

APPENDIX B

PRD-5 Executive Summary

A National Obligation

Planning for Health Preparedness for and Readjustment of the Military,
Veterans, and Their Families after Future Deployments



*National Science and Technology Council
Presidential Review Directive 5*

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Executive Summary

The Federal Government has an unwavering obligation to care for those placed in harm's way to defend the vital interests of the Nation. Therefore, the Federal Government must be able to respond promptly and effectively to the health needs of our military, veterans, and their families. In particular, when health problems are identified following a military deployment, plans must be in place to improve and facilitate cooperation and coordination among the Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (DHHS), as well as among other appropriate agencies of the Executive Branch. This report provides the first comprehensive set of recommendations designed to help ensure that this obligation is met in a manner that takes into consideration the successes and failures of past deployments.

INTRODUCTION

Because of the subsequent health issues associated with veterans who served in the Gulf War, President Clinton established the Presidential Advisory Committee on Gulf War Veterans' Illnesses (PAC) on May 26, 1995. This Committee was to ensure an independent, open and comprehensive examination of health concerns related to Gulf War service. The Committee issued its Final Report on December 31, 1996, which documented its review of the government's outreach, medical care, research, efforts to protect against and to assess exposure to chemical and biological warfare, and coordination activities pertinent to Gulf War veterans' illnesses.

The Committee recommended that the National Science and Technology Council (NSTC) develop an interagency plan to address health preparedness for and readjustment of veterans and families after future conflicts and peacekeeping missions. Presidential Review Directive (PRD)/NSTC-5 responds to the Committee's recommendation. In particular, PRD/NSTC-5 directs DoD, VA, and DHHS to review policies and programs and develop a plan that may be implemented by the Federal government to better safeguard those individuals who risk their lives to defend our Nation's interests. The plan was to focus on existing policies and lessons learned from the Gulf War and other recent deployments such as those in Bosnia, Haiti, and Somalia.

How the Plan Was Developed

An NSTC Interagency Working Group (IWG) was established to conduct the review and planning process. Members of the IWG included representatives from DoD, VA, and DHHS. The IWG oversaw the work of four task forces that focused on (1) deployment health, (2) record keeping, (3) research, and (4) health risk communications. Each task force reviewed policies and programs that relate to health preparedness of, and readjustment for, veterans and their families after future deployments. In particular, each task force considered lessons learned from the Gulf War and other recent deployments such as in Bosnia and Somalia. Each task force paid special attention to issues associated with chemical and biological weapons as well as the impact of emerging technologies and international cooperation.

Major Factors Influencing the Plan

During the review and planning process, the following major factors (other factors are identified in chapter 1) were identified that influenced the plan's development and its potential for success:

- Deployment can encompass a wide range of missions. Historically, most veterans' health and benefit issues related to service in combat operations. Now, U.S. forces are more likely to deploy into non-combat environments such as peacekeeping, peacemaking, humanitarian assistance, or training.
- There is a division of responsibilities between DoD and VA for the health and health care of military service members and veterans of military service. The two Departments function under distinct titles of U.S. Code and distinct congressional oversight. In addition, DHHS has responsibility in cooperation with state and community governments for overall public health in the United States.
- Veterans' response to present and future health and benefit issues and governmental actions may be tempered by a long history of military members' experiences with government and military leadership, and by their frequent mistrust of and lack of confidence in government actions and motives.
- The evolution of science, medicine, and societal perceptions regarding health and illness limits our ability to predict the future reality and expectations regarding health, acceptable risks, disease prevention tools, and illness.
- The current expectation is for far fewer casualties than in the past for most missions we are likely to undertake.

GOALS FOR IMPROVING HEALTH PREPAREDNESS

Extensive review and analysis of Gulf War veterans' illnesses and risk factors by government agencies, the Presidential Advisory Committee, and other groups have identified a number of opportunities for government action aimed at minimizing or preventing future post-conflict health concerns. Actions to ameliorate, avoid, or, ideally, prevent such health effects include: improving service members' understanding of health risk information; improving medical and non-medical countermeasures; enhancing government collection of health and exposure data, along with improving linkages among health information systems; coordinating agency research programs; and improving delivery of health care services to veterans and their families.

The **Deployment Health Task Force** (chapter 2) developed objectives and strategies to support the following five goals: (1) maintain a healthy, fit, and physically and mentally ready military force; (2) identify and minimize or eliminate the short- and long-term adverse effects of military service, especially service during deployments (including war), on the physical and mental health of veterans; (3) preserve the health and well-being of those who have served and their families; (4) strengthen the national strategy to protect and defend military service members from warfare and terrorism with chemical and biological warfare (CBW) agents; and (5) implement an

effective health risk communication strategy. The Task Force highlighted the importance of recent initiatives within DoD to improve force health protection and medical surveillance especially during deployments. In addition, the Task Force addressed the need for the government to respond promptly and in a coordinated manner to both the anticipated and unanticipated health needs and concerns of veterans returning from major deployments through appropriate programs for their evaluation, health care, and benefits/compensation determinations. To prepare for future health preparedness, DoD needs to critically evaluate current force health protection programs and exploit new and emerging technologies to improve force health protection continually.

