrapnel wounds.

The criteria for the Purple Heart, as specified in Title 32 of the U.S. Code of Federal Regulations, clearly exclude PTSD, along with such other conditions as frostbite, trench foot, heat stroke, and battle fatigue. Even so, Defense Secretary Robert M. Gates, who visited the RRC on the day Fortunato made his proposal, said the next day that the idea was “interesting” and “clearly worthy of consideration.” After researching the issue for several months, however, the Pentagon Awards Advisory Group decided against the policy change in a November meeting with Under Secretary of Defense for Personnel and Readiness David S.C. Chu.

According to DoD spokesperson Eileen Lainez, PTSD does not qualify service members for the Purple Heart because the condition is not “a wound

intentionally caused by the enemy from an outside force or agent.” She also cited the difficulty of objectively establishing PTSD and its precise cause as a contributing factor in the decision. Furthermore, despite the growing consensus that PTSD has physical components, the ongoing view that it is primarily a psychological disorder places it in a category of disability the DoD considers to be outside the scope of the Purple Heart.

Media reports carried varying reactions to the decision from veterans. John E. Bircher III, public relations director for the DoD-sponsored veterans’ organization Military Order of the Purple Heart, said the decision was an appropriate one and that the proposal could have led to awarding the Purple Heart for illnesses and chemical exposures. Tyler E. Boudreau, an Operation Iraqi Freedom veteran, said in a January 26 *New York Times* op-ed that both sides of the debate have reasonable concerns and suggested that the DoD and VA award a new medal for service members with PTSD.

In a January 8 news briefing, Geoff Morrell, press secretary for the DoD, emphasized that the department has spent about \$1 billion on PTSD research, adding that “just because an awards committee believes this particular injury does not qualify for this award, does not in any way reflect that we don’t take this problem seriously and aren’t committed” to preventing and treating it.

DoD Opens Outreach Center for TBI and Psychological Health

On January 15, the DoD opened an outreach center to provide information and referrals regarding psycholog-

ical health and traumatic brain injury (TBI) 24 hours a day, every day of the year. Service members, veterans, family members, and others can contact the center, which is run by the DoD’s Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), by telephone at (866) 966-1020 or by e-mail at resources@dcoeoutreach.org.

The outreach center is staffed by 21 nurses and mental health consultants, most of whom have master’s degrees. These clinicians are prepared to provide general information on psychological health and TBI, information about specific psychological and TBI symptoms, and referrals to various governmental and private sector services. The clinicians also will have access to their own “chat network,” on which they can share insights they’ve gained from interacting with outreach center clients.

New VA Secretary Sworn In, Nominee for Deputy Secretary Announced

Gen. Eric K. Shinseki was sworn in as the seventh VA secretary on January 20, having testified before the Senate VA Committee on January 14 and received Senate confirmation for the position on January 19.

During his Senate committee hearing, Shinseki reiterated his intention to expedite the claims process and to implement an electronic system for transferring new veterans’ DoD health and service records to the VA. Shinseki described some of his other goals as working to open VHA enrollment to some Priority 8 veterans, enhancing the VA’s identification of veterans requiring treatment for post-

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traumatic stress disorder or traumatic brain injury, and ensuring that the department acts in a timely manner to provide educational benefits mandated by the new GI Bill.

On January 30, Shinsiki announced that President Obama would be nominating W. Scott Gould to serve as deputy secretary for the VA. Currently vice president for public sector strategy at IBM, Gould has served as a naval reserve intelligence officer, chief financial officer and assistant secretary for administration in the U.S. Department of Commerce, and deputy assistant secretary for finance and management in the U.S. Department of the Treasury. He also was a co-chair of Obama's National Veterans Policy Team during the presidential campaign and a co-chair of the Veterans Agency Review Team during the transition period. Shinsiki said Gould "is fully committed to fulfilling President Obama's vision and my goals for transforming the [VA] into a 21st century organization."

VA Describes Plans for Priority 8 Enrollment

In January, the VA released more information about its plans to open VHA enrollment to some veterans from the Priority Group 8. Specifically, the department expects to open enrollment by June 30, 2009 to Priority 8 veterans whose income exceeds the current means test threshold or geographic means test threshold by 10% or less. It estimates that this new policy will qualify an additional 265,000 veterans for enrollment. The 2009 Consolidated Security, Disaster Assistance, and Continuing Appropriations Act (PL 110-329), signed by former President Bush on September 30, 2008, allocated \$375 million for the VA to broaden enrollment to some Priority 8 veterans.

After the new eligibility rules go into effect, the department will reevaluate the enrollment status of veterans who applied after January 1, 2009 and were rejected due to income. Veterans who applied and were rejected before this date, and who believe they might be eligible for enrollment under the new rules, are encouraged to reapply once these rules go into effect.

VA/DoD Joint Executive Council Issues Strategic Plan

Collaborations between the DoD and the VA over the next few years will include the development of interoperable electronic health records and the formulation of a long-term plan for traumatic brain injury (TBI) and mental health research, according to the *VA/DoD Joint Executive Council Strategic Plan, Fiscal Years 2009–2011*.

The plan, released on January 15, describes six major strategic goals for interdepartmental collaborations: (1) leadership commitment and accountability, (2) high quality health care, (3) seamless coordination of benefits, (4) integrated information sharing, (5) efficiency of operations, and (6) joint contingency and readiness capabilities. Within each goal, the plan delineates specific objectives and strategies.

Among the many strategies involving the sharing of electronic health data are plans to implement a secure network to support the exchange of health data and provide redundancy by June 30, 2009; review recommendations for national health information technology standards, achieve interoperable electronic health records, and complete enterprise deployment of the inpatient clinical note capability for patients shared by the VA and DoD by September 30, 2009; begin sharing

laboratory results in a "real-time" and "bidirectional" fashion by October 31, 2009; and begin implementing technology to archive radiologic and demographic data collected in the combat theater by April 30, 2010.

Strategies to improve the quality of health care include the sharing of VA and DoD patient safety data (on serious falls, inpatient suicides, and pressure ulcers by January 31, 2009 and on surgical errors by March 30, 2009); establishment of a coordinated federal strategy and long-term plan for TBI and mental health research by October 31, 2010; initiation of a five-year pilot program on assisted living services for veterans with TBI by March 31, 2009; and evaluation and monitoring of data—such as referrals to VA resources and subsequent follow-up, results of postdeployment health assessment tools, mental health staffing levels, and care access standards—to improve detection of serious mental health issues and increased suicide risk throughout 2009. The plan also includes strategies relating to joint training efforts for health care personnel and sharing of deployment health information and resources.

To further the goal of seamless benefits coordination, the plan says, the DoD and VA will work to eliminate complications in the transition from active duty to veteran status and ensure that information on benefits and services is widely available to beneficiaries. The departments also will expand, enhance, and evaluate the results of an ongoing pilot test of a joint VA-DoD disability evaluation system, which involves a single physical examination process for determining fitness for military duty and level of disability for the VA.

The full text of the plan is available online at <http://www.health.mil/Content/docs/SIGNED%20JSP%20FY09-11%2001-08-2009%20FINAL.pdf>. ●