



## Federal Update for May 2 – June 1, 2016



### VA OIG Update

#### ***New OIG Hopes to Repair Office's Image***

The new inspector general at the Department of Veterans Affairs is hoping to quickly repair the office's image after nearly two years of criticism for cursory investigations and secrecy. Michael Missal, who began work last Monday, said he plans to reach out to veterans' groups, Congress and others to let them know his door is open and he plans to be more transparent. "I feel very strongly that the public has a right to know the work of the VA IG's office," Missal told USA TODAY in an exclusive interview, his first since taking the job.

The inspector general is an independent authority responsible under federal law for rooting out fraud and mismanagement at the VA and keeping Congress — and therefore, the public — "fully and currently" informed. But USA TODAY investigations found that his predecessors failed to release the findings of 140 probes of VA health care and sat on the results of 77 wait-time investigations for months. In one case, an investigation found doctors at a VA Medical Center in Tomah, Wis., prescribing dangerous amounts of opiates. The IG briefed VA officials on the findings but didn't release a public report, trusting they would fix the issue. Five months later, a 35-year old Marine Corps veteran, Jason Simcakoski, died from mixed drug toxicity as a patient there after doctors added another opiate to the 14 drugs he already was prescribed. Missal said he plans to look into that case and why the report wasn't released. "That's one of the matters I'm going to get more deeply involved in," he said.

At the request of Congress, Missal is also launching investigations of VA manager transfers and congressional testimony given by Skye McDougall, a regional VA official. She testified last spring that veterans in Southern California were waiting an average of four days for appointments, but CNN later reported that internal documents showed the average wait there was much longer. Lawmakers accused her of lying and complained when the VA initially planned to transfer her to oversee the Phoenix VA and other facilities in the Southwest and ultimately put her in charge of a regional office overseeing VA hospitals and clinics in Louisiana, Arkansas, and Mississippi. "We're going to look at it in a broad way to see if there's any issue with respect to how they do it, if there's any impropriety with respect to people moving around," Missal said.

He is the first permanent inspector general at the VA since the last one retired in December 2013. Deputies have been running the office in the meantime and have come under withering criticism. In 2014, lawmakers assailed the office for failing to conclude that wait-time falsification contributed to veteran deaths in Phoenix. The deputy inspector general at the time, Richard Griffin, conceded later that it had. Whistleblowers have accused the office of targeting them for investigation instead of the problems they are reporting, and the Office of Special Counsel — a federal agency charged with protecting whistleblowers — has criticized the inspector general for incomplete investigations. Protecting whistleblowers is a high priority, Missal said, and in the future he wants to make sure his office conducts "first-rate" investigations. "First-rate work product means it needs to be accurate, fair, objective, thorough, and timely," he said.

That may be tougher than it sounds. The inspector general's office, which employs roughly 650 people in Washington and at VA locations around the country, has struggled to keep up with an increasing number of complaints to investigate as the number of veterans enrolled for VA benefits and care has skyrocketed. The number of complaints went from 16,700 in 2001 to 38,100 last year, according to congressional reports, but the staff has not grown enough to meet the expanded workload. The inspector general now is only able to conduct comprehensive investigations of one of the roughly 50 complaints about poor veteran health care that it gets each week, according to congressional testimony. If Congress provides more money, Missal said, he is ready to hire more people. In the meantime, he wants to devote his resources to

the most pressing complaints. "We're going to make sure we work on the important things, the ones that are meaningful and put out reports that are independent," he said. [Source: VVA | Web Weekly | May 12, 2016 ++]

## **Vets First Act Update**

### **Initiatives Addressed in Bill**

The Senate Veterans Affairs Committee approved a large omnibus package 29 APR, which addresses a range of MOAA-supported initiatives.

- Provides a plan to extend special Caregiver Act services for the full-time caregivers of catastrophically disabled veterans from the Vietnam era. Currently, benefits apply only to caregivers for Post-9/11 vets. But the benefits would not be triggered until two years after the VA certifies a successful upgrade of information technology systems to support the expanded services. Caregiver Act services include training for qualifying caregivers, access to CHAMPVA health care, a stipend, and respite care.
- Establishes an Office of [VA] Accountability and Whistleblower Protection and tightens disciplinary and removal rules for senior VA executives.
- Require the VA and DoD to jointly update guidelines for the management of opioid therapy for chronic pain in wounded, ill or injured service members and veterans.
- The Senate Committee took a different approach than its House counterpart on a controversial cut to the housing allowance under the new GI Bill. The House adopted a 50-percent cut to the Basic Allowance for Housing (BAH) for future GI Bill benefit transfers to dependent children (current transfers would be grandfathered at the full rate). The Senate instead aligned the BAH rate for all qualifying GI Bill users with the five-year cumulative five-percent cut to the rates established in the FY 2015 National Defense Authorization Act. GI Bill recipients would continue to get the same housing rate as active duty families at the E-5 with dependents rate.
- Strengthens administrative procedures for care for veterans in communities.
- Authorizes GI Bill eligibility credit for time spent in medical hold status.
- Creates a pilot program to reduce the appealed claims backlog.
- Allows survivors who lost their spouses early in Iraq or Afghanistan conflicts (Sept. 11, 2001 - Dec. 31, 2005) up to five additional years to use their Fry Scholarship GI Bill benefits.
- Enables Fry Scholarship users to participate in GI Bill matching by private colleges under the Yellow Ribbon program.
- Authorizes GI Bill benefits for involuntary Guard - Reserve call ups for "pre-planned and budgeted" operational missions.
- Enhances research on the health effects of toxic exposures impacts on descendants.
- Enables speedier payment of Dependency and Indemnity Compensation (DIC) for active duty deaths reported by a military service.
- Honoring as veterans certain career members of the National Guard and Reserve

Panel Chairman Senator Johnny Isakson (R-GA) noted at the press conference for the bill, "When people look back at what Congress accomplished this year, the Veterans First Act will be at the top of the list." The bill must now be reconciled with a House veterans omnibus measure passed last November. [Source: MOAA Leg UP | April 29, 2016 ++]

## **VA Secretary Update**

### **House Proposals Will Hurt Vets**

Veterans Affairs Department Secretary Bob McDonald on 4 May offered kind words for the White House and the Senate for backing new department programs and policy changes while arguing that House proposals will hurt vets. Speaking at the Center for Security and International Studies, a think tank in Washington, D.C., McDonald said President Barack Obama and senators have shown a willingness to provide funding for VA to transition to a more modern agency, with only a minor differences in proposed spending plans. The president's budget proposal includes \$75.1 billion in discretionary spending for VA in the next year, while the Senate appropriators pared that down to \$74.9 billion, according to White House and Senate documents. "The House markup, however, proposed a \$1.5 billion reduction," McDonald said. "So let's be clear --

that reduction will hurt veterans, and it will impede some critical initiatives necessary to transform VA into the high performing organization Veterans deserve."

Also during his hour-long speech, the secretary outlined a plan called "MyVA" to transform and modernize the department. The plan includes five long-term strategies and 12 priority programs, he said. "We shared these with the House Veterans Affairs Committee," McDonald said. "The Senate committee on Veterans Affairs invited us to a hearing examining them," Unspoken but confirmed by a VA official was the House panel did not hold a hearing on the proposal. Relations between the VA and the House Veterans Affairs Committee have often been contentious, with the House panel far more consistently and loudly critical of the department over a series of scandals in recent years.

McDonald said improvements or reforms included in the dozen MyVA priorities include improving community care for veterans and changing the employment status of hospital administrators and health care career executives. Of some 100 program requests in the budget request are more than 40 that require congressional action, including modernizing and clarifying the VA's authority to purchase care services outside the department. This needs to be done as "a strong foundation," he said, for veterans' access to care in the community. The VA is facing growing calls to expand care-in-the-community services for all generations. Currently only Post-9/11 veterans qualify for such care, though with the aging of the Vietnam-era veteran population, on top of the World War II and Korea-era vets, advocates for such care say expanding it to include the older generations makes sense and is the right thing to do.

Additionally, however, the current program needs to be consolidated. There are actually seven separate care-in-the-community programs, each with their own specifications, eligibility criteria and payment rates. This makes it difficult for the VA to administer them and for veterans to understand them, he said. "Last October, we submitted our plan to consolidate and simplify the overwhelming number of different programs and improve access to VA care in the community. It's now May," he said. VA also needs Congress to enact legislation that will enable the department to pay medical center directors salaries that are competitive with their peers in the private sector, which now pull down two or three times the salary of what a VA director earns. He also wants Congress to act on a proposal to hire senior executives under Title 38, which would remove some of the Civil Service protections they currently enjoy but also offer them some benefits. "Then we can hire these employees more quickly, with flexible competitive salaries, and they operate under strong accountability processes and policies," he said. [Source: Military.com | Bryant Jordan | May 4, 2016 ++]

## **VA GeriPACT**

### ***Specialized Care for Older Veterans***

The VA "has your six" – a military term that means I've got your back\*. Indeed, the VA has got the back of every Veteran who receives care at VA. Each one has a primary care provider, and that provider has a whole team working with them. This team model of care is called PACT (Patient Aligned Care Team) and it provides continuous and coordinated care throughout a patient's lifetime. Veterans receive primary care in PACT clinics, so you may know them by color names, like silver, or military alphabet names, like Bravo. The fastest growing age group of Veterans VA serves is those age 65 and older. By 2017 almost 10 million of our 21.7 million Veterans (46%) will be over 65. VA is responding with PACT teams customized for older Veterans.

A GeriPACT (Geriatric Patient Aligned Care Team) is a PACT team designed for our older and chronically ill Veterans – those who have complicated health problems made even more challenging by social factors and mental health issues. The Veteran is at the center of his or her GeriPACT, which includes an "army" of health care providers from many disciplines. Experts in the care of older adults – like the GeriPACT team – work together with Veterans to identify challenges that may be barriers to health, independence and quality of life. They ensure that Veterans and their families/caregivers are aware of and connected to the services and supports they need to maintain the Veteran's independence and quality of life. This shared decision making process helps Veterans decide about the kinds of services and supports, such as Home and Community Based Services, that would best meet their needs and preferences, now and in the future.

Visit [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) for more information on Shared Decision Making and Long Term Services and Supports. Videos on GeriPACT Care, Homemaker and Home Health Care for Veterans, and Respite Care for Veteran Caregivers can be viewed at:

- <https://www.youtube.com/watch?v=mjUTjPPA5wI>

- <https://www.youtube.com/watch?v=QzrdHnY41xl>
- [https://www.youtube.com/watch?v=vKLn9N72\\_yo](https://www.youtube.com/watch?v=vKLn9N72_yo)

[Source: VHA | Sheri Reder, PhD, MSPH & Taryn Oestreich, MPH, MCHES | May 10, 2016 ++]

## VA Whistleblowers Update

### VA Settles with Phoenix Whistleblower

An Arizona employee of the Department of Veterans Affairs who reported improper care for mental-health patients in Phoenix has settled a federal whistleblower complaint against the agency and returned to work this week after spending 18 months at home on paid leave. Brandon Coleman, an addiction therapist formerly with the Phoenix VA Health Care System, has accepted a new position at a VA treatment center in Anthem as a condition of the settlement. The Community Based Outpatient Clinic operates under northern Arizona's VA leadership, removing Coleman from supervision in Phoenix. "It's nice to finally be back at work," Coleman said 6 MAY. "I'm just very excited about the opportunity because I'm going to be able to help veterans again."

Coleman reported in 2015 that mental-health patients who were potentially suicidal or homicidal were not adequately monitored in an understaffed Emergency Department at the Carl T. Hayden VA Medical Center in Phoenix. He alleged that troubled veterans were allowed to "elope," or walk out without getting care. After Coleman reported his concerns, he was subjected to allegations of misconduct and internal investigations, which he claimed were retaliatory. Coleman, who has testified before Congress about whistleblower reprisal, claimed the VA denied him a promotion and shut down his specialized program to work with local courts in assisting veterans who face prosecution for crimes related to substance abuse. The dispute was mediated by the Office of Special Counsel, an independent federal agency that enforces the Whistleblower Protection Act and other employment-related laws. Special Counsel Carolyn Lerner said in a news release she is pleased that Coleman and the Phoenix VA hospital resolved the conflict and can get back to serving veterans. "Mr. Coleman deserves our thanks for his efforts to improve care for veterans," she added.

