



# **Compensating Service-related Disabilities:**

**The Veteran's Administration and the  
Making of Veterans' Health Policy**

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# Background

- The US Government has responsibility for treatment and compensation of injuries received in the course of military service
- What are examples of a “service-related” injury?
  - **Definite:** battlefield injury
  - **Probable:** PTSD after discharge
  - **Possible:** cancer after exposure to radiation from nuclear weapons testing

# Background (cont'd.)

- Any Veteran has the right to claim a service-related disability, but obviously not all claims can be honored
- To ease the Veteran's burden-of-proof, the VA has adopted a policy of "presuming" that certain illnesses among exposed Veterans are service related (i.e. that military exposure caused the disease).

# What disabilities does VA presume to be service-related?

## Examples

- Multiple sclerosis within 7 years of discharge
- Prostate cancer with Agent Orange exposure
  - Who is “exposed”?
- Type 2 diabetes with Agent Orange exposure
  - There are many complications of diabetes
  - Projected cost to VA in billions of dollars

## Costs are now huge

National health insurance will help, but disabled Veterans also entitled to pensions

# How does VA decide which disabilities are “presumed” to be service-related?

Beginning with Agent Orange:

- VA calls on advice from scientific panels (Institute of Medicine)
- Different panels do not necessarily use consistent methods:
  - Use of non-human data varies
  - Criteria for “causation” vary

# Even so, scientific advice has been only one element in VA decisions on presumptions

- Presumptions have been made when
  - scientific evidence is strong
    - Radiation and leukemia
  - scientific evidence is weak
    - Dioxin and prostate cancer
  - scientific evidence is absent
    - Multiple sclerosis within 7 years

# VA use of scientific advice is not transparent

- For 2 diseases with same level of scientific evidence, VA may make different decisions

# To summarize current VA policy process:

- Scientific criteria not clearly defined (e.g. “association” vs causation)
- VA use of recommendations not transparent
- In this murky setting, there is room for politics and special interests to have influence
- Inconsistency fuels perceptions of unfairness
- Scientific data, scientists - and science itself - can appear capricious and malleable

# In 2004, Congress established a Commission on Veterans compensation

- The Commission charged IOM committee with assessing process and recommending changes related to presumptions
- Committee consisted of epidemiologists plus toxicologists, clinicians, statisticians, a judge, a philosopher, and a policy maker

# Recommendations of IOM Committee, 2007

1. Evidence for causation should be the basis for all decisions on presumptions
2. “Evidence” should include all relevant data, including epidemiologic, toxicologic, biologic mechanisms, etc.
3. An association will be judged as “causal” if the evidence in support of causation is at least as strong as evidence for the alternatives.

## Recommendations of IOM Committee, 2007 (cont'd.)

4. When an association is rated as “causal,” the advisory committee should also estimate the magnitude of the effect, and the attributable fraction among exposed Veterans.
5. VA should provide an open and transparent process for translating scientific advice into policy.

# Recommendations of IOM Committee, 2007 (cont'd.)

6. [ Various additional recommendations on open process to nominate diseases for consideration, structure for independent advisory panels, etc. ]
7. Going forward, there should be a way to track service exposures of military personnel, creation of disease registries for Veterans, funds for research on health of exposed Veterans.

Status: 2009

# Lessons learned:

- Protect the evaluation of evidence from political and other influences
- Be explicit about the level of evidence required by policy makers
- Promote a transparent process for translating evidence into policy.
  - protects science from being blamed for bad policies.
- Anticipate what data will be needed for future policy decisions
  - Input from policy experts and stakeholders can help epidemiologists prioritize research questions.

