

Using Epidemiological Evidence in the Compensation of Veterans

Based on:

Samet JM, McMichael GH, 3rd, Wilcox AJ. The use of epidemiological evidence in the compensation of veterans. *Ann Epidemiol.* 2010;Jun;20(6):421-427

Overview

- Address compensation of veterans
- Focus on presumptions made around veterans' compensation
- Address the development of systems for making decisions on causation in the face of uncertainty
- Present “lessons learned”

Compensation of Veterans

Compensation of Veterans

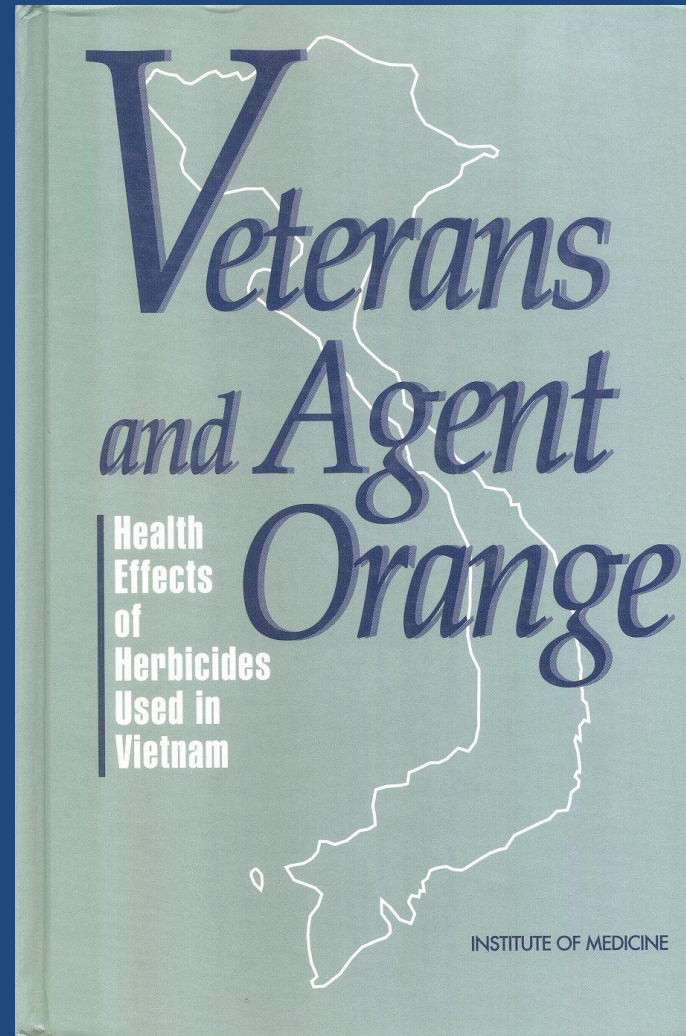
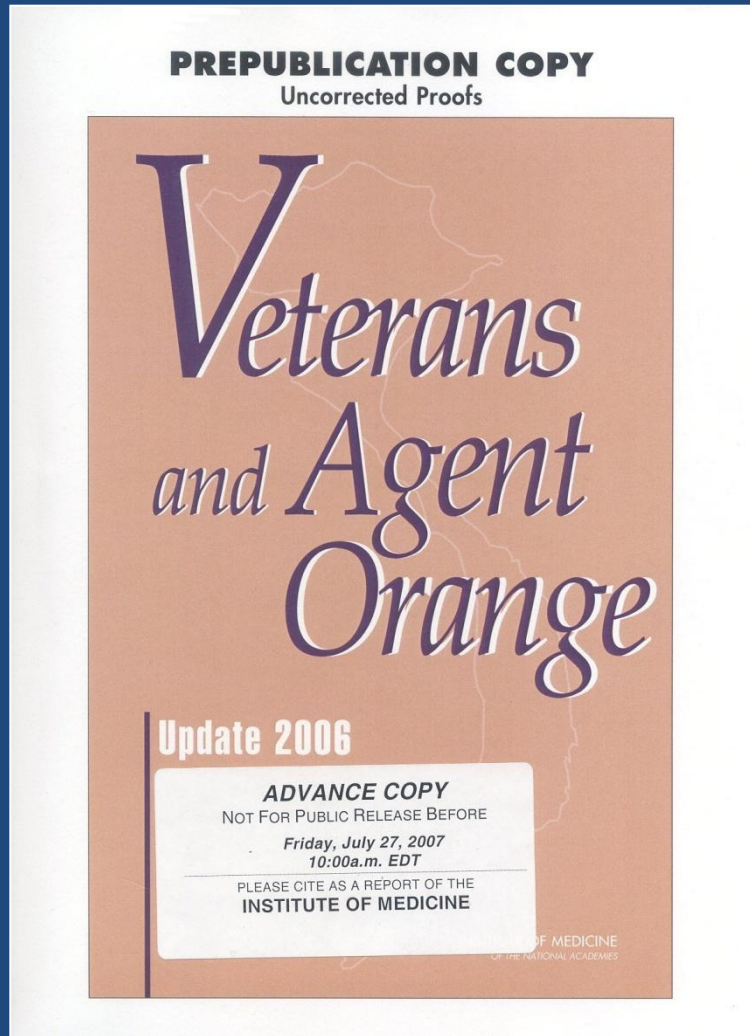
- Long history of recognizing and honoring veterans' service
- Military men and women exposed to diverse agents, some unique to service
- Provide compensation for injuries, diseases
- Disability must be service-related
- Presumptions around compensation of veterans for conditions after service



Agent Orange

- Defoliant during the Vietnam War
- Uncertainty as to specific personnel exposure and also on causation of cancer, other diseases
- Presumption that all personnel with service were exposed
- VA makes presumptions based on review of evidence by IOM and VA's assessment of IOM's findings

Compensation for Vietnam veterans



Compensation of Veterans

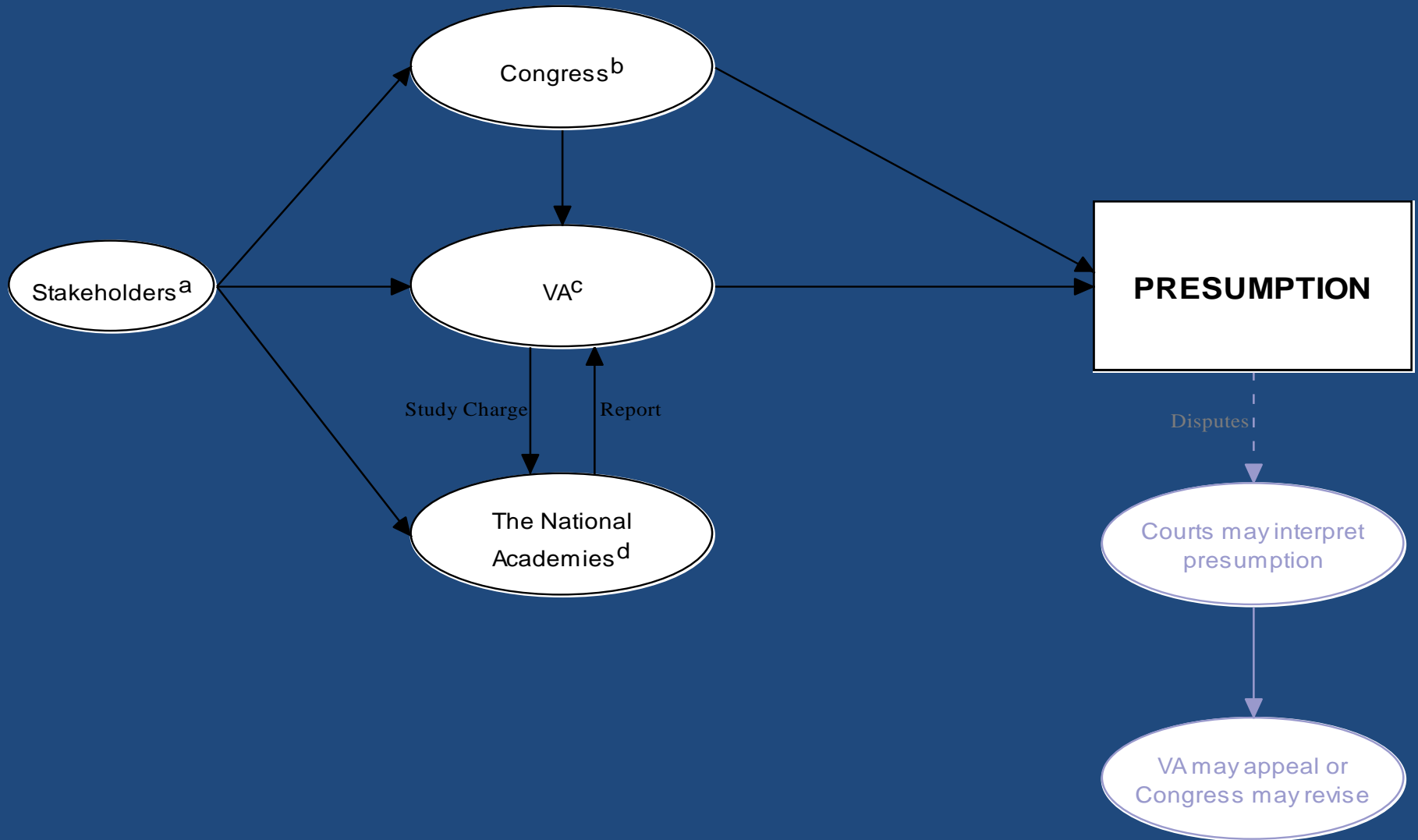


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- 1921 Congress grants VA Secretary power to make presumptions
- 150 subsequent presumptions with ethical and financial implications
 - i.e. “false-positives” or “false-negatives”
- VA provides disability compensation to 3 million veterans, 342,000 beneficiaries
- \$41 billion annually spent on compensation

Current Presumption Approach

Current Presumption Approach



Current Presumptive Process

- 3 major legislative actions:
 - Radiation Exposed Veterans Compensation Act of 1988
 - Agent Orange Act of 1991
 - Started process involving IOM still in place
 - Persian Gulf War Acts of 1995 and 1998
- Provide compensation so as not to exclude any veterans deserving it



Current Presumptive Process

- IOM systematic reviews for Agent Orange and Gulf War reports
- Strength of evidence of *association* classified for Agent Orange
- VA provides recommendations based on non-transparent, internal processes
- Presumptions providing compensation made when evidence was “limited/suggestive” of an association
- For Gulf War illnesses, “sufficient evidence of a causal relationship”

Problems with Current Approach

- Flawed, according to some key stakeholders
- Results not consistent
- VA makes decisions without sufficient transparency
- Scientific inconsistencies between approaches of Agent Orange and Gulf War
- Wrong presumptions are costly



Proposed Approach

IOM PDDM Proposed Approach

- Foundation:
 - Stakeholder inclusiveness
 - Evidence-based decisions
 - Transparent process
 - Flexibility
 - Consistency
 - Using causation, not just association

Committee's Approach

- Open process for proposing exposures and illnesses for review
- Systematic evidence review process by external group
- New evidence classification scheme
- Transparent decision-making process by VA
- Organizational structure to support the process

Committee's Approach

- Urged VA to work with the Dept. of Defense to track exposures and monitor health of military
- Establish new boards
 - Advisory Committee to advise the VA Secretary exposures and illnesses needing further consideration
 - Science Review Board to evaluate and classify evidence in terms of causality
- Advance causation, not association

4 Level Classification:

Strength of evidence for causation

1. Sufficient: evidence is sufficient to conclude that a causal relationship exists
2. Equipoise and above: evidence sufficient to conclude causal relationship is at least as likely as not, but not sufficient to conclude that a causal relationship exists
3. Below Equipoise: evidence is not sufficient to conclude that a causal relationship is at least as likely as not, or is not sufficient to make a scientifically informed judgment
4. Against: the evidence suggests the lack of a causal relationship

Lessons Learned

Lessons Learned

- When we know evidence will be needed for future policy decisions, better policy will result if the relevant data can actually be collected
 - Presumptions cover gaps in evidence that might be reduced and avoided with prospective data collection
 - Need for ongoing tracking of exposures, associated risks by military
 - Make seamless approach the goal
 - Feasibility and cost may present barriers

Lessons Learned

- Interaction of policy experts, stakeholders and scientists can help to prioritize questions for more intensive scientific evaluation of existing evidence
 - Establish pathways for veterans to raise health concerns
 - Need shared understanding of the potential limitations of available evidence, so expectations of decision-makers and stakeholders are consistent with scientific findings

Lessons Learned

- Evaluation of evidence needs to be done by “neutral” scientific groups with no reason to have bias
- Synthesis process for evidence evaluation needs to be isolated from stakeholder influence
- Its elements need to be clear

Lessons Learned

- Processes for using scientific evidence as the basis for policy formulation must be transparent
 - Help avoid appearance of unfairness, undue political influence
 - Protect science from blame for poor policy decisions