Coleman was represented by the Government Accountability Project. In a written statement released by attorneys at the non-profit watchdog organization, Coleman said: "My hope in moving forward is that what happened to me never happens to another whistleblower. It was 18 months of hell, but as I write this I would do it all over again. Because of my disclosures ... countless suicidal veteran lives have and will be saved." Coleman said he got through the ordeal with support from his family, lawyers, journalists and members of Congress. "I am humbled to have completed this process with their help," he added. Coleman previously ran a Phoenix VA addiction program known as Motivation for Change. He said he hopes to revive that effort for veterans in northern Arizona. Complete terms of his settlement remain confidential, and it is unclear whether any employee of the department has been disciplined for retaliation. [Source: The Republic | Dennis Wagner | May 6, 2016 ++]

## VA Bible Policy

### Removals from POW/MIA Tables

The more things change, the more they stay the same. In what has become a predictable pattern, the Department of Veterans Affairs responds to attacks on religion with capitulation borne of cowardice. Thankfully, this cowardice has not gone unchallenged. Leaders in both houses of Congress joined in a letter 28 APR requesting an explanation as to why the VA removed Bibles from a POW/MIA table inside a number of VA clinics. The letter's signers note that the Bible is displayed at such tables to "represent the strength gained through faith to sustain us and those lost from our country, founded as one nation under God." Strength gained through faith is a principle that the sixth and final article of the Code of Conduct—developed for POWs—reiterates: *"I will never forget that I am an American, fighting for freedom, responsible for my actions, and dedicated to the principles which made my country free. I will trust in my God and in the United States of America."*

The VA directly contradicts that article and its own mission statement, so proudly displayed at its headquarters: "To fulfill President Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving

and honoring the men and women who are America's veterans." Here is the complete quote from Lincoln's Second Inaugural Address, from which the VA derives its honorable mission:

***"With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow, and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."***

What message does the VA communicate to those who have "borne the battle" when it refuses to honor faith, so integral to survival that it is in the Code of Conduct? By removing Bibles from POW/MIA tables, the VA serves the narrow interests of few and honors no one. Would Lincoln's full statement even be allowed in the VA today? Would the VA yield to the usual critics, who decry such statements as "Christian triumphalism" or whatever other invective they hurl at every vestige of Christianity in the public square? Based on recent events, the answer is as clear as it is unsettling. The VA should realize that, as long as any facet of America's Christian heritage remains anywhere in public life, those critics will make their routine demands under the baseless guise of "separation of church and state," a slogan one appellate court called "an extra-constitutional construct [that] has grown tiresome. The First Amendment does not demand a wall of separation between church and state."

This is not the first time the VA has faced conflict over religion. Just last Christmas, a VA clinic in Virginia attempted to shut down its employees' expressions celebrating the federal holiday. Fortunately, a growing number of legislators are calling upon the VA to break this pattern of pandering to the perpetually offended. To be sure, the VA is in an unenviable spot. Targeted by anti-religious activist groups, VA officials reflexively acquiesce to their demands, only to then be called to account for doing so. But they can avoid this by simply understanding and standing for what's both right and constitutional in the first place.

The VA is an organization committed to care for those injured in our nation's defense and the families of those killed in its service. One of its core values is to choose "the harder right instead of the easier wrong." It is faced with precisely this choice here, and it must be faithful to this value. The right answer is undoubtedly harder, but that only means the VA must pursue it with that much more determination. For hundreds of years, our service members have refused to shy away from making difficult choices in order to do what's right. They and their loved ones deserve nothing less than for the VA to do the same. [Source: The Hill Congress Blog | Daniel Briggs | May 1, 2016 ++]

## **VA Commission on Care Update**

### **Call Your Congressman**

After more than a decade of inadequate funding and staffing, the VA hospital system erupted in scandal two years ago when reports of secret waitlists emerged from several hospitals. Millions of young veterans were returning home from overseas, but the lawmakers who sent them there had failed to adequately plan for their return and complex needs. In the ensuing months, Congress finally came through with desperately-needed funds for staffing and facilities in the Veterans Access, Choice and Accountability Act of 2014. The legislation also called for an expert commission to develop recommendations for improving access to quality VA health care, which soon became known as the Commission on Care. Unfortunately, thus far, too many Commission members seem only to be looking out for themselves and their deep-pocketed benefactors, not veterans.

What was designed as a "blue-ribbon commission" to deliver an unbiased, "data driven," final report has instead become a special interest-driven feeding frenzy. For starters, there are the four private, for-profit medical executives whose companies stand to benefit financially from privatization, and a Koch brothers' employee who openly promotes privatization. More appalling is the fact that not one current veterans' service organization member is on the Commission. One would think the people most impacted by the Commission's work – veterans – would have the most seats at the table. But seeing the dark turn this Commission has taken, it appears this may have been the plan from the start.

With the composition of the Commission such as it is, no one should be surprised that last month, seven of the fifteen members met in private to develop the so-called "strawman document." The plan calls for completely dismantling the VA

health care system and selling it to for-profit hospital corporations. They recommend closing 160+ VA medical centers, 1,000+ VA community health clinics, and forcing the VA's 6.6 million patients to seek medical assistance using a voucher system – essentially a health care coupon. Immediately, eight of the largest veterans' service organizations in the country – you know, the veterans who will actually have to live with this disastrous proposal – expressed their outrage at the idea of selling the health care they fought for down the river. In their joint letter, the groups staunchly condemn the proposal and question the secretive process it was borne out of. They raised vital questions and concerns about the plan to begin closing VA health care facilities, citing the specialized services the VA provides for veterans, and the utter lack of consideration given to veterans who want to improve it.

This should not come as a surprise to members of the Commission. In a November 2015 Vet Voices Foundation survey, 80 percent of veterans opposed transitioning VA health care into a voucher system. It also found that an overwhelming majority of veterans preferred to receive their health care at VA hospitals or clinics in their communities.

The VA Choice Card program is a vital cautionary tale for anyone looking to seek out veterans' care to for-profit providers. In 2015, the Veterans Choice Program was created with the goal of giving veterans greater access to health care in their communities through private care. Since its launch, however, veterans seeking to use the Choice Program have been met with longer wait times, worse service, and harassment from the private medical providers seeking payment. Veterans have expressed tremendous frustration with the program, to the point where only a tiny fraction of those eligible actually choose to use it. It's time for the Commission to stop ramming these ridiculous proposals down veterans' throats. They don't want it, and they're not taking it lying down. We're listening; but is the Commission?

Veterans have sacrificed enough for this country, and we can't break our promise to them now. They deserve the best care available, and they know a well-funded, well-staffed VA is the best way to keep that promise. Unless we do something soon, this controversial Commission will strip that system, sell it for parts, and leave our veterans to fend for themselves. Don't wait for the Commission on Care to sell out our veterans to the lowest bidder. Call your lawmaker today at 202-224-3121 and tell them you support veterans' access to a well-funded, properly-staffed VA. And if you're a veteran who wants to tell the Commission about your experience with the VA, contact them today. [Source: American Federation of Government Employees | J. David Cox | April 28, 2016 ++]

## VA Life Insurance Update

### What's Available

VA's Life Insurance Program received a strong customer satisfaction score of 81 on a scale of 100 from the American Customer Satisfaction Index (ACSI), an independent survey that scores customer satisfaction for more than 300 private companies and federal and local government agencies. "VA is proud of the excellent service provided by its dedicated Insurance Program employees and the recent ACSI results they achieved," said Secretary of Veterans Affairs Robert A. McDonald.

As part of its mission to serve Servicemembers, Veterans, and their families, VA's Life Insurance Program provides individuals with the peace of mind that comes with knowing their family's financial security is protected, given the extraordinary risks involved in military service. VA provides more than \$1.3 trillion in coverage and insured 6.4 million Servicemembers, Veterans, and their families in fiscal year 2015. The following life insurance policies are available to veterans through the Veterans Administration who can meet the appropriate criteria. The criteria for each can be found at <http://www.benefits.va.gov/insurance>:

- **SGLI:** Servicemembers' Group Life Insurance provides coverage up to \$400,000 for servicemembers. Coverage ends 120 days after discharge, but can be extended for up to two years if the member is totally disabled.
- **SGLI-DE:** If you are totally disabled at the time of separation (unable to work), you can apply for the SGLI Disability Extension, which provides free coverage for up to two years from the date of separation. While you do not need to apply for SGLI coverage, an extension of SGLI due to total disability is not automatic. You must apply to the Office of Servicemembers' Group Life Insurance (OSGLI) for the extension. At the end of the extension period, you automatically become eligible for VGLI, subject to premium payments.
- **TSGLI:** Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) provides automatic traumatic injury coverage to all Servicemembers covered under the SGLI program. It provides short-term financial

assistance to severely injured Servicemembers and Veterans to assist them in their recovery from traumatic injuries. TSGLI is not only for combat injuries, but provides insurance coverage for injuries incurred on or off duty.

- **FSGLI** is a program that provides term life insurance coverage to the spouses and dependent children of Servicemembers insured under SGLI. The Servicemember pays the premium for spousal coverage. Dependent children are insured at no cost.
- **VGLI**: Veterans Group Life Insurance allows servicemembers to convert their SGLI to lifetime renewable term coverage. VGLI must be applied for within one year and 120 days of discharge. If applied for within 120 days of discharge, there are no good health requirements.
- **S-DVI**: Service-Disabled Veterans Insurance provides up to \$10,000 of coverage for service-connected veterans. If totally disabled, they are eligible for an additional \$20,000. Veterans must apply within two years of being rated service-connected for a new condition.
- **VMLI**: Veterans' Mortgage Life Insurance (VMLI) is mortgage protection insurance that can help families of severely disabled Servicemembers or Veterans pay off the home mortgage in the event of their death.
- **NSLI**: National Service Life Insurance policy were available from 1940 to 1951 only. Premiums of this policy are capped at the age-70 rates. Once you turned 70, your premiums never increased. Since September 2000, a capped NSLI term policy will receive a termination dividend if the policy lapses, or if the policyholder voluntarily cancels their policy.

[Source: Veteran News | Donnie LaCuran | April 29, 2016 ++]

## **VA Accountability Update**

### ***Watered Down Senate Firing Bill***

All of a federal employee union's objections were removed from the Veterans' First Act Senate bill designed to help the Department of Veterans Affairs (VA) discipline bad employees, making it politically easier for the bill to pass, but indicating it may not be doing the very thing it's supposed to. The American Federation of Government Employees (AFGE) sent a letter 18 APR asking taxpayer-funded employees to pressure Sen. Johnny Isakson, chairman of the Senate Committee on Veterans' Affairs. Isakson is a Georgia Republican. "I strongly urge you to oppose the Senate Committee on Veterans Affairs omnibus bill in its current form," President J. David Cox wrote. "No less than the future of the VA health care system is at stake here."

He enumerated four accountability measures that caused him to oppose the bill. Days later, Democrats joined Republicans to announce a final version they planned to introduce on 28 APR. A Daily Caller News Foundation computer analysis of the two texts showed all four measures had been walked back, while virtually no other changes were made. The result was a VA employment reform bill that backtracked on measures dealing with the vast majority of the workforce, leaving mainly restrictions on Senior Executive Service (SES) members, who represent only one in 1,000 VA employees. "It's the career senior executives who are more responsible than anyone for setting the tone of the workplace and maintaining the culture at the VA, and they're the ones collecting the biggest taxpayer-funded salaries," Isakson's spokeswoman Lauren Gaydos told TheDCNF.

The original draft said no employee may complete their initial probationary period unless their manager affirmatively signs off on it. But this was changed so the employee will automatically become permanent unless other action is taken. The Government Accountability Office recently said one of the best ways to ensure bad employees are booted from government is by not renewing them after the probation period, but the period often ends without managers realizing it. The union's other three complaints were that employees didn't have enough time to appeal, reprimands wouldn't be removed from their file quickly enough, and performance reviews could be revised after the fact. Isakson quickly allowed all of these to be changed. For example, the draft bill says letters of reprimand could be removed from an employee's file after five years, but the final version reduces it to three years.

Even the accountability measures for senior executives are burdened with so many caveats they may have little effect. Senior executives stand to have their pensions diminished after resigning to avoid firing only if they are convicted of a felony, have exhausted appeals on the felony, the Office of Personnel Management (OPM) determines the felony was

sufficiently related to their work, and the VA secretary chooses to avail themselves of the option. Even then, the disgraced director can appeal this decision to OPM. The changes assured support from the committee's ranking Democrat, Sen. Richard Blumenthal of Connecticut. AFGE has openly said it would work to help him win re-election because of his efforts to make it hard to fire VA employees.

In a March letter, Sen. Marco Rubio and House Committee on Veterans' Affairs Chairman Jeff Miller said Isakson had cut the Republican-led House out of negotiations and expressed concern he seemed intent on reaching a deal with the Obama administration at any cost. The House has already passed a stronger VA accountability bill, but if the Senate's version does not match it, those differences will have to be ironed out in a conference committee. AFGE sent its letter opposing the draft bill before the public had even seen the proposal. Gaydos said Isakson did not share the text with the union, but it was leaked to it by another member of the committee. AFGE did not return a request for comment. Gaydos said the House bill "simply does not have the requisite 60 votes to pass the Senate nor does it have enough support in the House to override a White House veto threat that has been issued against it. Because of that, Chairman Isakson set out to create an accountability bill that actually has a chance of being signed into law."

Veterans advocates and House Republicans believe the bill should be brought for a floor vote under the normal process — rather than using expedited "unanimous consent" where even one Democrat is enough to stop it — forcing Democrats to publicly weigh the interests of VA employees against those of veterans. House Republicans said the Senate bill often simply restates existing law in different terms, giving the false impression of strengthening. For example, current law gives 30 calendar days for an employee to respond to proposed discipline. The Senate bill changes it to two 10-day periods, but uses business days, shortening a 30-day period by only a few days. Gaydos said under the Senate bill, "employees cannot receive any pay or other compensation or benefits during the appeals process." But House Republicans said that is already the case, and the lengthy paid-time-off was occurring during pre-firing proceedings, before appeals kick in.

