Veteran Healthcare Advocates Want VA to Focus More on Prevention

Jun 30, 2008

WASHINGTON — A first-ever leadership summit for veterans' healthcare advocates ended here Thursday in general agreement that the Department of Veterans Affairs must focus more time and resources on prevention and preventive medicine practices.

The objective of the Patient Advocacy Leaders Summit, sponsored by the Veterans of Foreign Wars of the U.S., was to expand awareness about critical health issues that impact the lives of veterans and those currently serving in uniform. Almost 100 attendees from more than three dozen organizations from the veteran and medical communities were present to hear and interact with prominent physicians and researchers in the fields of Traumatic Brain Injuries (TBI), Post-Traumatic Stress Disorders (PTSD), Diabetes, and Chronic Obstructive Pulmonary Disease (COPD).

The TBI seminar focused on the effects blast injuries are having on servicemen and women deployed in the wars in Iraq and Afghanistan. More than 20 percent of the 1.6 million men and women who had served in the war had experienced a blast – mostly caused by improvised explosive devices, or IEDs. Better body armor combined with modern battlefield medicine and rapid transportation have reduced the war's mortality-to-casualty rate to 10 percent, compared to previous wars that had 25 percent fatality rates in Vietnam and Korea, and 30 percent during World War II. The high survivability rates, however, are resulting in multiple grievous injuries that will continue to challenge the medical community – and the wounded veterans – for years.

Symptoms, diagnostic issues and challenges were presented at the PTSD seminar, as well as who was most at risk: military reservists under the age of 25 who have had repeated deployments, as well as those who are repeatedly exposed to traumatic events. This seminar also found the results of three independent PTSD studies to be similar: a quarter to one-third of those who went to war came home with mental health problems.

Those who attended the separate Diabetes and COPD seminars agreed that the VA spends far more money on acute care than it does on prevention or early-stage treatment. A common denominator in the two presentations was the barrier that exists between VA doctors and VA pharmacies. Both presenters described fairly new, but expensive drugs that

NATIONAL HEADQUARTERS
406 W. 34th Street
Kansas City, MO 64111
Office 816.756.3390
Fax 816.968.1157

WASHINGTON OFFICE
200 Maryland Ave., N.E.
Washington, D.C. 20002
Office 202.543.2239
Fax 202.543.6719
info@vfw.org
www.vfw.org

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could not be obtained, regardless of the medical justification. The barrier also includes VA-approved medications.

"The need to manage the supply and cost of medications is important, but veterans should not be deprived of the best medications simply because they cost more than less effective alternatives," said William L. Bradshaw, VFW National Veterans Service director. "The VA must be more proactive to veterans' needs."

The Patient Advocacy Leaders Summit (PALS) program was developed in 2002 by GlaxoSmithKline as a way to bring together diverse groups of patient advocates to share common health policy concerns with medical and research experts. The principle objective of the outreach effort is to enhance public awareness on health and disease issues that can be both preventable and treatable. Since its inception, more than 5,000 patient advocates from 2,000 organizations in 49 countries have participated in more than 60 PALS events.

Organizations attending the one-day PALS conference in Washington were: American Academy of Physician Assistants, American Federation of Government Employees, American Psychiatric Association, American Psychological Association, American Public Health Association, AMVETS, Association of American Medical Colleges, Blinded Veterans Association, Brain Injury Association of America, Center for Healthcare Policy and Research, Commission on the Future of America's Veterans, Depression and Bipolar Support Alliance, Disabled American Veterans, Easter Seals, 42nd Engineers, House Committee on Veterans Affairs, Men's Health Network, Military Officers Association of America, National Alliance on Mental Health, National Association of State Directors of Veterans Affairs, National Coalition for Homeless Veterans, National Guard Bureau, National Military Family Association, National MS Society, Oak Grove Technologies, Paralyzed Veterans of America, The American Legion, U.S. Department of Veterans Affairs, Veterans Coalition, Veterans Innovation Center, Veterans of Modern Warfare, Vietnam Veterans of America, Wishing Well, and Witness Justice.