The Record Keeping Task Force (chapter 3) focused on information management (IM) and information technology (IT) issues in two broad areas: military personnel information and health information management. Improvements are needed in both these areas to ensure the accuracy, timeliness, security, and retrievability of information that must be entered into records or automated systems that document personnel or health history for active duty, National Guard, and reserve service members and veterans. The Task Force highlighted current initiatives of DoD and VA that support the objectives and strategies necessary to meet these goals.

The Research Task Force (chapter 4) established six goals with supporting objectives and strategies. The first goal is for the Federal Government to have the coordinated capability to apply epidemiological research to determine whether deployment-related exposures are associated with post-deployment health outcomes. The second goal is for the Federal Government to maintain a balanced research program targeted at: (1) improved prevention, intervention, and treatment strategies for priority health risk factors and exposures and (2) improved biologically based dose-response models. The third goal is for the Federal Government to have the capability to collect systematically population-based demographic and health data to enable longitudinal evaluation of the health of all service personnel (active duty, reservist, National Guard) throughout their military careers and after leaving military service. The fourth goal is for the Federal Government to develop the capability to collect and assess data associated with anticipated exposures during deployments. The fifth goal is for the Federal Government to establish the capability to monitor deployments for the appearance of novel or unanticipated health risks and to deploy assets quickly to collect and assess data relevant to newly identified threats. The sixth goal is for the Federal Government to maintain a wide range of national and international collaborative relationships to enhance research efforts.

The Health Risk Communications Task Force structured its review and its goals, objectives, and strategies into a guide for developing health risk communications for deploying, deployed, and returning military members, veterans, and their families (appendix A). The Task Force's planning guide outlines the questions and actions necessary to: develop a health communication plan and select a strategy; analyze and segment intended audiences; select appropriate messages and channels; develop written communication objectives; develop a written implementation and monitoring plan; and assess the effectiveness of the plan.

RECOMMENDATIONS

The IWG identified the essential recommendations emanating from the interagency plan (chapter 5). While each task force developed strategies, which in essence are recommendations for new or continuing actions in specific areas, key recommendations must be addressed to meet the goals and objectives contained in this plan.

There must be ongoing coordination of all agencies involved in maintaining the health of military members (active duty, National Guard, and reservist), veterans, and their families. Therefore, the IWG recommends creation of a Military and Veterans Health Coordinating Board (MVHCB). Once established, the MVHCB would ensure coordination among VA, DoD, and DHHS on a broad range of health care and research issues relating to past, present, and future military service in the U.S. Armed Forces. The MVHCB is modeled on the Persian Gulf Veterans Coordinating Board, which is enhancing interagency coordination especially on research and clinical care related to health issues of Gulf War veterans. The MVHCB should be chaired by the Secretaries of the DoD, VA, and DHHS. Representation on the MVHCB and its working groups should include policy and program level staff from these Departments. As necessary, the MVHCB should call upon representatives from veterans' service organizations, other governmental agencies, and civilian institutions for expert advice and consultation. Note that the U.S. Coast Guard functions as part of the U.S. Department of Transportation (DOT), except in time of war, when it becomes a part of the U.S. Navy. DOT's advice will be important in carrying out the recommendation included herein.

To succeed with many of the goals and objectives laid out in this plan the government requires ongoing direction and coordination for the Departments' health and personnel information management and record-keeping activities, especially activities associated with deployments. The IWG recommends that DoD and VA, in consultation with DHHS, establish an ongoing interagency task force to coordinate IM/IT efforts, including the development of standards and other requirements.

In addition to the creation of these two coordinating groups (MVHCB and IM/IT Task Force), the IWG recommends the following actions:

- DoD should complete implementation of recently issued directives on joint medical surveillance and force health protection. DoD should proceed with its contract with the National Academy of Sciences (NAS) and the National Research Council (NRC) for a 3-year program of scientific, technical, and policy analysis activities entitled "Strategies to Protect the Health of Deployed U.S. Forces."
- DoD and DHHS, Food and Drug Administration (FDA) should accelerate their efforts not only to identify regulatory issues associated with the use of investigational products during military exigencies, but also develop strategies to resolve them. Although relevant in some cases, use of investigational products by civilians, for example as countermeasures for domestic terrorism, is outside the scope of this activity.

- DoD and VA, in consultation with DHHS, should establish, with appropriate confidentiality safeguards, programs that:
 - Develop and maintain comprehensive electronic health and health risk factor information on all recruits and officer accessions at the time of initial military training.
 - Collect and maintain military personnel data, including demographic and occupational data, and longitudinal records of service member's military experiences, including pertinent data on occupational and environmental exposures and events.
 - Support transfer of pertinent data among DoD and VA health and compensation information systems.
- VA, DoD, and DHHS should develop and implement a coordinated interagency program to communicate health risk information related to current and future deployments, especially combat operations, to military members, veterans, family members, and the public.
- DoD and VA shall maintain a robust, biomedical research, development, testing, and evaluation program emphasizing research priority areas identified in this plan.
- DoD shall ensure that military medical manpower requirements include scientists trained in the medical specialties essential for force protection research and program execution.