Isakson bill's focusing on 0.1 percent of the VA's workforce misses some of the most notable instances where VA officials have lamented their inability under existing laws and regulations to fire poorly performing or corrupt employees. "As far as Phoenix is concerned, many of the employees involved would fall under the SES provision of the Veterans First Act," Gaydos said, referring to the hospital that was the epicenter of the department's most severe scandal. Lance Robinson and Brad Curry, top deputies at the Phoenix VA, were returned to work after collecting pay for more than a year because the VA failed in its efforts to discipline them. Though they were among the very top administrators, only the hospital's director, Sharon Helman, was a member of the SES. [Source: The Daily Caller | Luke Rosiak | May 3, 2016 ++]

## **VA Accountability Update**

### **Sen. McCain | Pending Bill "Very Bad Plan"**

Sen. John McCain on 6 MAY panned the massive veterans omnibus legislation pending in the Senate as a "very bad" plan, casting doubt on the future of the already controversial reform measure. During a radio interview on Arizona's KFYI-AM, the longtime Arizona senator said he is "deeply concerned" about the plan, particularly its provisions dealing with firing problem employees at the Department of Veterans Affairs and expanding options for veterans seeking health care outside the VA system. "There's not the accountability there," he said. "I'm very concerned. Hopefully we'll take up some legislation before we go out, but I'm very worried, to tell you the truth."

Last month, Senate Veterans' Affairs Committee Chairman Johnny Isakson (R-GA) and a bipartisan group of lawmakers unveiled the Veterans First Act as a massive reform measure with an expansion of VA caregiver programs, new accountability rules for VA employees and a host of smaller initiatives designed to make the department more customer-focused. Isakson said he was confident the legislation would gain the support of both the Senate and the White House, and billed the moves as a chance to create "a new VA in America." But House lawmakers have already begun questioning the accountability provisions, which don't go as far as those passed by that chamber earlier this year. VA leaders had asked for the reclassification of department senior executives to allow for faster hiring and firing of those positions, plus more flexibility on pay and work hours. The Senate plan includes that but also goes further, giving broader power to senior leaders who want to dismiss federal workers in the department. Union leaders and the White House have objected to similar plans in the past.

But House Veterans' Affairs Committee staff said the Senate plan does not go far enough. For example, under the Senate plan, disciplinary decisions which today can take more than 400 days to complete would be reduced to 110. The House plan trims that even further, to 52 days for appeals and rulings. In addition, the House plan does not require any advance notice for disciplinary action and would significantly limit appeals. McCain has introduced his own legislation dealing with VA reform, but that plan does not include any new accountability provisions. It does have an extension of the VA Choice Card program, mandated by Congress in 2014 as a way to simplify veterans' attempts to get medical care outside the department.

Isakson's omnibus only includes minor updates to that program. He said in a press conference last month that McCain's proposal was not at odds with the other Senate bill, and he looked forward to working with the Senate Armed Services Committee chairman on the issues. VA officials have already expressed concern that their top priorities — appeals reform and consolidation of outside care programs — are not covered in the omnibus. And veterans groups have expressed concern about the costs of the proposal, which Isakson said will be covered by offsets in the measure but will remain unclear until scoring information is released in coming days. Supporters of the bill had hoped the legislation could be finalized by Memorial Day. Last month, House Veterans' Affairs Committee Chairman Jeff Miller, R-Fla., declined to offer an specific opinion on the legislation but called it a "positive development" towards passing needed reform measures.

The Senate Veterans' Affairs Committee on 12 MAY unanimously approved the legislative package. Panel members reported out the nearly 400-page omnibus bill, known as the Veterans First Act, in an afternoon markup in the hopes of advancing the legislation to the Senate floor sooner rather than later. VA Committee Chairman Johnny Isakson, R-Ga., has said he wants to get a negotiated bill passed by both chambers to President Obama before Memorial Day. Lauren Gaydos, a spokeswoman for the committee majority, said they didn't know when the full Senate would consider the legislation. No amendments were offered to the massive bill during the public markup. House Veterans' Affairs Committee Chairman Jeff Miller (R-FL) has called the deal "a positive development," saying that if the legislation passes the Senate he "looks forward to immediately engaging in conference committee negotiations in order to move a VA reform package to the president's desk." [Source: Military Times | Leo Shane | May 6, 2016 ++]

## **myVA Initiative Update**

### **VA Expands myVA Communities**

As part of the Department of Veterans Affairs (VA) MyVA initiative, the largest transformation in the history of VA, VA is reporting the progress and growth of the locally led, community-driven initiative, *MyVA Communities*. Modeled after San Diego's successful One VA Community Advocacy Board, more than 50 communities have joined the *MyVA Communities* movement. What these communities have in common is that they have local Veteran engagement boards which are led by the community, provide a feedback and input mechanism for local Veterans, are accessible, and are designed to bring together all available local resources and capabilities to better support our Veterans. They are also flexible enough to meet the unique needs of each community and facilitate the development of local solutions.

"VA is undergoing its largest ever transformation, MyVA, based around the central premise that we must look at all of the decisions we make through the lens of the Veteran, that is how we provide a better experience," said Secretary of Veterans Affairs Robert A. McDonald. "A vital part of that transformation is better working with strategic partners and that's exactly what *MyVA Communities* help us do, bring together local community leaders that want to help VA improve and provide services to Veterans."

Connecticut established the first Veterans community board in the country using the new *MyVA Communities* model and was followed by several other start-ups including MyVA Pikes Peak in Colorado Springs, Colorado. In other areas, VA was able to join well-established existing engagements including the Alaska Forget Me Not Coalition and the Region 9 Veterans Community Action Team in Ann Arbor, Michigan. The community Veterans engagement boards, which go by different names in each community, are co-chaired and driven by local community leaders and include representatives from all three VA Administrations on the board membership (Veterans Benefits Administration, Veterans Health Administration and the National Cemetery Administration).

To support further integration of VA service offerings in communities, VA is incorporating the Veterans Economic Communities Initiative (VECI) into the MyVA Veterans Experience portfolio of service offerings. VECI, which was announced by the Secretary in 2015, has improved education and employment opportunities for Veterans in over 25 communities around the country. This is one example of a resource VA can offer to current and future MyVA Communities across the country.

VA expects to see 100 *MyVA Communities* throughout the country by the end of this year as a result of ongoing engagements with community leaders and existing groups with similar missions. The goal is to seek integration with existing community collaborative groups, and encourage local community leaders to adopt the *MyVA Communities* model where gaps may exist. Visit <http://www.va.gov/nace/myVA/index.asp> for more information on the *MyVA Communities* effort. At [http://www.va.gov/opa/myva/docs/myva\\_integrated\\_plan.pdf](http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf) can be found more information about MyVA. [Source: VA News Release | May 4,, 2016 ++]

## **VA Health Care Access Update**

### **Study Says Vets Delay Seeking Care**

Nearly three of every ten veterans report they have delayed seeking medical care, which researchers suggest may be slowing down the U.S. Department of Veterans Affairs' ability to serve them. A recent study conducted by researchers at Marshall University and the University of Texas found difficulty accessing care is a problem for veterans, but being significantly more likely to delay care is contributing to the slow pace of VA-provided healthcare. The study "suggests a possible link between VA access problems and veterans' behavior in seeking needed health care, which may be creating disparities in the effectiveness of care for this vulnerable and deserving population," researchers write in the study, published in the *Journal of Public Health Management and Practice*.

For the study, researchers analyzed data from a national survey of 11,000 people conducted in 2010 and 2011 to assess delays in seeking healthcare among the general population and military veterans. Of the participants, just 1.72% were covered by veteran's insurance, while the rest had private health insurance. When asked if they had "put off or postponed getting medical care they thought they needed," 29% of veterans said they'd done so, compared to a national rate of 17 percent. Veterans were 1.76 times more likely to delay medical care, which the researchers said may result in their care getting worse, requiring higher levels of care that require more time and cost more money, according to a press release. "More studies are needed to expand our understanding on the magnitude and current status of care delay and offer specific steps to rectify related issues on delayed care if reported in military health care," the researchers write. [Source: UPI | Stephen Feller | May 2, 2016++]

## **VA Vet Choice Program Update**

### **Vet Organizations Oppose Expansion**

The nation's largest veterans groups have lined up to oppose any expansion of the Veterans Affairs Choice program that would allow all veterans who are eligible for VA medical care to use it. The stand, by the American Legion, Veterans of Foreign Wars and others, places the groups squarely in the corner of VA Secretary Bob McDonald, who has called proposals favoring private care for veterans over VA facilities, a "dereliction" of department duties, and at odds with seven powerful U.S. senators, including Arizona Republican John McCain, who have proposed legislation to lift restrictions on Choice. Seven veterans organizations wrote the VA Commission on Care on 29 APR saying they would oppose any VA health system that allows veterans to see a non-VA provider at any time.

The heads of the organizations, which also included Disabled American Veterans, Vietnam Veterans of America, AMVETS, Military Officers Association of America and Iraq and Afghanistan Veterans of America, told panel chairwoman Nancy Schlichting that giving all veterans access to private health care paid for by VA "would have serious costs, trade-offs and consequences that could endanger or harm the provision of health care to veterans." "Such unfettered access to the Choice program could result in a decline in the number of veterans using VA programs and facilities, which would threaten the financial and clinical viability of some VA medical programs and facilities," they wrote.

McCain introduced a bill 27 APR that would make the Choice program permanent and expand its eligibility to all veterans enrolled in VA care. The senator said the bill is needed to "tear down bureaucratic hurdles" that deny veterans timely access to quality health care. The VA, instead, wants to consolidate several community care programs, including Choice, and use the new community care system to supplement health care provided at VA facilities, mainly in areas where services are unavailable or failing to provide timely care for former troops.

The 15-member Commission on Care was tasked by Congress in 2014 to study the Veterans Affairs health system and make recommendations on its future. It has been working on the effort since last September and is expected to release a final report in June. But the panel made headlines last month when members discussed the option of closing all VA facilities and moving veterans to a system similar to Medicare, where all eligible veterans would receive treatment from private providers paid for by VA. That proposal spelled out in a 35-page "strawman" document drafted by seven commission members drew fire from veterans groups that said it represented the intentions of the those who wrote it, including commissioner Darin Selnick, who previously chaired a task force on veterans health care organized by the advocacy group Concerned Veterans For America. That task force released a report last year calling for the placement of VA medical facilities under a government-funded nonprofit organization and shifting treatment for veterans with nonservice-related health conditions to private health insurance programs.

Critics of the plan, including Democratic presidential candidates Sen. Bernie Sanders (I-VT) and former Secretary of State Hillary Clinton, have called it a thinly veiled attempt by conservative industrialists Charles and David Koch to privatize the Veterans Health Administration. News reports have linked the group to the Koch brothers' network of activist organizations, although CVA officials do not discuss their funding sources. McCain's bill is the second in two years from the senator, who has sought to find "short- and long-term solutions to problems at VA." A spokeswoman for the senator said 4 MAY McCain continues to work with several veterans groups to address ongoing issues at the department, including the recently released bill. "Senator McCain's Care Veterans Deserve Act ... will accomplish this shared goal through an 'all of the above approach,'" McCain communications director Rachel Dean said. "The 'Care Veterans Deserve' bill expands access to VA facilities through evening and weekend hours and telemedicine, as well as the VA partnering closely with walk-in clinics for veterans seeking same-day appointments."

Other legislation also is wending through Congress to address the VA's Choice program, to give VA flexibility in using Choice funds and improve its processes for reimbursing providers. But the massive veterans reform bill introduced by the Senate Veterans' Affairs Committee last week does not include language that would allow VA to consolidate various outside care programs that department leaders have requested. McDonald said Wednesday he would continue to press for the ability to consolidate the outside care programs, and he reiterated the department's stance against shuttering VA facilities in favor of private care. "They argue that closing VHA is the kind of 'bold transformation' veterans and their families need, want and deserve. I suspect that proposal serves some parties somewhere pretty well," McDonald said, "but it's not transformational. It's more along the lines of dereliction. It doesn't serve veterans well. And it doesn't sit well with me." [Source: Military Times | Patricia Kime | May 5, 2016 ++]

## **SSIA Update**

### ***Expires Oct 2017 | Help Eliminate the Widow's Tax***

Under current law, 63,000 military widows are penalized \$15,000 a year because military service caused their servicemember's death. The law requires deduction of the VA annuity for the service-caused death from the Survivor Benefit Plan annuity purchased by the retiring servicemembers. This is called the military "widows tax." To partially compensate for this inequity, Congress enacted a Special Survivor Indemnity Allowance (SSIA) (currently \$270 monthly, rising to \$310 next year), with the intent of eventually phasing out the widows tax altogether. But the SSIA will expire October 1, 2017 for lack of funding. Go to <https://youtu.be/P1T7NamhGLA?t=140> for MOAA's explanation what is happening and what you can do to help stop it.

The House Armed Services Committee (HASC) found mandatory spending offsets to extend the SSIA one more year in the FY17 Defense Authorization Bill. But military widows deserve more substantive relief. Please urge House leaders to provide HASC leaders additional mandatory spending offsets needed to include Rep. Joe Wilson's (R-S.C.) H.R. 1594 (full repeal of the widows tax) or Rep. Alan Grayson's (D-Fla.) H.R. 4519 (5-year SSIA increase) in the defense bill when it comes

up for floor action this month. The (10-year) offsets needed for these actions range from approximately \$2 billion for H.R. 4519 to approximately \$7 billion for H.R. 1594 - more than the HASC can identify on its own, and thus the need for leadership help.

Congressional leadership finds offsets for all kinds of things every year. Relieving a \$15,000 annual penalty for survivors of military members whose service caused their death shouldn't be last on the list. Readers are urged to contact their representatives on this issue. MOAA has provided a suggested editable message which can be used to accomplish this at <http://capwiz.com/moaa/issues/alert/?alertid=71897626> along with the means to get it to your legislator. Readers are encouraged to use it. [Source: MOAA Leg Up | May 13, 2016 ++]

Every Veteran suicide is a tragic outcome and regardless of the numbers or rates, one Veteran suicide is too many. We continue to spread the word throughout VA that "Suicide Prevention is Everyone's Business." Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps. The ultimate goal is eliminating suicide among Veterans. VA relies on multiple sources of information to identify deaths that potentially are due to suicide. This includes VA's own Beneficiary Identification and Records Locator Subsystem (BIRLS) and data compiled by the National Center for Health Statistics in its National Death Index. In addition, we request current information directly from each State and maintain our own databases of known events and completions. These sources give us specific indications about Veteran vulnerability to suicide:

- ❖ Approximately 40,000 US deaths from suicide per year among the population overall (Centers for Disease Control and Prevention) Approximately:
  - 22 percent of those who die by suicide are Veterans (VA Suicide Data Report, 2012).
  - 42 percent increased risk for suicide among users of VHA services when compared to rates of suicide in the US general population (VA Serious Mental Illness Treatment, Research and Evaluation Center, 2011).
  - 5 suicide related deaths per day among Veterans receiving care in the Veterans Health Administration (VHA) (VA Serious Mental Illness Treatment, Research and Evaluation Center).
  - 1,300 suicide deaths, attempts, and reports of serious ideation per month among Veterans receiving care reported to Veterans Health Administration (VHA) suicide prevention coordinators (2014).
  - 14 percent of those who have a reported suicide event in fiscal year (FY) 2011 (and did not die as a result of the event) had a report of a repeat suicide event within the next 12 months. Among those who survived their first suicide attempt and reattempted suicide within the next 12 months, less than one percent died from suicide (VA Suicide Data Report Update, 2014).
- ❖ Preliminary evidence suggests that since 2006, there are decreased suicide rates in Veterans (men and women) aged 18-29 who use VA health care services relative to Veterans in the same age group who do not. This decrease in rates translates to approximately 250 lives per year (State Mortality Project). More than 60 percent of suicides among those who use VHA services are among patients with a known diagnosis of a mental health condition (Serious Mental Illness Treatment Research and Education Center). Veterans are more likely than the general population to use firearms as a means for suicide (State Mortality Project).

In terms of specific numbers, preliminary evidence on the incidence of Veteran suicide events and serious suicide ideation can be derived from data from the VA's Suicide Prevention Coordinator reports. While this may under represent the total number of events, it does provide important information. In FY 2014 among users of VHA services the number of known events (non-fatal, undetermined, and suicides) was 15,048. Of these 3,558 were OEF/OIF/OND vets

Longitudinal data derived from national sources demonstrate suicide rates among male and female Veterans of particular age cohorts.

- The suicide rate is higher for men than for women; this is true for the US population (and in much of the world) as well as for Veterans.
- Overall, the highest rate for male Veterans from OEF/OIF was during FY 2004. This was the year when VA, for a variety of reasons, recognized problems in its mental health care and developed a VA Comprehensive Mental Health Strategic Plan (MHSP) to address them. Data in subsequent years, when overall mental health care was greatly enhanced, show reduced rates between the time periods FY 2005-2007 and FY 2009-2010. It is concerning

that the 2011 numbers are again rising, but this can be attributed to male Veterans between the ages 18-49 years and female Veterans between the ages of 18-24 years.

- Focused suicide prevention efforts, such as the Veterans Crisis Line and hiring of Suicide Prevention Coordinators, began in FY 2007 with full implementation in FY 2008. Data needed to see the full impact of VA's intensive efforts focused specifically on suicide prevention is emerging. Those initiatives and early indicators of change are described in detail in the following section. [Source: VAntage Point Blog | May 12, 2016 ++]

## Vet Suicide Update

### Current VA Initiatives

VA's basic strategy for suicide prevention requires ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients. Some of the initiatives that have proven to be very effective include:

- **24/7 Veterans Crisis Line (VCL).** Veterans call the national suicide prevention hotline number, 1-800-273-TALK and then "Press 1" to reach highly skilled responders trained in suicide prevention and crisis intervention. Since the Veterans Crisis Line began in 2007 through June 2015, the VCL has answered over 1.86 million calls from Veterans, family members, friends, and others concerned about a Veteran. The VCL has initiated the dispatch of emergency services to callers in imminent suicidal crisis over 50,000 times. Since launching chat in July 2009 and text services in November 2011, the VCL has answered over 240,000 and 39,000 requests for chat and text services respectively. The VCL has provided over 300,000 referrals to a VA Suicide Prevention Coordinator (SPC) thus ensuring Veterans are connected to local care.
- **SPC.** Each VA Medical Center has a Suicide Prevention Coordinator or team. The coordinators and their teams ensure that the Veteran receives the appropriate services. Calls from the VCL are referred to the coordinators as appropriate, who follow up with Veterans and coordinate care.
- **Screening and assessment.** Processes have been set up throughout the system to assist in the identification of patients at risk for suicide. A chart "flagging" system has been developed to ensure continuity of care and provide awareness among caregivers.
- **Enhanced care levels.** Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, follow-up visits and care plans that directly address their suicidality.
- **Mental Health professional Access.** All patients who are identified as being at possible suicide risk and have been determined to be safe at the present time are seen within 24 hours by a Mental Health professional, including those who call the VCL. Patients who are not safe at the present time are immediately admitted or escorted to a safe facility.
- **Reporting and tracking.** Systems have been established to learn more about Veterans who may be at risk and to help determine areas for intervention. Continual analysis of reports and VA data has led to three information letters to the field:
  - Each of the mental health conditions increases the risk of suicide. However, the effect of Posttraumatic Stress Disorder may be related separately from its co-occurrence with other conditions.
  - Chart diagnoses associated with Traumatic Brain Injury are associated with increased risks of suicide, even after controlling for comorbid mental health conditions.
  - Some, but not all, chart diagnoses associated with chronic pain are associated with increased risks of suicide, even after controlling for comorbid mental health conditions.
- **Employee education.** Programs such as Operation S.A.V.E. (Signs of Suicidal thinking, Ask the questions, Verify the experience with the Veteran, and Expedite or Escort to help) and a Web-based clinical training module that is mandatory for all VHA employees
- **VISNs.** There are two centers devoted to research, education and clinical practice in the area of suicide prevention. VA's Veterans Integrated Service Network (VISN) 2 Center of Excellence in Canandaigua, New York, develops and tests clinical and public health intervention strategies for suicide prevention. VA's VISN 19 Mental Illness Research Education and Clinical Center in Denver, CO focuses on: 1) clinical conditions and neurobiological underpinnings that can lead to increased suicide risk; 2) the implementation of interventions aimed at decreasing negative outcomes; and 3) training future leaders in the area of VA suicide prevention.

- **Annual Stand Down.** Each Mental Health Residential Rehabilitation Treatment Program (MH RRTP) conducts an annual Stand Down focused on safety and security as part of the Culture of Safety initiative. During the Stand Down each program suspends program operations and holds meetings and events, inviting input from program staff, Veterans, and other key stakeholders, for a focused review of current challenges related to the safety and security needs of Veterans served. The Stand Down provides dedicated time for staff to address safety and security concerns identified through review of policies, procedures, and practices throughout their continuum. In addition, the Culture of Safety initiative outlines requirements for S.A.V.E. training for all Veterans admitted to the MH RRTPs. The Culture of Safety initiative places particular emphasis on some of our most vulnerable populations, including women Veterans, Veterans at risk for suicide and Veterans diagnosed with opioid dependence.

### **Outreach**

- VA has sponsored annual Suicide Prevention Months to increase awareness of the problem and co-sponsored three conferences on suicide prevention with the Department of Defense for clinicians in both systems.
- VA is sponsoring public service announcements (PSAs), Web sites and display ads designed to inform Veterans and their family members of VA's Veterans Crisis Line (1-800-273-8255; press 1). All current Crisis Line PSAs, display ads, and other information are readily available at [www.veteranscrisisline.net](http://www.veteranscrisisline.net)
- Suicide Prevention Coordinators are required to conduct at least five outreach activities per month in all of their local communities and are able to provide a Community version of Operation S.A.V.E. to returning Veterans and family groups, Veterans Service Organizations and other community groups as desired.
- Family psycho-educational materials have been developed including information sheets intended to serve as guides for adults to use when talking with children about a suicide attempt in the family and family Ask, Care, Escort card.
- An outreach video was developed to emphasize the importance of taking precautions at home when a firearm is present. The video is used by VA Suicide Prevention Coordinators in their community outreach and education efforts. The primary message of the video is that simple actions can help individuals and families stay safe, especially during emotional or stressful times, or when someone in the home is in crisis. This video encourages Veterans, Servicemembers, and their families to make sure guns and ammunition are safely secured in their home, particularly when someone is experiencing a period of depression or crisis. The video is available on the Veterans Health Administration YouTube page.

### **Research**

- Suicide prevention research is challenging for many reasons. However, scientists are addressing the problem through epidemiologic studies to identify risk and protective factors, clinical and population interventions, and biological research examining brain related changes in suicidal patients.
- VA has recently developed an analytic model for predicting suicide risk. VA researchers and program officers are engaged in understanding how this information can inform outreach activities and clinical care.
- A recent comprehensive review concluded that intensive education of physicians and restricting access to lethal means had substantial evidence for preventing suicide.
- VA researchers are also engaged in efforts to ensure safety plans are in place for participants in research including coordination with the Veterans Crisis Line.
- Other approaches needing further research include screening programs, media education, and public education. Structured cognitive therapy approaches for those who are suicidal (or suicide attempters) education of what are often called community "gatekeepers," and means of access restriction initiatives (e.g., gun locks, blister packaging medications) show promise.

### **Public Health Contribution to Suicide Prevention in America**

- VA's Crisis Line Center receives more than 30 percent of all calls to the National Suicide Crisis Line and provides one of the only national 24/7 suicide chat services in the world.
- VA's Media Campaign has provided access to the National Suicide Crisis Line number to Americans nationwide.
- Suicide Prevention Coordinator Outreach work has touched many community members as well as VA employees and employee families.

For more information, Veterans currently enrolled in VA health care can speak with their VA mental health or health care provider. Other Veterans and interested parties can find a complete list of VA health care facilities, Vet Centers, their local Suicide Prevention Coordinators, and other resources under the resource section of [www.veteranscrisisline.net](http://www.veteranscrisisline.net) or at [www.va.gov](http://www.va.gov). [Source: VAntage Point Blog | May 12, 2016 ++]

## Vet Jobs Update

### ***New Version of Veterans.gov Launched***

If a Labor Department project goes according to plan, veterans might soon find **all** government agencies' job resources on a single website. It's meant to connect veterans with the right people at the agencies interested in hiring them. The department can also use it to promote those agencies developing their own veteran employment programs. The site could evolve, said Terry Gerton, deputy assistant secretary for policy within the Labor Department's Veterans' Employment and Training Service (VETS). Her team plans to collect analytics about how many veterans are using various features, including a career interest profile, or a translator tool letting veterans find jobs matching the military skills, to find out which elements are most valuable.

On 2 MAY was launched the new version of [www.Veterans.gov](http://www.Veterans.gov), a "one-stop shop" for veterans seeking jobs and employers who want to hire them. The new site more easily describes the path veterans can take to find a job or start a business, and it points them to resources from federal agencies and the public sector workforce that can help them in their search. "Employment is a person to person conversation," said Terry Gerton, in an interview with Federal News Radio. "No matter how many resources you put out online, at the end of the day, you have to talk to somebody to get a job. We wanted to consolidate these resources, but we also wanted to make sure that at every step of the way there was an option for either the job seeker or the employer to reach out and contact a person either in the public workforce system or here at the Department of Labor who can help them in their search."

When users first enter the site, they have the option of finding resources that will help them "find a job," "start your own business" or "hire a veteran." They can also click on a map of the United States to explore opportunities in a specific location. "We think people approach this question in one of two ways," Gerton said. "Either, 'What do I want to do?' Or, 'Where do I want to do it?'" The new site is not to be confused with [www.Vets.gov](http://www.Vets.gov), which the Veterans Affairs Department is developing as the "front door" portal to roughly 1,000 different VA-hosted sites. The project is meant to serve as a "one-stop shop" for VA services, Tom Allin, chief veterans experience officer, said last September.

