



# Homeward Bound

## Long-term Health Care Needs of our Returning Veterans

*Many members of our armed forces serving in Iraq and Afghanistan are surviving injuries that previously would have been fatal. Advances in combat medicine have improved the delivery of emergency care and increased the survival rate. This has placed a higher burden on our ability to provide long-term care to our returning veterans. This paper examines modern-day combat medical response and veterans' long-term health care needs.*

### Modern-day Combat Medical Care

Over 2,000 soldiers have been killed and 15,000 wounded in Iraq and Afghanistan. The majority of the wounds sustained resulted from explosive devices, which produce blast and fragmentation injuries. Body armor and helmets protect the troops; however, arms and legs are often unprotected, resulting in extremity wounds. Severely injured limbs require amputation. Likewise, large explosions produce concussive injuries to the brain and spinal cord. A far greater proportion of the injured veterans returning from Afghanistan and Iraq have sustained head and spinal cord injuries and extremity wounds requiring amputation than in previous wars.

Helicopter evacuation to forward surgical teams and combat support hospitals allow casualties to rapidly receive surgical care, frequently within an hour of being wounded. Facilities, equipment and personnel are able to provide state-of-the-art care close to the combat area. The injured are then rapidly moved by airplane to evacuation hospitals, to staging hospitals in Germany, and to military hospitals in the United States. Often, they are returned to the United States within days of being wounded. Rapid evacuation and state of the art care close to the battlefield contribute to a greater number of casualties surviving their injuries.

The numbers of head and spinal cord injured patients and amputees arriving at military hospitals today have increased the need for specialized veterans' care. Seamless transition is a concept for rapidly facilitating the movement of special needs patients to specialized VA facilities closer to their homes. There are four Poly Trauma Centers and twenty-four Spinal Cord Injury Centers across the country. From these centers, patients are prepared for discharge into their home communities. A Seamless Transition Program from military hospitals to specialized VA Centers provides rapid smooth transition for veterans returning to their communities.

### Veterans' Long-Term Health Care Needs

Due to the nature of the conflict, the type of wounds, excellent medical care and rapid transition thru the DOD and VA health care systems, proportionately more amputees and head and spinal cord injured veterans are surviving and returning home. These returning veterans and

their families require continuing health care, housing, employment and assistance reintegrating into civilian life.

Veterans who return to their communities receive healthcare thru the VA Health Care System and thru TRICARE. There are 887 VA Outpatient Clinics, 206 Veterans Centers and 157 Veterans Hospitals throughout the country. TRICARE is a tri-service managed healthcare program available to DOD beneficiaries which contracts with civilian health care providers to provide services. Since many of the returning veterans were members of National Guard units and Reserve units, they will likely return to communities that are remote from VA facilities. This, in turn, will place an increasing demand on TRICARE. Fees paid to TRICARE providers are closely tied to Medicare rates. Participation as a TRICARE provider is voluntary. In order to assure sufficient access to TRICARE providers in communities remote from VA facilities, it will be important that TRICARE reimbursement remains competitive with other health care reimbursement in these communities.

Adequate mental health care for veterans and their families will also be essential to reintegration of veterans into their home communities. Prevention and detection of Post Traumatic Stress Disorder (PTSD) and domestic violence has become a concern of both the DOD and the VA. In response to these concerns, Mental Health Screening Teams have been assigned to combat areas and to military and veteran's healthcare facilities. Continuing mental health care will be essential in the veterans' local communities and will need to be provided by both the VA and TRICARE.

In addition to medical needs, disabled veterans will have other needs returning home. Veterans with disabilities and their families will have special housing needs and disabled veterans will need assistance with job placement. Disabled veterans and their families will also need to be reintegrated into the social structure of their communities. Long-term care and support for our returning veterans are issues for the VA. However, local communities must also fully participate in reintegrating disabled veterans into civilian life.

The medical and social needs of many of our veterans will be life-long. Because of the large numbers who have sustained head injuries, paralyzing injuries and amputations, the cost of care for veterans from Afghanistan and Iraq will be greater than in previous wars. We must assure that we provide adequate ongoing funding for the care of these veterans disabled in the war in Afghanistan and Iraq.

Veteran care does not stop at the hospital door. We must maintain strong federal programs and assure strong local community support to accommodate our returning veterans. They deserve nothing less. Most importantly, we must assure that our veterans' sacrifices do not go unrecognized or unacknowledged.