

Veteran Medical Care Support System in the USA Part – II

Major General Ashok Kumar®

Abstract

This article is the third and final part of the trilogy on the Veteran Care Support System. The earlier parts having been published in the Apr – Jun 2020 and Jan – Mar 2021 issues of the USI Journal. It focuses on delivery of health care benefits and attendant facilities to defence veterans of the USA. Part I, published in Jan–Mar 2021 Journal, has already highlighted the historical perspective, organisational details, eligibility conditions, and enrollment priority groups. This part will be specifically focusing on medical benefits in multiple domains, including Preventive Care Services and Mental Health Services, having distinct and deliberate support, Dental Services, Blind and Low Vision Rehabilitation Services and other special features of support for care givers. It also covers medical related travel, lodging and daily allowances, issue of medical equipment and medicines besides coverage for family members. The article also throws light on care outside the Veteran Affairs System and emergency medical care services.

Introduction

USA has the oldest (1865 vintage) and largest health care system for defence veterans in the world.¹ It has evolved into an efficient healthcare system and recognises importance of preventive healthcare as well as mental health care services which are needed for our healthcare system as well. Its coverage is exhaustive including the need of support to be given to those

®Major General Ashok Kumar, VSM is a serving Army Air Defence officer and has been involved in health care of ESM & their dependents as MD ECHS for almost two years. The officer is making a comprehensive study of the veteran health care system. This is the third article of the trilogy being published as part of the said study.

members, including family members, who provide regular support to defence veterans. A chain of Veteran Hospitals provides substantial support besides utilisation of national health management resources optimally in an integrated manner.

Medical Benefits

Comprehensive health benefits include all the necessary inpatient hospital care and outpatient services to promote, preserve or restore health. These services include preventive care, inpatient care, ancillary services, specialty care, and mental health services. Preventive care services include, but are not limited to, periodic medical examination, health and nutrition education, immunisation, and genetic counselling. Inpatient care includes a full spectrum of treatment services such as medical, surgical, mental health, dialysis, and acute care. Veterans also have access to the Veterans Health Administration (VHA)² specialised care units. VHA's goal is to support recovery and enable veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential. Mental health services are available in specialty clinics, primary care clinics, Veteran Affairs (VA) Community living centres, and residential care facilities. Specialised programmes such as mental health intensive care management, day centres, work programs, and psychosocial rehabilitation are provided for those with serious mental health problems. In addition, readjustment counselling services may be available for veterans and their families at Vet Centres across the nation. VA provides cost-free military sexual trauma counselling and referral, including appropriate care and services, to overcome psychological trauma resulting from a physical assault or battery of a sexual nature or from sexual harassment that occurred while the veteran was on active duty, or was on Active Duty for Training (ADUTRA). Veteran Affairs Health Care System (VAHCS)³ covers the following health services:

- **Preventive Care Services.** These include health examinations, health education (including nutrition education), immunisation against infectious diseases and counselling on genetic diseases that run in families.
- **Inpatient Hospital Services.** These include surgeries, medical treatments, kidney dialysis, acute care (short-term treatment for a severe illness or injury or after surgery),

and specialised care (including organ transplants, intensive care for mental and physical conditions and care for traumatic injuries).

- **Medical and Surgical Specialty Care Services.**

These include Anaesthesiology, Bariatric Surgery (weight loss surgery), Cardiology – Vascular (heart and blood circulation), Chaplain (spiritual support), Critical Care Specialty, Dermatology, Diabetes and Endocrinology, Geriatric Care, Gynaecology Care, Infectious Disease, Nephrology (kidney), Neurology (nerves), Mental Health, Oncology (cancer), Optometry & Ophthalmology (eye care), Orthopaedic Surgery, Orthotic and Prosthetic (amputee care and custom orthotics), Pacemaker (heart), Pain Management, Podiatry (feet), Pulmonary (lungs), Robotic-Assisted Surgery, Spinal Cord Injury, Transplant Surgery (heart, lung, liver, etc.), Urology, Vascular Surgery and Women's Care.

- **Mental Health Services.** The VHA provides eligible veterans with a comprehensive array of mental health care services in outpatient, inpatient, and residential settings. Eligible veterans can access these services in several ways. They may walk into a VHA facility and request mental health services. If they are already being seen in primary care, they may receive their mental health services within the primary care setting or be referred to specialty care. Vet Centres provide a third pathway into mental health care. Veterans can walk into a Vet Centre on their own, with or without a referral. Again, should more specialised or acute services be required, Vet Centres can make the appropriate referral to mental health specialty care or primary care. Finally, veterans may enter the VHA health care system via emergency service departments either at VHA facilities or at civilian hospitals; those seen in civilian emergency service departments may be later referred to VHA health care. The following mental health services can be availed through VAHCS:

- o Mental health services to treat certain issues like post-traumatic stress disorder (PTSD), military sexual trauma (MST), depression, and substance use problems.
- o Assisted living and home health care (depending on needs and income as well as space in the programs).
- o Prescriptions written or approved by a VA doctor.

- **Dental Services.** Eligibility for dental benefits is based on specific guidelines and differs significantly from eligibility requirements⁴ for medical care. Veteran is eligible for outpatient dental treatment if one meets any one of the following criteria:

- o **Eligible for any needed Dental Care.** Service-connected disability or condition for which compensation is received; former prisoner of wars (PoWs); unemployable and getting disability compensation at 100% disabling rate due to service-connected conditions; one or more service-connected disability rated 100% (temporary disability doesn't qualify for this benefit); having service-connected non-compensable dental condition (not getting disability payments) or disability that is the result of combat wounds or service trauma .
- o Dental condition linked to a service connected health condition and is making that condition worse. Eligible dental care to treat the oral conditions that a dental care provider concludes is directly making service-connected health condition worse.
- o Served in active duty for 90 days or more during Persian Gulf War – Eligible for one time Care.
- o Inpatient treatment for a health condition for which dental care is a prior requirement.

- **Diagnostics and Ancillary Services.** These include following:

- o Tests/imaging services used to diagnose health conditions, including lab tests, X-rays, ultrasounds, scans, and MRI.
- o Therapy and rehabilitation services, including physical therapy, vision rehab, and therapy for traumatic brain injury.
- o Additional services including prosthetic items, audiology (care for hearing loss), and radiation oncology (cancer care).

- o If the need arises, a veteran is eligible for transplant services. The request will be coordinated by Primary Care Team.

- **Blind and Low Vision Rehabilitation Services.** VHA provides veterans with eye care including periodic exams, preventive tests and treatments including surgery. VHA also provides services for blind or low-vision rehabilitation. A veteran member who is blind, or has low vision, may be able to get advanced vision care and rehabilitation services through VHA to help the veteran live an independent life. Services offered are:

- o Vision-enhancing devices and technologies and training in how to use them.
- o Training in new visual skills to help with everyday tasks.
- o Sensory training (training that helps veteran to better use other senses-like hearing or touch).
- o Mobility and orientation training (training that helps one create mental maps that makes one feel more confident).
- o Strategies for restoring ability to communicate through writing or using the computer.
- o Counselling and group therapy to help adjust to blindness.
- o Family-centred care that helps family learn how to support while the veteran adjusts to blindness.

- **Support for Caregivers.** VHA has two programs for caregivers:

- o **The Program of General Caregiver Support Services.** This provides caregivers of enrolled Veterans with the following:

- § Information/Referral to in-home or support services, support groups and other resources.
- § Education and training on how best to care for oneself.

§ Peer support to learn from and gain support from other caregivers.

§ Mental health counselling.