Labor has owned the Veterans.gov domain name since 2001, which, until recently, redirected visitors to the Veterans Employment and Training Service. As Federal News Radio reported last August, the departments of Labor and Veterans Affairs debated who should own the Veterans.gov domain. But for now, the domain will belong to Labor, Gerton said. "Perhaps over time there will be some merging of the two efforts, but right now, there's so much work that the VA has going on in the Vets.gov space that we wanted to make sure that we didn't interfere with their work that's going on while we were still able to bring this employment feature to the forefront," she said. "We'll see how this will play out over time, but right now we think there's space for both." As Gerton indicated, the VA is still building out pieces of Vets.gov. The top left corner of the site says, "This site is a work in progress. If you don't find what you need, visit VA.gov."

Labor is beginning to get the word out that its site is the destination to find information about veterans employment. Gerton said Veterans.gov will be a part of the Transition Assistance Program curriculum, the course, which the Labor Department facilitates, that military members take as they leave service and return to civilian life. To learn specifically about the kinds of information veterans wanted, Labor held feedback sessions with federal agencies, employers, veterans service organizations and veterans themselves. Their input helped the Labor team refine the site's navigation and overall design. The department got help from its public affairs office, as well as the U.S. Digital Service, on the site's development and design. DOL also hired a new strategic communications team with the VETS a year ago, Gerton said. "We realized we really needed additional capacity to reach a broadly dispersed and very differentiated veterans population," she said.

Throughout the course of the eight-month project, DOL also collaborated with a few specific agencies, including the departments of Agriculture, Energy, Homeland Security and Transportation, which have strong veterans hiring programs.

“We also worked very closely across the federal agencies to say, what is it you want to communicate to veterans?” Gerton said. “The Department of Transportation had a really robust site within their own DOT site, but again, veterans don’t even know about those kinds of opportunities, much less that they should check in with DOT.” The conversations Gerton described show a growing trend across government, as agencies begin to rethink how they can provide better customer services to the public. It’s also a major goal for VA Secretary Bob McDonald, who promised to renew the department’s focus on customer service when he took office in 2014. [Source: WFED (AM-1500) | Nicole Ogrysko | May 2, 2016 ++]

## **Vet Jobs Update**

### **Joining Forces | 1.2M Trained Since 2011**

First lady Michelle Obama and Dr. Jill Biden announced 5 MAY that since Joining Forces was created in 2011, companies have hired or trained more than 1.2 million veterans and military spouses. The White House’s Joining Forces initiative focuses on helping veterans find jobs and helping military spouses keep meaningful employment if they have to move. “They always have our backs, and they need to know that all of us have theirs,” Biden told representatives from companies that make it a priority to hire and train veterans. Along with the announcement from Obama and Biden, 40 companies pledged to hire more than 110,000 veterans and military spouses over the next five years, and more committed to training them.

Jeff Bezos, founder and CEO of Amazon, vowed to hire 25,000 veterans and military spouses in the next five years. “We’re constantly looking for leaders who can invent, think big, have a bias for action, and who want to deliver for customers,” he said. “Those principles look very familiar to the men and women who served our country in the armed forces. And also their spouses.” Bezos said Amazon is fortunate to already have veterans in leadership roles across the company. “Because of their amazing work, we’ve more than doubled the number of veterans at Amazon since 2013,” he said. Amazon also committed to training 10,000 veterans and spouses in cloud computing. This would offer a path to Amazon Web Services certification and provide entry into “a high-demand, good-paying field,” he said.

The aerospace-defense sector pledged to hire a combined total of 30,000 veterans, and the telecommunications sector committed to hiring a combined total of 25,000. Obama said companies didn’t make these commitments because she and Biden asked them to or because it’s the patriotic thing to do. “They made these commitments because time and again they saw for themselves that our veterans and military spouses are simply the best employees around,” she said. “And they realized that training and hiring these folks isn’t just the right thing to do — it’s the smart thing to do for their bottom lines.” This is especially true for tech jobs, said Obama, who commented that the United States has the most technologically advanced armed forces in history. “If they can set up wireless networks in Baghdad or do satellite reconnaissance in the mountains of Afghanistan, I’m pretty confident that they can handle whatever’s happening in Silicon Valley,” she quipped.

Biden said people want to know how they can salute service members and veterans and how to thank them for their service. “This is it,” she said. “We believe all Americans should step up to show their support for service members, veterans and their families.” Obama stressed the continuation of the Joining Forces message. “So we need to keep up this momentum,” she said. “And I will say this again and again and again: No matter who is in the White House next, this should absolutely continue to be a national priority with national leadership coming from this building.” [Source: Military Times | Charlsy Panzino | May 5, 2016 ++]

## **Vet Charity Watch Update**

### **Wounded Warrior Project Scandal**

As Wounded Warrior Project battles allegations its former executives violated public trust, they face the real fear that donations will start to dry up. The organization’s once-stellar reputation is under attack, threatening to undermine the legitimate assistance it provides for tens of thousands of families. Every year, the Florida-based WWP spends hundreds of millions of dollars to ensure combat wounded service members have access to cutting-edge prosthetics, innovative rehabilitation programs, supplemental financial support and dozens of other services that federal agencies can’t provide. But its the dollars not getting to veterans that are causing the problems.

- In March, CBS News released a three-part series detailing reckless spending accusations made by several ex-WWP employees, including exorbitant staff salaries, lavish corporate retreats and hefty bar tabs.
- The Daily Beast highlighted whistleblower complaints accusing WWP leadership of selling donors' personal information to turn bigger profits while paying for first-class travel and office snacks.
- A New York Times report said the group spent thousands more on lawsuits and public relations moves to cover up those allegations.

WWP officials have denied all of the charges, saying they're both the result of bookkeeping mistakes made the outside watchdogs and disgruntled former employees looking to settle scores. But families who spoke to Military Times said that even small cuts in programming funds could have disastrous consequences for them. Many recipients rely on the charity and Veterans Affairs benefits as their only sources of income and support. In March, the group's board released audit results showing what it called inaccuracies in the media reports. "The organization's commitment to injured service members, their caregivers and family members remains steadfast," officials said at the time. But they paired that release with another announcing the dismissal WWP's two top executives, CEO Steve Nardizzi and Chief Operating Officer Al Giordano. The only reasoning given by the board was that the organization "would benefit from new leadership."

The move panicked beneficiaries and sparked rumors that donors were beginning to turn away from the charity. On 2 MAY, WWP Chief Program Officer Adam Silva suddenly resigned, adding more concerns. Group officials have worked to calm those fears, though WWP's interim CEO Charlie Fletcher acknowledged that at least one major donor has delayed contributions to the group until internal reviews are complete. Over the last five years, the group's finances have grown by an annual average of about 27 percent. That capital has allowed the group to massively expand its reach, not only providing direct aid to veterans and caregivers but also launching initiatives like the WWP long-term trust. Two years ago, the group set aside about \$20 million in the program to ensure the long-term financial support of roughly 40 families. The program is designed to ensure the means for severely wounded veterans to live independently, regardless of the charity's future.

Today, WWP alone accounts for about 12 percent of all veterans charity spending in America. That's a sizable sum that can't be replaced by a patchwork of small, volunteer groups, former CEO Nardizzi warns. Most families connected to the group don't see that internal structure and strife. What they do see is a direct benefit in their lives. The charity has become a major funding pipeline for a number of smaller veterans charities in recent years. In fiscal 2015, it handed out about \$11 million in support to other groups, not including a \$21.4 million investment in their new Warrior Care Network Hospitals project.

Interim CEO Charlie Fletcher said he doesn't want families to worry. The retired Army major general said most of the first three weeks of his work with WWP has been spent calming families, employees, and donors about the organization's future. Yes, there will be reorganization and changes, he tells them. No, it won't mean the end of the charity. "We're doing a real review now of investment and return," he said. "If we're not getting the sorts of return in a particular program that we're seeing elsewhere ... then we have to be critical of ourselves to move into new programs. ... But there is nothing in our DNA that says we will ever forsake an individual or a group." Fletcher said that program operations are continuing on pace. He downplayed concerns about the scandal's long-term effect on donations. And the group is still focused on getting out its message that the organization has not abused its funding, but is working to find ways to more efficiently spend that money.

Nardizzi worries that could mean a leaner, smaller WWP in years to come, not the aggressive organization he helped build. "By the end of 2017, we could be looking at an organization that has half the fundraising and is half the size," he said. "And that means fewer veterans being helped." Fletcher said the group is also looking at building better connections within the veterans community, trying to maximize resources with other partners who can better deliver certain services or treatments. That could mean fewer WWP offerings but more veterans receiving help. "At the end of the day, we just want to be part of the solution," he said. "We don't want to be on an island." [Source: Military Times | Leo Shane | May 7, 2016 ++]

## **Forgiven Debt Tax Update**

### **S.2800 | Disabled Vets Student Loans**

Americans with permanent disabilities, including veterans, would not have to pay taxes on student loans forgiven by the federal government and private lenders under a new bipartisan bill in the Senate. The **Stop Taxing Death and Disability Act** would eliminate the tax that the Internal Revenue Service levies on forgiven student loan debt, considered income, as a result of death or disability. The bill also would relieve the tax debt on discharged student loans for families whose child has died, or has developed permanent disabilities. The Education Department and many private student loan lenders forgive student loans on behalf of borrowers if their child dies, or the borrowers themselves are rendered permanently disabled or develop severe chronic health conditions. But the IRS tax penalty on the cancelled debt can be thousands of dollars.

“Taxing people who have had their federal and private student loans canceled due to a total and permanent disability or because of the death of their child is grossly unfair and defeats the purpose of those loan cancellation programs,” said Persis Yu, director of the National Consumer Law Center’s Student Loan Borrower Assistance Project. Sens. Chris Coons (D-DE), Angus King (I-ME), and Rob Portman (R-OH) are sponsoring the legislation. The senators’ constituents reached out to their offices, including a Maine family whose son, a recent college graduate with student loans, died from a brain aneurysm in 2012. “Although the federal government and private lender forgave the outstanding loan balances, the parents were then presented with a tax bill of over \$24,000 from the IRS,” according to a statement from Coons’ office. “This family has since had to dip into their 401(k) to pay the bill and are now sending over \$400 per month in tax payments to the agency.”

The Stop Taxing Death and Disability Act also ensures that parents whose child becomes totally disabled can qualify for student loan forgiveness as well as the tax exemption. “Currently parents are allowed to discharge federal student loans if they develop a total and permanent disability, or if their child dies, but not if their child develops a total and permanent disability,” according to a press release from Coons. Congress already exempts certain groups from paying income tax on forgiven student loans, including public sector employees who remain in their jobs for a while. The Education Department has identified 387,000 totally and permanently disabled individuals eligible for, but not currently receiving loan forgiveness. Several vets’ groups support the bill, including the American Legion and the Iraq and Afghanistan Veterans of America. [Source: GovExec.com | Kellie Lunney | May 3, 2016 ++]

## **Vet Emergency Medical Technician Support**

### **H.R.1818**

The Congressional Budget Office (CBO) submitted a cost estimate for the Veteran Emergency Medical Technician Support Act of 2016 (H.R.1818). The bill directs the Secretary of Health and Human Services (HHS) to award demonstration grants to states to streamline procedures for licensing and certifying emergency medical technicians (EMT) who received similar certifications while serving in the armed forces. CBO estimates that implementing H.R. 1818 would cost \$30 million over the 2017-2021 period; any such spending would be subject to the availability of appropriated funds. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues. CBO estimates that enacting H.R. 1818 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027. H.R. 1818 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act. The bill introduced on April 15, 2015 by Rep. Kinzinger, Adam [R-IL-16] currently has 68 cosponsors. [Source: Congressional Budget Office | Report | May 10, 2016 ++]

## **VA Opioid Therapy Update**

### **PROMISE Act H.R.4063**

On May 10, the U.S. House of Representatives passed H.R. 4063, the Jason Simcakoski Promoting Responsible Opioid Management and Incorporating Scientific Expertise (PROMISE) Act. The bill would improve Department of Veterans Affairs opioid safety measures by directing all department hospitals to designate pain-management teams, ensuring employees that prescribe opioid drugs receive proper training in pain management and safe opioid prescribing practices, and

standardizing safe opioid utilization and tracking practices across the system. The bill also increases accountability by requiring the directors of each VA hospital to certify employees have received the proper training in prescribing opioids. Finally, recognizing the need to ensure safe transitions between the Department of Defense and VA, the bill requires an update of joint VA/DoD clinical practice guidelines. For specific actions required under the bill refer to <https://www.congress.gov/bill/114th-congress/house-bill/4063>.

The PROMISE Act is named in honor of Marine Corps veteran Jason Simcakoski, who died of mixed drug toxicity while he was an inpatient at the Tomah, WI, VA Medical Center. A VA investigation found that hospital staff improperly prescribed his medications. H.R. 4063 now awaits consideration by the Senate.” [Source: VVA | Web Weekly | May 12, 2016 ++]

## Memorial Day 2016

### **Remember and Celebrate Decoration Day**

**The Beginning** - Memorial Day, originally called Decoration Day, is a day of remembrance for those who have died in our nation's service. There are many stories as to its actual beginnings, with over two dozen cities and towns laying claim to being the birthplace of Memorial Day. There is also evidence that organized women's groups in the South were decorating graves before the end of the Civil War: a hymn published in 1867, "Kneel Where Our Loves are Sleeping" by Nella L. Sweet carried the dedication "To The Ladies of the South who are Decorating the Graves of the Confederate Dead"

While Waterloo N.Y. was officially declared the birthplace of Memorial Day by President Lyndon Johnson in May 1966, it's difficult to prove conclusively the origins of the day. It is more likely that it had many separate beginnings; each of those towns and every planned or spontaneous gathering of people to honor the war dead in the 1860's tapped into the general human need to honor our dead, each contributed honorably to the growing movement that culminated in Gen Logan giving his official proclamation in 1868. It is not important who was the very first, what is important is that Memorial Day was established. Memorial Day is not about division. It is about reconciliation; it is about coming together to honor those who gave their all.

**It's Official!** - Memorial Day was officially proclaimed on 5 May 1868 by General John Logan, national commander of the Grand Army of the Republic, in his General Order No. 11, and was first observed on 30 May 1868, when flowers were placed on the graves of Union and Confederate soldiers at Arlington National Cemetery. The first state to officially recognize the holiday was New York in 1873. By 1890 it was recognized by all of the northern states. The South refused to acknowledge the day, honoring their dead on separate days until after World War I (when the holiday changed from honoring just those who died fighting in the Civil War to honoring Americans who died fighting in any war). It is now celebrated in almost every State on the last Monday in May (passed by Congress with the National Holiday Act of 1971 (P.L. 90 - 363) to ensure a three day weekend for Federal holidays).

**Red Poppies** - In 1915, inspired by the poem "In Flanders Fields," Moina Michael replied with her own poem:

We cherish too, the Poppy red  
That grows on fields where valor led,  
It seems to signal to the skies  
That blood of heroes never dies.

She then conceived of an idea to wear red poppies on Memorial day in honor of those who died serving the nation during war. She was the first to wear one, and sold poppies to her friends and co-workers with the money going to benefit servicemen in need. Later a Madam Guerin from France was visiting the United States and learned of this new custom started by Ms. Michael and when she returned to France, made artificial red poppies to raise money for war orphaned children and widowed women. This tradition spread to other countries. In 1921, the Franco-American Children's League sold poppies nationally to benefit war orphans of France and Belgium. The League disbanded a year later and Madam Guerin approached the Veterans of Foreign Wars (VFW) for help. Shortly before Memorial Day in 1922 the VFW became the first veterans' organization to nationally sell poppies. Two years later their "Buddy" Poppy program was selling artificial poppies made by disabled veterans. In 1948 the US Post Office honored Ms. Michael for her role in founding the National Poppy movement by issuing a red 3 cent postage stamp with her likeness on it.

**Confederates recognized as U.S. Veterans** - On September 02, 1958, the following was passed recognizing Confederate Veterans as UNITED STATES Veterans: U.S. Code Title 38 - Veterans' Benefits, Part II - General Benefits, Chapter 15 - Pension for Non-Service-Connected Disability or Death or for Service, Subchapter I - General, § 1501. Definitions: (3) The term "Civil War veteran" includes a person who served in the military or naval forces of the Confederate States of America during the Civil War, and the term "active military or naval service" includes active service in those forces. However, fourteen States provided pensions to Confederate Veterans long before the Federal Government did so:

- Alabama - 1867, CS Veterans granted pensions for lost limbs. 1886, Pensions granted to CS Widows, 1891, Pensions granted to indigent veterans or their widows.
- Arkansas - 1891, Indigent CS Veterans granted pensions, 1915, Pensions granted to their widows and mothers.
- Florida - 1885, CS Veterans granted pensions, 1915, Pensions granted to widows.
- Georgia - 1870, CS Veterans with artificial limbs granted pensions, 1879, Disabled CS Veterans and their widows residing in the State granted pension, 1894, pensions expanded to include old age and poverty.
- Kentucky- 1912, CS Veterans or their widows granted pensions.
- Louisiana - 1898, Indigent CS Veterans or their widows granted pensions.
- Mississippi - 1888, Indigent CS Veterans or their widows granted pensions.
- Missouri - 1911, Indigent CS Veterans granted pensions and a home established for disabled CS Veterans.
- North Carolina - 1867, CS Veterans granted pensions who were blinded or lost a limb during service, 1885, Pensions granted to all other disabled indigent CS Veterans or widows.
- Oklahoma - 1915, CS Veterans or widows granted pensions.
- South Carolina - December 24, 1887. State law enacted permitting financially needy CS Veterans or widows to apply for pensions.
- Tennessee - 1891, Indigent CS Veterans granted pensions, 1905, Widows granted pensions.
- Texas - 1881, 1,280 acres set aside for disabled CS Veterans. 1889, Indigent CS Veterans or their widows granted pensions.

Virginia - 1888, CS Veterans or widows granted pensions.

**True Meaning** - To help re-educate and remind Americans of the true meaning of Memorial Day, the "National Moment of Remembrance" resolution was passed on Dec 2000 which asks that at 3 p.m. local time, for all Americans "To voluntarily and informally observe in their own way a Moment of remembrance and respect, pausing from whatever they are doing for a moment of silence or listening to 'Taps.'" The Moment of Remembrance is a step in the right direction to returning the meaning back to the day. What is needed is a full return to the original day of observance. Set aside one day out of the year for the nation to get together to remember, reflect and honor those who have given their all in service to their country.

But what may be needed to return the solemn, and even sacred, spirit back to Memorial Day is for a return to its traditional day of observance. Many feel that when Congress made the day into a three-day weekend in with the National Holiday Act of 1971, it made it all the easier for people to be distracted from the spirit and meaning of the day. As the VFW stated in its 2002 Memorial Day address: "Changing the date merely to create three-day weekends has undermined the very meaning of the day. No doubt, this has contributed greatly to the general public's nonchalant observance of Memorial Day." [Source: The Regimental Quartermaster | May 26, 2016 ++]

## **VA Health Care Access Update**

### **Disney Wait Time Gaffe Impact**

Angry conservatives stepped up their criticism of Veterans Affairs Secretary Bob McDonald on Tuesday, with several calling for him to be pushed out of office after his comments invoking Disney customer service practices and veterans medical wait times. Republican Sen. Roy Blunt from Missouri and Joni Ernst from Iowa issued statements saying the gaffe was enough to warrant McDonald's immediate resignation. "Secretary McDonald's preposterous statement is right out of Never Never Land," Blunt said. "I call on him to resign because it's clear he cannot prioritize getting our veterans the health care they deserve and have earned in a timely manner. Dismissing wait times when veterans can often wait months for an appointment is negligent and a clear sign that new leadership is needed at the VA."

Ernst called McDonald's comments "dishonorable" and said the secretary "blatantly dismissed the heart ache and pain that our veterans face while awaiting basic care, and illustrated his complete disregard for the incredibly serious issues facing the VA." The scandal began on 23 MAY, at a press event where McDonald downplayed ongoing concerns with veterans' wait times to access department medical care, saying that those figures don't always reflect patient satisfaction. "What really counts is how does the veteran feel about their encounter with the VA", he said. "When you go to Disney, do they measure the number of hours you wait in line? What's important is what your satisfaction is with the experience. What I would like to move to eventually is that kind of measure." Lawmakers and conservative activists seized on the comments as insensitive, misguided and troublesome.

- House Speaker Paul Ryan (R-WI) demanded clarification from the VA on the remarks but stopped short of calling for McDonald's job.
- The Washington Examiner published a staff editorial Tuesday titled "Fire Robert McDonald," saying that the two-year Cabinet member "has adopted the cavalier disregard of veterans that he was hired to end" and "has become the lead excuse-maker for an uncaring and self-serving bureaucracy."
- Officials from Concerned Veterans for America, a frequent critic of the department and Democratic administration, said they would not call for McDonald's resignation, but only because they have little faith that President Obama would appoint a responsible replacement. Instead, they're asking that the next president ignore past recommendations to keep McDonald on during the transition between administrations. Dan Caldwell, CVA's vice president for political action, said he doesn't see much hope for improvement for the embattled department, at least until next year.
- Both House Veterans' Affairs Committee Chairman Jeff Miller (R-FL) and Senate Veterans' Affairs Committee Chairman Sen. Johnny Isakson (R-GA) have offered endorsements of McDonald in recent months. Both criticized his Disney remarks Monday, but stopped short of calling for his resignation.
- Several Democrats have also expressed concerns about the comments and ensuing firestorm, but to a lesser extent than their GOP colleagues. Senate Veterans' Affairs Committee Ranking Member Richard Blumenthal, D-Conn., said he was troubled by the comments but is looking for more information from the department before calling for any specific response.
- American Legion National Commander Dale Barnett said, "The American Legion agrees that the VA Secretary's analogy between Disneyland and VA wait times was an unfortunate comparison because people don't die while waiting to go on Space Mountain," Barnett said. "We also disagree with the substance of his comment because wait times are very important to not just the satisfaction quotient, but in some cases the veterans health. All of VA needs to be exceptionally good, not just 'on average.'"

In an interview on MSNBC on 24 MAY, McDonald declined to directly apologize for the comparison, but said he is endeavoring to better explain how the department is working to help veterans. "Wait times are important, but they're not the only measure of veteran experience," he said. "And that's what veterans are telling us. It's important and if I was misunderstood or if I said the wrong thing, I'm glad that I have the opportunity to correct it." "If my comments Monday led any Veterans to believe that I, or the dedicated workforce I am privileged to lead, don't take that noble mission seriously, I deeply regret that. Nothing could be further from the truth," McDonald said in a statement.

Senate Minority Leader [Harry Reid](#) (D-NV) is defending Robert McDonald as the Veterans Affairs secretary faces a growing backlash for comparing wait times at VA clinics to lines at a Disney theme park. "He is a good man. He's doing his best under very, very difficult circumstances. So, I support Secretary McDonald all the way," Reid told reporters Tuesday when asked whether McDonald should resign. Reid, who called himself an "expert" at saying the wrong thing, added Tuesday that McDonald "could have done a better job talking about Disneyland." [Source: Military Times | Leo Shane | May 24, 2016 ++]

## VA Deaths Update

### **70+ Vets Mistakenly Declared Dead Monthly**

More than 4,200 veterans were mistakenly declared dead and had benefits cut off by Veterans Affairs officials over a five-year span, according to new department data that shows the problem was much bigger than previously believed.

The issue came to light after a congressional inquiry in 2015 by Rep. David Jolly (R-FL) who for the last few years has been tracking multiple constituents' complaints about premature death notices. After initially estimating the total veterans affected as around a dozen each month, VA released new information on the problem this week, pegging the mistakes as harming more than 70 veterans a month. "These numbers confirm our suspicion, that mistaken deaths by the VA have been a widespread problem impacting thousands of veterans across the country," Jolly said in a statement. "It's a problem that should have been addressed years ago, as it has caused needless hardships for thousands of people who had their benefits terminated and their world turned upside down."

The issue stems from lingering errors in Social Security Administration's record sharing with VA. When that department incorrectly listed a veteran as dead, VA policy was to cut off benefits immediately, doubling the frustration of victims looking to correct the record. In 2015 alone, 1,025 veterans had their benefits terminated due to incorrect death classifications, only to have the department come back weeks or months later to fix the mistake. Following congressional pressure, VA officials approved policy changes last December to mitigate the problem, giving individuals 30 days after a death notice is received to provide proof of a mistake. The 4,200 premature death errors represent only about 0.2 percent of the total death benefit cut-offs VA handled from 2011 to 2015, but Jolly said each mistaken case can have long-term traumatic results for the victims.

Rep Jolly is asking VA for an annual survey tracking the problem, to ensure their fixes are working. "If the VA's new policy is indeed working, this problem should be eliminated. If the problem persists, then Congress will demand further action," he said. "We simply cannot have men and women who have sacrificed for this country see their rightful benefits wrongfully terminated because the VA mistakenly declares them dead." [Source: Military Times | Leo Shane | May 25, 2016 ++]

## Traumatic Brain Injury Update

### **Smart Home**

VA researchers are doing amazing things to improve the lives of Veterans. One example is the the Smart Home. This unique project uses advanced technology to help patients with traumatic brain injury (TBI) independently plan, organize and complete everyday activities. Some Veterans with TBI have lost the ability to manage basic tasks like doing the laundry or taking out the trash. VA's Smart Home helps them relearn those skills by tracking their movements around their house and then sending them text or video prompts when they get off track. The remarkable indoor tracking technology can pinpoint the Veterans' location to within six inches.

The Tampa VA Medical Center has installed the high tech equipment in five apartments housing 10 Veterans. It has a system that not only tracks their locations but has sensors that monitor the use of appliances. For example, the washing machine sensors determine when the Veteran puts soap in the machine and also shows when he or she empties the machine after the load is completed. If the user forgets to do either, a nearby screen prompts them to complete those steps. The Smart Home can also notify a caregiver if an activity is not completed. Other sensors in the bathroom determine how long a patient has been shaving and if they are taking too long, they are prompted to finish that task and move on. The technology promotes Veterans' independence by providing reminders for the management of other daily activities such as medication, meal planning, and other necessary tasks.

Smart Home has been described as a "cognitive prosthetic" with the goal of rehabilitating Veterans with TBI so they can function normally in society. A powerful feature of the Tampa Smart Home is the precision of the customized therapeutic information that can be provided to the recovering Veteran. Data for every interaction with clinical and medical staff are recorded continuously and analyzed, helping the staff visualize subtle but therapeutically significant behavioral changes. Reports are sent back to the clinical team on a weekly basis. This helps to better inform treatment plans and potentially prevent problematic medication effects on Veterans' memory, as well as gait and balance. The Veteran patients and VA

staff wear wrist tags linked to a real-time location system that tracks the tags using wall sensors. It's ultra-wideband technology. The wrist tags broadcast their ID on a 6-to-8 gigahertz channel and uses time-delay-of-arrival and angle-of-arrival methods to determine position in three dimensions.

The Smart Home innovation recently received third place in VA's Brain Trust summit. The national summit brought together the public and private sector, Veterans, caregivers, clinicians and innovators to tackle the issues of brain health. One of the leaders of the project is Dr. Steven Scott, co-director of VA's Center of Innovation on Disability and Rehabilitation Research and chief of physical medicine and rehabilitation at the James A. Haley Veterans Hospital in Tampa. Scott is a nationally known expert in the fields of physical medicine and rehabilitation with research expertise in polytrauma and traumatic brain injury. Much of his work focuses on the rehabilitation and reintegration of Veterans who have experienced blast-related injuries.

For more than 90 years, the VA's Research and Development program has been improving the lives of Veterans and all Americans through health care discovery and innovation. VA research is unique because of its focus on health issues that affect Veterans. The groundbreaking achievements of VA investigators—more than 60 percent of whom also provide direct patient care—have resulted in three Nobel prizes, seven Lasker awards, and numerous other national and international honors. [Source: VHA Update | Hans Petersen Web Weekly | May 17, 2016 ++]

## **VA Medical Marijuana Update**

### ***Prescription Authorization in Budget Bill***

Lawmakers will take another shot this week at allowing doctors at the Department of Veterans Affairs to prescribe medical marijuana, reigniting a smoldering debate over veteran access to the drug. Rep. Earl Blumenauer (D-OR) said he will propose the change as part of the department's annual budget bill during a vote on the House floor expected as early as 18 MAY. The Senate was also set to vote on its version of the department's annual budget bill, which includes the same proposal by Sens. Steve Daines (R-MT) and Jeff Merkley (D-OR) The proposals to give veterans access to medical marijuana through the VA in states where it is legal put Congress on the verge of making a major policy shift for the second year in a row.

"We received more support to fix this situation than ever before last year. I hope we can build on that support and that my colleagues will show compassion and do what's right for our veterans," Blumenauer said in a released statement. His proposal last year was defeated in a 213-210 House vote. House lawmakers were scheduled to take a new vote on adding it to the VA appropriations bill late Wednesday or Thursday. The Senate was debating Tuesday and preparing for a final vote on the appropriations bill including the marijuana provision. It approved the measure last year but the reform was ultimately stripped from the bill during congressional budget negotiations. House passage this week could make it more likely that the proposal giving veterans access to medical marijuana will survive and be passed by Congress in a final budget. However, another defeat in the House would not bode well for its chances of being included and signed into law later this year by President Barack Obama.

The Obama administration asked prosecutors not to pursue medical marijuana sellers and the Department of Justice announced in 2013 that it would not challenge states that have decriminalized or legalized pot. Medical marijuana has been approved by 23 states and the District of Columbia for treatment of glaucoma, cancer, HIV and other afflictions. The VA refuses to allow its doctors to prescribe pot in those states and D.C., and instead only provides abuse treatment to veterans due to federal law that still lists it as an illicit drug. Veterans are advocating for access to marijuana to treat post-traumatic stress disorder, which might affect about 20 percent of the 1.8 million servicemembers deployed to the wars in Iraq and Afghanistan, according to the National Center for PTSD.

The House plan, which includes \$73.5 billion in discretionary funding for the department, passed by a 295-129 vote on 18 MAY with significant opposition from Democrats. The Senate plan, which calls for \$74.9 billion in discretionary spending, was approved by an 89-8 vote. Both fall below the White House request of \$75.1 billion for fiscal 2017 veterans programs, although administration officials have quietly backed the Senate plan as within reasonable parameters of their request. [Source: Stars and Stripes | Travis J. Tritten | May 17, 2016 ++]

Military Medical Center, enduring more than 30 surgeries and countless physical therapy sessions. Now medically retired from the military, he continues to need health services from the Veterans Affairs Department. Nearly all Jaye's combat-related conditions are covered by VA, except for one: Infertility.

The explosion "destroyed my reproductive system," according to Jaye, leaving him with low testosterone and a negligible sperm count that makes it impossible for Jaye to father children without medical assistance. The VA provides assessments and some treatment, such as surgeries and medications, to increase a veteran's odds of creating a baby, but it does not provide in vitro fertilization and other advanced reproductive treatments for the 1,800 to 2,000 injured post-9/11 troops who need help to start a family. Jaye and his wife, Lauren, were able to access fertility treatments through Lauren's employer-provided health insurance. But without a change to the 1992 law that prohibits VA from covering in vitro fertilization, their baby girl, due in August, likely will be their only child, since the couple has maxed out their \$30,000 insurance cap on fertility treatments. "We have fought so hard to have a child. ... VA covers everything else, why not this? It's heartbreaking," Kevin Jaye said during a visit to Congress to press for the law to be overturned.

Sen. Patty Murray (D-WA) has tried for more than five years to pass legislation requiring the VA to cover in vitro fertilization and other specialty fertility services. She recently sponsored an amendment to the Senate military construction and Veterans Affairs appropriations bill that would allocate \$88 million to the VA to cover fertility treatments and counseling for these wounded veterans and their spouses. According to Murray, paralyzed veterans, those with groin injuries, and former service members who have suffered head trauma that affects their hormones have a right to start a family and shouldn't be forced to pay out of pocket. "This is just so wrong to me. ... People in America need to stand up and say this is a wound of war and this country needs to pay for it," Murray said.

Earlier this year, the Pentagon announced it would create a pilot program that will cover the cost of freezing the sperm or eggs of active-duty troops to provide more family planning options and preserve a service member's fertility prior to deployment. The Defense Department also covers in vitro fertilization and other fertility services for severely wounded troops while they are on active duty. But once they medically retire, the coverage stops. And, according to these troops, the recovery period before they leave active duty is the worst time to think about having babies. "We were in the process of saving his leg. What a terrible time, as responsible people, to start a family," Lauren Jaye said. "We wanted to get him healed and then think about it."

"We had a lot to get through," said Tracy Keil, wife of retired Army Staff Sgt. Matt Keil, who was paralyzed by a sniper's bullet in Iraq. "We were adjusting to the wheelchair, we both lost our jobs. Matt lost his whole career — he need time figure out what he wanted to do when he grew up. It wasn't a good time to think about children." The Keils did not take DoD up on the offer and paid \$32,000 of their savings for treatment. Their twins are now 5 years old. "I felt betrayed, forgotten. I don't want other veterans to have to go through the heartache I went through. Why should any of us have to beg for something like this?" Matt Keil said.

Murray has made several attempts to get legislation passed to expand coverage for veterans. A bill proposed last year was pulled before a committee vote when Sen. Thom Tillis (R-NC) added amendments that questioned the funding of the initiative and prohibited the VA from working with Planned Parenthood and other organizations that provide abortion services in addition to fertility treatments. A 2012 bill was approved by the Senate but failed in the house over funding concerns. Murray said 10 MAY she believes her most recent proposal has the support of lawmakers from both sides of the aisle and funding shouldn't be an issue. "I want to make sure that nothing happens in the middle of the night that takes it out of the bill. People say they object to it because of its cost. But this is a cost of war," she said. During a hearing last year, an assistant VA deputy undersecretary told the Senate Veterans' Affairs Committee that the department largely supports Murray's proposals, provided that money was available for the services. "VA supports doing all we can to restore to the greatest extent possible a veteran's quality of life, including the ability to have a family," Dr. Rajiv Jain said. Still, the legislation faces an uphill battle.

On 11 MAY Democrats on the House Veterans' Affairs Committee proposed amendments similar to Murray's proposal. But the panel instead advanced legislation that would give \$20,000 in new compensation payouts to veterans who suffered injuries to reproductive organs, with the goal of using the money to cover ensuing family planning costs. Republican supporters said the money could go toward adoption costs, fertility treatments or family expenses of the

veterans' choosing. Rep. Dina Titus(D-NV) however, noted that \$20,000 may not be enough to cover even one full cycle of IVF treatments. "We should do the right thing and fulfill our promises to take care of these veterans," she said.

Crystal Black and retired Army Cpl. Tyler Wilson have spent \$14,000 of their own money to have a baby. They are just in the early stages and hope that Crystal will be pregnant in the next few months. Wilson, paralyzed from the waist down by enemy gunfire, said in vitro fertilization is the only way they will have a complete family. But after this try, they won't be able to afford future attempts. "The VA covers every other medical need he has, his medications, his wheelchair. But the VA is denying Tyler and every other service member in our situation, the right to have a family, the right that these men served for and already have given so much for," Black said. [Source: Military Times | Patricia Kime | May 16, 2016 ++]

## **VA Vet Choice Program Update**

### **VA Opposes Expansion Efforts**

The Veterans Affairs Department opposes efforts to expand the Veterans Choice program and instead wants permission from Congress to roll several private care programs into the Choice benefit, VA Deputy Secretary Sloan Gibson said 24 MAY. Addressing members of the Senate Veterans Affairs Committee in a legislative markup, Gibson said a bill sponsored by Sen. John McCain (R-AZ) to let any enrolled veteran use the Choice program would "erode the VA's ability to address the special needs of veterans." "If veterans who currently do not use the VA health care system begin to seek community care through the Choice program, VA will have to divert resources from ... internal VA care, dramatically undercutting our ability to provide care tailored to the unique needs of veterans," Gibson said.

McCain's proposed bill would make permanent the Choice program, which is set to expire next year. It would allow any veteran who uses VA health services to use the program, which currently lets veterans get care at a private health facility if they live more than 40 miles from a VA facility or have to wait more than a month for an appointment. The proposed legislation also would require VA to expand pharmacy hours and let veterans be seen at commercial walk-in clinics without preauthorization or a co-payment. McCain said the legislation is needed because some doctors are refusing to see veterans under the Choice program, knowing it has an expiration date. "I've heard testimony from a number of veterans who have sat in the ER for 14 hours without being seen. Veterans would just like to see a provider on the same day. This legislation would do that," McCain said.

A VA medical facility in California on 24 MAY began letting enrolled veterans get health care at walk-in clinics with a referral. Gibson said implementation of a similar program nationwide would be cost-prohibitive with the current VA budget. "This provision is too broad and does not include any feature such as the inclusion of copayments that would ensure it is used in a measured way that would not overrun the funds appropriated by Congress," Gibson said.

Veterans groups that testified, including the Veterans of Foreign Wars, Paralyzed Veterans of America, Disabled American Veterans and American Legion, also said they oppose McCain's bill, adding they believe issues must be fixed with the current program before it is expanded. "The Choice Program ... has yet to achieve what Congress envisioned when it passed the Veterans Access, Choice and Accountability Act," said Carlos Fuentes, senior legislative associate with the VFW.

McCain urged the Senate Veterans Affairs Committee to consider the bill, which he said will improve the original legislation co-written in 2014 by McCain and then-Senate Veterans Affairs Chairman Sen. Bernie Sanders (I-VT). [Source: Military Times | Patricia Kime | May 25, 2016 ++]

## **Vets First Act Update**

### **Federal Employee Group Blasts Act**

A group of 12 federal employee unions and associations are voicing their displeasure with several provisions in the Veterans First Act. The group—which includes the Senior Executives Association, National Active and Retired Federal Employees Association and Federal Managers Association—penned a 18 MAY letter to Sen. Mitch McConnell (R-KY) and Sen. Harry Reid (D-NV) outlining three sections in the omnibus reform bill that the coterie said undermine employee rights. "If enacted, these provisions would undermine constitutionally-guaranteed protections available to Department of Veterans Affairs employees who are subject to discipline for misconduct or performance," the letter said. "Moreover,

these provisions would fail to protect the integrity of services to our nation's veterans by permitting the VA's workforce to become vulnerable to undue political influence."

The Veterans First Act was introduced on 28 APR as a bipartisan reform bill shepherded by Sens. Johnny Isakson, (R-GA) and Richard Blumenthal (D-CT), the chairman and ranking member of the Senate Committee on Veterans' Affairs (SEA). Acting SEA president Jason Briefel said the bill, if passed, could face a challenge in the courts for its sweeping discipline changes, but could also usher in a spate of political favoritism and reprisals. "There're a couple of different levels here," he said. "One is should this become law, the immediate on the VA. By the read of the SEA and other signatories to the letter, [there are] potential unconstitutional deprivation of rights and due process for public employees, whether they are senior executives or otherwise. "But I think the bigger picture is kind of the precedent that policies of this nature would set for the government." The letter takes issue with the following sections of the bill:

- **Section 112 (e) and Involuntary Reassignment Abuse.** The section allows the VA to decrease the pay of an agency director who has been involuntarily reassigned as the result of a disciplinary action and prohibits it from being appealed. The employee groups said that such a move would open the door to political reprisals on government employees.
- **Sections 113 and Limitations on Review of Removal of VA Senior Executives.** This section gives a fired senior executive 21 days to appeal the decision and confines the appeal process to within the VA. In the letter, the employee groups said the move could extend beyond the SES to "establish an employment-at-will doctrine toward federal civil service employment, opening the door to partisan political abuse in myriad ways."
- **Section 121 and the Removal of VA Employees.** Removal of a non-SES VA employee can only be appealed within 10 days of the decision and requires the Merits Systems Protection Board to render a decision.

Absent from the letter signatories was the American Federation of Government Employees, which counts 100,000 VA employees in its National VA Council, a third of the union's total membership. In a statement, AFGE said it supports the bill following negotiations with Blumenthal on issues like allowing probationary employees to become full-time, providing fired employees their complete evidence file and 10 business days when preparing an appeal, performance appraisals and time-limits on reprimands in employees' files. But AFGE also said it didn't support the due process changes for SES members in the bill, particularly a reduction of annuity benefits for executives fired for misconduct, and seemed to express surprise at SEA's stance on the issue. "We believe this represents a terrible precedent regarding earned compensation for federal employees and we would vigorously oppose any expansion of that effort in any future measure," it said. "We note that SEA has stated that they do not oppose the pension claw back provision as currently drafted."

The bill cleared the Senate Committee on Veterans' Affairs unanimously on 12 MAY, but could face a tough battle once it hits the Senate floor. Sen. Marco Rubio (R-FL) —who also authored VA reform legislation—said in a 17 MAY statement that "labor unions have so far gotten their way in writing the VA accountability provisions in the bill" and promised a strong fight against the bill as it stands. Inversely, Briefel said that the current system of accountability is already sufficient and it's the leaders of agencies who have not adequately used their power to police misconduct. "There's a whole host of authorities that are not being fully leveraged," he said. "Whether that stems from a lack of coordination between investigators, management, human resources, general counsel and otherwise, again that's much more of an implementation issue." [Source: Federal Times | Carten Cordell | May 19, 2016 ++]

## **VA Cemeteries Update**

### **Flagpole Confederate Battle Flag Ban**

The House voted on 18 MAY to ban the display of the Confederate flag on flagpoles at federal veterans' cemeteries. The 265-159 vote would block descendants and others seeking to commemorate veterans of the Confederate States of America from flying the Confederate Battle Flag over mass graves on the two days a year that flag displays are permitted. California Democrat Jared Huffman drafted the prohibition, saying the flag represents "racism, slavery and division."

Huffman's amendment is mostly symbolic and applies only to instances in which Confederate flags are flown on flagpoles over mass graves. The amendment would not ban the display of small Confederate flags placed at individual graves. Such displays are generally permitted on Memorial Day and Confederate Memorial Day in the states that observe it. Top House GOP leaders such as Majority Leader Kevin McCarthy of California and GOP Whip Steve Scalise of Louisiana voted with

Democrats to approve the amendment. By tradition, House Speaker Paul Ryan (R-WI) rarely votes. Republicans said recently that the Mississippi State Flag, which contains Confederate imagery, will not be returned to a House hallway where it was displayed prior to a recent renovation.

"Symbols like the Confederate battle flag have meaning. They are not just neutral, historical symbols of pride. They represent slavery, oppression, lynching and hate," Huffman said. "To continue to allow national policy condoning the display of this symbol on Federal property is wrong, and it is disrespectful to what our country stands for and what our veterans fight for." After a mass shooting at a South Carolina black church last year, the state legislature ordered the flag removed from the capitol in Columbia. The House approved amendments last year to block the display and sale of the Confederate flag at national parks but a backlash from Southern Republicans caused GOP leaders to scrap the underlying spending bill. GOP leaders subsequently scrapped action on the remaining spending bills. [Source: Associated Press | Andrew Taylor | May 19, 2016 ++]

## **GI Bill Update**

### ***Vet Groups Seek Crackdown on Deceptive Colleges***

Some of the nation's largest veterans and military organizations sent letters in mid-MAY to the Veterans Affairs Department asking it to crack down on colleges that prey on veterans by charging exorbitant fees for degrees that mostly fail to deliver promised skills and jobs. The letters were signed by top officials at the American Legion, the National Military Family Association, the Military Officers Association of America and nearly 20 other groups. They called on the department to improve its oversight of colleges that have engaged in deceptive recruiting and other illicit practices but that continue to receive millions in funding under the G.I. Bill. "We encourage you" to take steps against the dozen or so colleges facing "federal and state action for deceiving students," one of the letters says.

The career training and for-profit college industry has been accused in recent years of exploiting veterans, poor people and minorities. Veterans are an especially enticing target because, under a loophole in federal law, money from the G.I. Bill does not count against a cap on federal funding to for-profit schools. The Veterans Affairs Department has traditionally done little to police the for-profit college industry despite handing more than \$1.7 billion for the 2012-13 school year to for-profit colleges. A 2014 Senate report found that seven of the eight for-profit college operators that received the most money from the department were under investigation by state or federal authorities for misleading recruiting practices or other violations of federal law.

In an emailed statement, Terry Jemison, a spokesman for the department, said it relied largely on states to police the industry. State agencies "are required to ensure that all schools, including nonaccredited schools, have been licensed to operate in their state," Mr. Jemison wrote. But a recent study by Yale law students found that the department was required by statute to enforce federal education guidelines prohibiting fraudulent practices. Democrats on Capitol Hill have cited the study as more evidence that the department is failing to protect veterans from predatory practices. "The failure to crack down defies not only the White House priorities and congressional demands, but logic and common sense," Senator Richard Blumenthal, Democrat of Connecticut, said in an interview.

The industry, defending itself against the allegations, says it offers nontraditional students a flexible way to gain career skills. "Those that demonize our sector do so because of ideological reasons, not rational arguments," said Michael Dakduk, a vice president at the Association of Private Sector Colleges and Universities. "For the veteran holding down a part-time or full-time job in addition to their studies, our sector's institutions and programs are the right fit." "Our sector continues to support more consumer education and resources for veterans, service members and their families," Mr. Dakduk added. "We look forward to working with members of the veterans community, as we have done in the past, to strengthen resources for student veterans and their families." But among those who have called for better oversight of the G.I. Bill are the veterans department's own education advisory committee and a group of eight state attorneys general who have sued for-profit colleges, accusing them of consumer fraud.

The institutions that have failed to meet regulatory standards or been accused of violating legal statutes include tiny beauty schools with staggering loan default rates and online law schools with dismal graduation rates and no bar association accreditation. Without government money, few of these institutions could attract students or stay in business.

Corinthian Colleges, once one of the largest for-profit college chains, went bankrupt last year after the Education Department suspended its access to federal student aid. The chain was accused of false advertising, including exaggerations about its students' career placement. Education advocates say the veterans department's unwillingness to police a program that costs taxpayers billions is difficult to understand. "The veterans we serve are understandably angry when they discover that the very consumer fraud they faced at a predatory school is one the V.A. knew about but approved for G.I. Bill benefits anyway," said Carrie Wofford of Veterans Education Success, a nonprofit group. [Source: The New York Times | Gardiner Harris | May 21, 2016 ++]

## Vets.gov Update

### **Consolidates VA's 1,000+ Sites into One Online Location**

It was October 2013 when the Obama administration triumphantly flipped the switch on Healthcare.gov, the landing page for the White House's landmark domestic policy achievement. It promptly crashed. As administration officials absorbed the extent of the catastrophe, they realized they had to go outside the usual government channels to get the site up and running. That's when they brought in Paul Smith, a politically minded coder with a handful of successful startups behind him.

Smith immediately asked to see the results of the monitoring tools identifying where the system was clogged. He was met with blank stares from the bureaucrats in the room. So he downloaded a cheap tool from the Internet and — breaking probably every government tech regulation in the book — plugged it into the system to see what he was working with. The entire screen lit up bright red with errors, matching the color of the faces of millions of people trying to log on to buy affordable health care insurance, as well as the faces of health policy wonks wondering if Obamacare itself had just crashed and burned. Smith and his team of outside coders ultimately turned Healthcare.gov around, in a rescue that has become a case study in rapid tech recovery. The group was thrown together so quickly that they were known only as the Ad Hoc team.

Today, Ad Hoc LLC (they went ahead and made it their company name) has a new job that, in some ways, makes the Affordable Care Act turnaround look easy. They're taking on the Department of Veterans Affairs. Smith's team won a contract this month to develop Vets.gov, a new website (<https://www.vets.gov>) that consolidates the department's services in one online location. The goal is to let veterans access all of their VA benefits online in one place and with a single login. Ad Hoc will build on a beta version of Vets.gov that the team created in November. What's stunning is that a website like this didn't exist before. The agency has its standard VA.gov, but that's more of an organizational site than a services-oriented hub for veterans. Until now, the nation's roughly 20 million veterans have been accessing their VA benefits online through at least 1,000 different websites, according to VA officials. Smith said he's been told it's closer to 1,400. "When I first heard the number, I had this, like, 'that can't be right' moment," Smith told The Huffington Post. "It's extraordinary."

Asked to compare Obamacare's once-tortured website with the VA's lack of centralized online services, Smith said the two projects couldn't be more different. His team is building Vets.gov from scratch, whereas the administration had already created Healthcare.gov. The Ad Hoc team's role back in 2013 was less about writing code and more about organizing a site that wasn't ready for large amounts of traffic. If only the administration had been working with software engineers from the private sector from the beginning, Smith recalled thinking, Healthcare.gov would have turned out so much better.

That's the realization that prompted him to launch Ad Hoc LLC with his colleague Greg Gershman two years ago. They learned from the Healthcare.gov debacle that there's "an enormous gap" between consumer technology being used by private sector startups and what is being used by the government. "We recognized companies are still going to be contracting with the government, and they need to be able to bring in people who have that modern software tech development experience," Smith said. "With Vets.gov, we have the opportunity to build something new ... and be 10 times more impactful than the traditional procurement practice in government."

So how do you even begin to condense 1,000 websites into one? Smith said their strategy is to build the central site in "an entirely new way" for a government agency, by tackling small chunks at a time and having veterans themselves test out

each stage. Once the team gets feedback from those vets, they'll plug that information back into the overall project and then move on to the next chunk. And then again. And again. And again. The biggest challenge will be staying focused on what veterans say works best for them, Smith said, versus what government officials or programmers think is best. "That's why we're here, to really build something for them," he said. "Through their eyes, for their needs." The new contract, which employs a handful of companies led by Ad Hoc, gives Smith's team a year to build out the basic site and make it more comprehensive. If all goes as planned, VA will renew Ad Hoc's contract for another two years to keep expanding the site.

Smith said he feels personally invested in this project's success. "I want the site to be a delightful experience for veterans. I want them to start to have trust in their system and feel like their requests are responded to quickly and accurately," he said. "We loved working on the beta site. People at the VA were excited. Everyone was excited. It felt good. It felt like this is the right way to build software."

HuffPost reached out to Scott Davis, a program specialist at the VA's Health Eligibility Center in Atlanta and a past whistleblower on VA mismanagement, to ask what he thought the biggest problem is for veterans trying to access their benefits online. He said that vets applying for health care online often end up filling out multiple applications, and the most commonly used form is a PDF that can't be downloaded. HuffPost went ahead and asked Smith if he could fix that. He was already on it. "I'm aware that there are PDFs at the end of the rainbow," Smith said. "We're going to build forms and services that take a veteran to a meaningful place, not just another dead end." [Source: Huffington Post | Jennifer Bendery | May 17, 2016 ++]

## ***Vet Toxic Exposure | Lejeune Update***

### ***VA to Accept Claims***

The Veterans Affairs Department has determined that eight medical conditions are linked to service at Camp Lejeune, N.C. from 1953 to 1987, and veterans with these diseases who were stationed at the sprawling Marine Corps base are eligible for disability compensation. VA officials said 19 MAY that these eight diseases that have been determined to be service-connected to consuming contaminated drinking water at the base: kidney cancer, liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease and aplastic anemia or other myelodysplastic syndromes.

VA Secretary Robert McDonald said research by health experts at the Veterans Health Administration and the Agency for Toxic Substances and Disease Registry, an arm of the Centers for Disease Control and Prevention, indicated that the risk of developing these illnesses is elevated by exposure to contaminants found in the water, including perchloroethylene, trichloroethylene, benzene and other volatile organic compounds. "The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," McDonald said. "We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water."

Nearly a million people, including troops, family members and civilian employees working at Camp Lejeune from the 1950s through the 1980s were exposed to these chemicals and other cancer-causing agents in the base's drinking water, supplied by two water treatment facilities polluted by dry cleaning compounds, leaking underground storage tanks, industrial spills and poor disposal practices. The VA has provided health care or reimbursement for medical costs for veterans who served at Camp Lejeune at least 30 days during the affected period or family members with 15 illnesses related to exposure to water contaminated by solvents and fuels, but it had not awarded "presumptive status" to any condition until now.

The changes will take effect after VA publishes regulations regarding these presumptions, and will apply to new disability claims. