

**VHA WAR-RELATED ILLNESS AND INJURY STUDY CENTER (WRIISC)**

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook updates War-related Illness and Injury Study Center (WRIISC) procedures and reporting instructions.

**2. SUMMARY OF MAJOR CHANGES.** Significant new information includes:

a. The addition of a third WRIISC site at the Department of Veterans Affairs (VA) Health Care System, Palo Alto, California;

b. The revision of the WRIISC assessment template identified as Dynamic Host Control Protocol Patch Display, Version 1 SEQ #159, in the Computerized Patient Record System (CPRS);

c. The name of the Austin Automation Center has been changed to the Austin Information Technology Center; and

d. Deletion of VA Form 10-0417, Notification of WRIISC Referral.

**3. RESPONSIBLE OFFICE.** Post-Deployment Health, (10P3A) within VHA's Office of Public Health (OPH) is responsible for the contents of this VHA Handbook. Questions may be referred to (202) 461-1020 or by facsimile to (202) 495-5974.

**5. RECISSIONS.** VHA Handbook 1303.5, July 26, 2005, is rescinded.

**6. RECERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of November 2017.

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Under Secretary for Health

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## VHA WAR-RELATED ILLNESS AND INJURY STUDY CENTER (WRIISC)

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides Department of Veterans Affairs (VA) clinicians with procedures for referring Veterans from past, present, and future conflicts, who have deployment-related symptoms, conditions, illnesses, and injuries, including those that are difficult to diagnose or explain, to a VHA WRIISC for multi-disciplinary health assessments.

### 2. AUTHORITY

a. Section 103(a) of Public Law 105-368, codified at 38 U.S.C. § 303, note, directed VA to contract with the National Academy of Sciences (NAS) to develop a plan for establishing national centers for the study of war-related illnesses and post-deployment issues.

b. No special treatment authority applies to care provided through the WRIISC. Care is to be provided to enrolled Veterans under VA's general treatment authority (that is, under 38 U.S.C. § 1710, 38 C.F.R. § 17.38). This means that Veterans in a co-payment required status, either for medical care or medications, may be subject to co-payments unless a separate eligibility factor exempts them from such co-payment requirements.

### 3. BACKGROUND

a. On November 5, 1999, NAS recommended that VA establish centers for the study of war-related illnesses and post-deployment health issues. The centers were to be similar in structure to VHA's Geriatric Research, Education, and Clinical Centers (GRECC) that consist of four major program components that are balanced in focus: clinical care, education, risk communication, and research. NAS came to the conclusion that this proven model of integrated clinical care, research, risk communication, and education applied to the issue of deployment health would contribute to the advancement of knowledge regarding the issue of deployment health for Veterans returning from "peacekeeping missions and war." NAS felt that there is a "need for a national center that will address (1) preventive strategies to minimize illness and injury that could be implemented prior to, during, and after future conflict; and (2) [for] increased attention to improving the care of Veterans." **NOTE:** See *subpar 13d.*

b. On May 10, 2001, the Secretary of Veterans Affairs announced the establishment of two WRIISC sites at the VA medical centers in Washington, DC, and East Orange, New Jersey.

c. To provide wider coverage and easier access for Veterans, an additional WRIISC site was established and became operational at the VA Health Care System in Palo Alto, California, in January 2008.

d. The WRIISC sites collaborate with the Department of Defense (DOD) personnel and other health care professionals engaged in similar post-deployment health issues for active duty

Service Members and Veterans and have strong academic affiliations with medical schools and other health care entities.

e. Funding is provided by VHA, OPH, with renewal contingent upon a 5-year assessment, competitive review, and the availability of funds. Refer to paragraph 8. a. for further funding information.

#### **4. SCOPE**

a. The WRIISC is a national program with three centers co-located at VA medical centers (Washington, DC; East Orange, New Jersey; and, Palo Alto, California). The unique design of the WRIISC necessitates program oversight to be divided into technical program and administrative or operational components.

b. The WRIISC serves as a second opinion resource for Veterans with deployment-related health concerns and is a national resource that benefits the VA system-wide, regionally, and locally.

c. The WRIISC is a national VA program devoted to the post-deployment health concerns of Veterans and their unique health care needs. The WRIISC Program develops, improves, provides, and disseminates expertise for Veterans and their health care providers through clinical evaluation, research, education, and risk communication.

d. The WRIISC is charged with:

(1) Providing specialty clinical evaluations and treatment recommendations to eligible Veterans with deployment-related symptoms, conditions, illnesses, and injuries, including those that are difficult to diagnose or explain.

(2) Developing research related to causation, diagnosis, and treatment for such Veterans. All research at WRIISC is conducted in compliance with all applicable regulations established by the VA's Office of Research and Development.

(3) Providing education for Veterans and health care providers, both VA and non-VA, who work with these Veterans; non-VA providers are to be provided such education pursuant to medical information sharing agreements under 38 U.S.C. 8154. It is broadly recognized that the WRIISC program contributes to health science and care delivery and is involved in the preparation and continuing education of the providers, within and beyond VA, from a wide range of disciplines that impact delivery of health care services to Veterans.

#### **5. RESPONSIBILITIES OF THE CHIEF OFFICER OF VHA'S OFFICE OF PUBLIC HEALTH (OPH)**

The Chief Officer of VHA's Office of Public Health (OPH), through the WRIISC Program Officer (Chief Consultant, Post-Deployment Health (10P3A)), is responsible for implementation and oversight of the WRIISC program which includes:

- (1) Funding;
- (2) Appointing WRIISC Directors after coordination with the local site's Medical Center Director;
- (3) Program evaluation including provider and Veteran satisfaction surveys;
- (4) Education (WRIISC website), outreach (WRIISC newsletter), and training (conferences) involving all three sites and dissemination of information throughout VHA; and
- (5) Interaction with Congress, VA leadership and Veteran Service Organizations (VSO).

## 6. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

- a. All administrative and operational components in support of the WRIISC;
- b. Space allocation for integrated clinical care, research, education and risk communication;
- c. Staffing (excluding WRIISC Director), including recruitment.

## 7. RESPONSIBILITIES OF THE WRIISC DIRECTOR

Each WRIISC must have an appointed Director. Each WRIISC Director is expected to devote their full time to WRIISC activities and is responsible for:

- a. Reporting to the Chief Consultant, Post-Deployment Health within the VHA Office of Public Health (OPH) for all programmatic and policy issues.
- b. Reporting to the Medical Center Director of the VA site at which their programs are co-located for all administrative and operational issues, including clinical activities, research program initiatives, infrastructure development, resource and recruitment issues.
- c. WRIISC leadership is expected to be expert in issues related to Veteran post-deployment health concerns, specifically medically unexplained symptoms, conditions, illnesses, and injuries, including those that are difficult to diagnose or explain.
- d. Implementing appropriate health risk communication to Veterans and their families on deployment-related illnesses and injuries.

## 8. PROGRAM ADMINISTRATION PROCEDURES

- a. **Funding.** Funding is provided by VHA through OPH. Funding is evaluated on a routine basis and is adjusted based on evaluation of WRIISC performance measures (such as quality and relevance of research with Department of Defense, efforts in patient education, relevance and

timeliness of fact sheets), increase in need, and availability of funds. WRIISC staff salaries are also funded by OPH.

b. **Space Allocations.** Allocation of space for WRIISC clinical care, research, education and risk communication activities is negotiated with the local VA medical facility between each WRIISC Director and host leadership (VAMC CoS, Director, Clinical Services).

c. **Reporting Relationship.** OPH has programmatic oversight over the WRIISC. Each WRIISC reports to the Chief Consultant, Post Deployment Health within OPH, for all programmatic and policy issues and to the medical facility for all administrative and operational issues. The host VA medical facility has local administrative and operational oversight. Each WRIISC reports to the Director of the local host VA medical facility for all administrative and operational issues.

d. **Regional WRIISC Leadership.** Regional WRIISC leadership is expected to be expert in issues related to Veteran post-deployment health concerns. More specifically, these include medically-unexplained symptoms (MUS), conditions, illnesses, and injuries, including those that are difficult to diagnose or explain.

e. **WRIISC Staffing.** The WRIISC provides multi-disciplinary post-deployment health evaluations, educations, risk communication, and research spanning a range of Veteran-related topics. Thus, each WRIISC site provides services from a range of credentialed professionals including, but not limited to: physicians (e.g., interns, neurologists, occupational medicine specialties etc.), nurse practitioners, nurses, psychologists, neuropsychologists, social workers, education and risk communication specialists, and VHA staff with expertise in complementary alternative medicine. The WRIISC staff reports directly to the WRIISC Director.

f. **WRIISC Director.** Each WRIISC must have an appointed Director. A WRIISC Director must have demonstrated significant skill and experience in the area of MUS, research, and administration. In addition, a WRIISC Site Director must be able to recruit, motivate, and lead innovative and productive clinicians, researchers, educators, and risk communicators. WRIISC Directors are hired through a national search to include VA and non-VA employees.

## 9. OVERSIGHT

The success and effectiveness of the WRIISC program has to be evaluated against its mission, goals, and objectives. This is achieved by oversight by the WRIISC Program Officer (Chief, Post Deployment Health (10P3A)). Quantitative and narrative reports on research and education funding, personnel and their time distribution, publications, trainees, fellows, conferences and clinical demonstrations are tracked for quality outcomes for management. Reports of all WRIISC activities must be furnished to the WRIISC Program Officer at OPH annually. Each WRIISC Director also furnishes reports, to include workload, as required per the local VAMC policies and procedures.

## 10. VETERAN ELIGIBILITY

a. VA relies on its general treatment authority to provide care to enrolled Veterans through these Centers.

b. To be seen, a Veteran must have an assigned VA primary care clinician. However, any VA clinician, as defined by VHA Handbook 1100.19, may refer to the WRIISC a Veteran who fulfills the following criteria:

(1) The Veteran must be enrolled in VA's health care system and have deployment-related symptoms, conditions, illnesses, or injuries, including those that are difficult to diagnose or explain.

(2) The Veteran must be medically and psychiatrically stable, as determined by the referring VA clinician, for evaluation at the WRIISC. If the Veteran requires an escort, justification must be provided in the referral application.

c. WRIISC staff makes the final determination as to whether the Veteran is likely to benefit from a WRIISC evaluation. Once this determination has been made and the evaluation has been completed, the WRIISC staff must communicate the results to the VA referring clinician and record results in the Veteran's medical record.

d. If a Veteran contacts a regional WRIISC site directly without a prior referral from a credentialed VA provider, staff of the regional WRIISC site facilitates are to contact a local credentialed VA provider and ensure the Veteran is properly enrolled in the VA health care system.

## 11. REFERRAL PROCEDURES

Please visit our Web site at:

<http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/referral.asp> for information on how to submit a WRIISC referral.

## 12. TRANSPORTATION PROCEDURES

Veterans are assigned to one of three WRIISC sites based on clinical need and geographic location. Veteran transportation is governed by: VHA Handbook 1601B.05; title 38, United States Code, § 111, and 38 C.F.R. pt. 70.

a. If a Veteran requires assistance for travel (e.g. and escort to the WRIISC site) due to medical issues, justification must be provided in the referral application.

b. If a Veteran requires overnight accommodations at a WRIISC site, staff at that site must provide assistance in arranging lodging accommodations. Lodging can include the local VA medical facility's hoptel or accommodations in a local hotel, as authorized and consistent with VHA Directive 2003-009, Temporary Lodging and Hoptel Programs (2003), 38 U.S.C. § 1708, 38 C.F.R. pt. 60., It may also include a bed in a VA medical facilities inpatient unit, as

appropriate. The type of lodging depends on the regional WRIISC sites local operating procedures.

c. If a Veteran is an outpatient at both the referring facility and at one of the regional WRIISC sites, round-trip transportation is the responsibility of the WRIISC, again only if the Veteran is eligible for beneficiary travel under 38 U.S.C. § 111. Otherwise, it is the responsibility of the Veteran to arrange for the transportation.

d. If a Veteran is an inpatient in the referring facility and will be an inpatient at one of the regional WRIISC sites, the referring facility arranges and pays for transportation to the WRIISC, in accordance with VHA Directive 2007-015, Inter-Facility Transfer Policy. The WRIISC facility arranges and pays for return transportation.

### 13. REFERENCES

- a. Information Bulletin 10-165.
- b. EAS Web site: <http://www.publichealth.va.gov/exposures>
- c. EAS WRIISC Web site. <http://www.warrelatedillness.va.gov/>
- d. “National Center for Military Deployment Health Research” and was produced by Lyla M. Hernandez, Catharyn T. Liverman, and Merwyn R. Greenlick, Editors; Committee on a National Center on War-Related Illnesses and Postdeployment Health Issues, Institute of Medicine. (1999)
- e. 38 U.S.C. §§111, 303 note, 1708, 1710, 8154;38 CFR 17.38, 38 C.F.R. pt. 60, pt. 70
- f. VHA Directives: 2003-009, Temporary Lodging and Hoptel Programs (2003); 2007-015, Inter-Facility Transfer Policy (2007)
- g. VHA Handbook 1601B.05, Beneficiary Travel