§ Programmes that focus on caregiver self-care.

o **The Program of Comprehensive Assistance for Family Caregivers.** This is only available to eligible seriously injured post 9/11 veterans. In addition to all other services, eligible caregivers may receive financial monthly stipend, health insurance (if eligible), beneficiary travel benefits (if eligible), mental health services and Respite Care to get a break for no less than 30 days.

● **Geriatrics and Extended Care Services.** Geriatrics and Extended Care provides services for veterans who are elderly and have complex needs, and veterans of any age who need daily support and assistance. Veterans can receive care at home, at VA medical centres or in the community.

o **Home Health Care.** Home Health Care includes Skilled Home Health Care Services (SHHC) and Family Caregivers Program. SHHC is short-term health care services that can be provided to veterans if they are homebound or live far away from VHA health centre. The care is delivered by a community-based home health agency that has a contract with VHA. VHA's Family Caregivers Program provides support and assistance to caregivers of post 9/11 veterans and service members being medically discharged. Eligible primary Family Caregivers can receive training, mental health services, travel and lodging reimbursement, and access to health insurance if they are not already under a health care plan. The stipend is based on the medical conditions of the veteran and care requirements. The care giver is eligible for a stipend which is paid monthly.

o **Hospice Services.** Hospice is a comfort-based form of care for veterans who have a terminal condition with six months or less to live. Hospice Care provides treatment that relieves suffering and helps to control symptoms in a way that respects personal, cultural, and religious beliefs and practices.

- o **Respite Care Program.** Respite Care is a service that pays for a person to come to a veteran's home or for a veteran to go to a program while their family caregiver takes a break. Respite Care services may be available up to 30 days each calendar year.
- o **Domiciliary Care.** VA offers two distinct types of Domiciliary Care: short-term rehabilitation and long-term health maintenance care. This program also provides a clinically appropriate level of care for homeless veterans whose health care needs are not severe enough to require more intensive levels of treatment.
- o **Medical Foster Home.** Medical Foster Home is an adult foster care family home combined with VA home based primary care or spinal cord injury home care to provide a safe, home-like environment. VA does not pay for medical foster homes but helps match eligible veterans with approved homes and experienced caregivers.
- o **Adult Day Health Care.** Adult Day Health Care is a program veterans can go to during the day for social activities, peer support, companionship, and recreation. Adult day health care is for veterans who need skilled services, case management, and assistance with activities of daily living (e.g. bathing and getting dressed) or instrumental activities of daily living (e.g. fixing meals and taking medicines).
- o **VA Community Living Centre Placement.** If clinically indicated, veteran may be provided needed nursing home placement based on space and availability. Placement is provided either through VA's Community Living Centres (CLC) or contract nursing homes.
- o **State Veterans Homes.** State Veterans Homes are facilities that provide nursing home, domiciliary or adult day care. Eligibility for State Veterans Homes is based on clinical need and setting availability. Each state establishes eligibility and admission criteria for its homes.

Medical Related Travel, Lodging and Daily Allowances

Mileage Reimbursement. Depending on income, individual may be reimbursed as per laid down rates for obtaining VHA health

care services. Veterans are also eligible for travel reimbursement when they travel to a VA facility or VA-authorized health care facility for a scheduled Compensation and Pension (C&P) examination. Details are:

- VHA may arrange or reimburse the veteran for specialized transportation (Ambulances, Wheelchair, Vans) related to obtaining VA health care services.
- Depending on veteran's income, he/she may be paid the actual cost for meals, lodging, or both — not to exceed 50 per cent of the amount allowed for government employees — if it is determined that an overnight stay is required for travel related to obtaining VA health care services.
- Automobile Access Equipment. VA may provide automobile access equipment (for example, items such as power lifts, power door openers, turning seats) if veteran needs assistance to enter or exit a motor vehicle. Eligibility will be determined by his/her VA Primary Care Provider.
- Temporary lodging may be provided if veteran is receiving health care services or a Compensation and Pension examination at a VA health care facility. If undergoing extensive treatment or procedures (organ transplant, chemotherapy, surgical intervention, diagnostic work-up, etc.), veteran and a caregiver or family member may be furnished temporary lodging, at the discretion of the facility Director, for the duration of the treatment.

Veterans Transportation Service (VTS). Veteran Transport Services has established a network of transportation options for veterans through joint efforts with VA's office of Rural Health and other non-governmental organizations to provide mobility to veterans who face challenges travelling to their VHA health care appointments.

Medical Equipment/Prosthetic Items and Aids

VA Prosthetic & Sensory Aids Service (PSAS) furnish prescribed prosthetic equipment, sensory aids, and other devices to eligible veterans. Prosthetics serve as the case manager for the equipment needs of disabled veterans.

- **Eyeglasses.** VA provides eyeglasses only in special circumstances. However, veteran may be eligible because of medically compelling reasons as determined by a VA eye care practitioner. These circumstances may include vision impairment that results from:

- o Diseases or medical conditions for which veteran is receiving VA care, or which results from treatment of such conditions;
- o A significant functional or cognitive impairment that causes problems with activities of daily living, not including normally occurring vision loss; or
- o Vision impairment severe enough to interfere with ability to actively participate in health care.
- o VA eyeglasses will be provided only if otherwise receiving VA care or services.

- **Hearing Aids.** VA provides hearing aids only in special circumstances. However, veteran may be eligible, because of medically compelling reasons, as determined by a VA audiologist. These circumstances may include hearing impairment that results from:

- o Diseases or medical conditions for which veteran is receiving VA care, or which results from treatment of such conditions;
- o A significant functional or cognitive impairment that causes problems with activities of daily living, not including normally occurring hearing loss;
- o Hearing impairment severe enough to interfere with veterans' ability to actively participate in one's health care; or
- o 0% service-connected hearing impairment disabilities that meet certain medical criteria.
- o VA hearing aids will be provided only if otherwise receiving VA care or services.

- **Home Improvement and Structural Alteration (HISA) Grants.** Veteran may be eligible to receive a Home

Improvement and Structural Alteration grant for improvements needed to access one's home or essential bathroom facilities. Home improvement benefits may be provided for Service-connected condition and non-Service-connected condition of a veteran rated 50 per cent or more disabled. Benefits up to specified limit may be provided to all other veterans registered in the VA health care system.

Issue of Medicines

VA maintains a list of preferred medications called a drug formulary. VA's National Drug Formulary ensures that veterans across the country have access to the same medications at all VA facilities. There is a process that permits health care provider to prescribe a 'non-formulary' drug if special health needs require it (e.g., safety reasons, side effects, poor response, and no alternatives). VA is generally not authorised to fill prescriptions unless they are written by a VA provider. If non-VA physician has prescribed a medication that is not on the VA National Formulary (that is, a 'non-formulary' medication), VA physician may elect to re-write that prescription for a VA National Formulary medication. If this switch is made, it is because VA health care provider believes the VA National Formulary drug offers the best safety, effectiveness, and overall value.

Coverage for Family Members

Options for Family Members are limited. Few veteran families receive health care services at the VA. Two health coverage programmes for veterans and/or their families allow enrollees to receive care at the VA if space is available:

- TRICARE is a Department of Defence health care program offered to active duty, retired, and Guard/Reserve members and their families. All VHA health care facilities serve as TRICARE network providers, allowing TRICARE covered individuals to receive care on a space available basis.
- The Civilian Health and Medical Program of Veterans Affairs (CHAMPVA), a comprehensive health care program with deductibles and cost-sharing, provides coverage to the dependents and survivors of veterans who died or became permanently and totally disabled due to service-connected

injuries. Full-time students are covered until they are 23 but otherwise dependents lose coverage at 18 years. CHAMPVA recipients can receive care with no cost sharing from their local VA medical centre, subject to availability and only if it participates in the CHAMPVA In-house Treatment Initiative (CITI). CITI provides non-medicare eligible CHAMPVA beneficiaries' access to care in VA facilities after the facility has met the needs of its veteran population.

VHA Co-payments

While many veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factors, certain veterans will be asked to complete a financial assessment at the time of enrollment to determine their eligibility for cost-free medications and travel benefits. This financial information is also used to determine the applicant's enrollment priority and whether he/she is eligible for cost-free VA health care. Higher-income veterans (veterans whose income exceeds established national income limits) who are treated for non-Service-connected conditions may be required to share in the expense of their care by paying co-payments. Quantum of outpatient & inpatient hospital payments has been specified separately.

Care outside the VA System

VA may refer to a non-VA provider in the community for a portion of medical care under certain limited circumstances. Non-emergency health care provided in non-VA facilities at VA expense must always be pre-authorised. If one seeks emergency treatment at a non-VA facility, it's important to contact the closest VA medical centre within 72 hours of admission to the emergency room even if one has been discharged home. VA is not authorised to pay for all emergency care for veterans; veteran's individual eligibility will determine what VA is able to pay for. Non-VA medical care may be pre-authorised when treatment is needed for:

- A disability for which veteran was released from active duty.
- A condition requiring emergency care that develops while one is receiving inpatient hospital or outpatient care in a VA

facility, federal facility with which VA contracts, Contract Nursing Home, or during VA-authorized travel.

Emergency Medical Care Services

Veterans are eligible for emergency medical treatment in VHA facilities or any other medical facility in case VHA facility is not available nearby. Veterans do not need to check with VHA before calling for an ambulance or going to an emergency department. During a medical emergency, VHA encourages all veterans to seek immediate medical attention without delay. A claim for emergency care will never be denied based solely on VHA not receiving notification prior to seeking care. It is, however, important to promptly notify VHA after receiving emergency care at a medical facility other than VHA facility. Notification should be made within 72 hours of admission to a community medical facility. This allows VHA to assist the veteran in coordinating necessary care or transfer and helps to ensure that the administrative and clinical requirements for VHA to pay for the care are met.

- **Service-Connected Emergency Care.** In general, VHA can pay for emergency medical care at a local Emergency Department for a veteran's service-connected condition. Specifically, emergency medical care for a veteran's service-connected or related condition is eligible for VHA payment as long as the VHA wasn't reasonably available to provide the care. In accordance with the following situations and requirements, VHA can pay emergency care costs for:
 - o A veteran who receives emergency treatment of a service-connected condition in a community emergency department; or
 - o A veteran who is permanently and totally disabled as the result of a service-connected condition is eligible for emergency treatment of any condition; or
 - o A veteran who is participating in a VA Vocational Rehabilitation Programme, and who requires emergency treatment to expedite their return to the programme, is eligible for emergency treatment for any condition;
 - o The emergency was of such a nature that the veteran would reasonably believe that any delay in

seeking immediate medical attention would cause their life or health to be placed in jeopardy.

- **Non-Service-Connected Emergency Care.** VHA can also pay for emergency medical care at a community Emergency Department for a veteran's non-Service-connected condition. However, there are several requirements and factors that affect the extent to which VHA can cover those services. Specifically, emergency medical care for a veteran's non-Service-connected condition(s) is eligible for VHA payment when all of the following five elements are true:

- o Care was provided in a hospital Emergency Department (or similar public facility held to provide emergency treatment to the public); and
 - o The emergency was of such a nature that the veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking immediate medical attention would cause their life or health to be placed in jeopardy; and
 - o A VA medical facility or another federal facility was not reasonably available to provide the care; and
 - o The veteran is enrolled and has received care within a VA facility during the 24 months before the emergency care; and
 - o The veteran is financially liable to the provider of emergency treatment.
- o **Claim.** The claim should be made within 72 hours of receiving medical aid by any person helping the veteran to the VHA. Thereafter, VHA staff will assist the veteran and/or his/her representatives in understanding eligibility and how eligibility relates to services rendered in the community medical centre.
 - o VHA staff will also ensure that, if desired, the veteran is transferred to a VHA medical centre upon stabilisation.
 - o Claims for emergency medical care should be submitted to VHA within 30 days after care has been

provided. If a veteran is charged for emergency care received in the Community Medical Centre and believes the charges should be covered by VHA, the veteran needs to contact the nearest VAHCS medical facility as soon as possible.

Summary

The USA has one of the oldest as well as comprehensive health care programme for its veterans. As will be evident from the above details, the coverage of health care is wide ranging and covers a very wide canvas. It looks at comprehensive management of healthcare of veterans as against limited medical treatment.

At the same time, its primary focus remains on the veterans and only minor resources/effort is set-aside towards family members and other dependents. This approach makes the scheme affordable for the govt. While it is liberal to grant health care benefits but primary focus remains the soldier. One need not be only a pensioner to avail the benefits.

It is also important to observe that co-payment is taken from those who are from higher income group, a practice which could be emulated if a health care facility has to meet financial survivability. While some of the good practices have already been incorporated in Ex-servicemen Contributory Healthcare Scheme (ECHS) but many more can be adopted including establishment of Veteran Wings & Veteran Hospitals.

Endnotes

¹ US Department of Veteran Affairs (VA). VA's Veterans Health Administration is the largest integrated health care network in the United States, with 1,255 health care facilities serving 9 million enrolled Veterans each year. Accessed Aug 19, 2021, from https://www.va.gov/ABOUT_VA/index.asp

² Equivalent to the Indian military's Ex Servicemen Contributory Health Scheme (ECHS) with a difference that the scheme is primarily for Servicemen and not their family members or dependents.

³ US Department of Veteran Affairs. Retrieved 30 Dec 2019, www.va.gov.com.

Research & Advocacy to Address Issues Faced by Families of Armed Forces Soldiers Killed in Action (KIA)

Mrs Meghna Girish, Mrs Subhashini Vasanth &
Mr Vikas Manhas®

Abstract

This article is based upon a study to investigate existing ground realities in accessing entitlements and benefits for families of soldiers who made the supreme sacrifice defending the nation. Results indicate that widows and parents of armed forces soldiers killed-in-action (KIA) often face tremendous problems and challenges because of apathy, denial, and insufficient support from the military and civilian bureaucracy, and bureaucratic rules. On the basis of findings of the study, the article advocates for a review of policies and implementation processes so as to ensure timely and equitable access for all affected families, to lead a life of dignity.

Introduction

Every young soldier who joins the armed forces does so with passion and courage to protect the nation and people. When families lose their pillar of strength and support for the greater cause of defending India, not only are their dreams and hopes for a happy future shattered, they face extremely tough challenges

®Mrs Meghna Girish is the mother of Major Akshay Girish Kumar, Engineers, who sacrificed his life for the nation on 29 Nov 2016. She is a motivational speaker and writer and co-founder of the Major Akshay Girish Memorial Trust which aims to promote patriotism and service to the motherland.

Mrs Subhashini Vasanth is the wife of Colonel Vasanth V, Infantry (Maratha LI), who was awarded the Ashok Chakra (Posthumous) in 2008 for his selfless, supreme sacrifice while fighting terrorists in Jammu & Kashmir. She has channelled her grief to empower the 'veer naris' of the Indian Army through the Vasanthratna Foundation for Arts started by her in the memory of her husband.

Mr Vikas Manhas is from Bhaderwah. In the past two decades, Vikas has met the families of over 200 Indian martyrs and has built a personal relationship with all of them. He is a BSc from the University of Jammu and MMS (Marketing) from University of Mumbai. He has worked at Crosstream Consulting Pvt Ltd in Bengaluru for four years and then started a travel agency, a pursuit which helps him carry on with his life's mission of commiserating with the families of martyrs.

Journal of the United Service Institution of India, Vol. CLI, No. 625, July-September 2021.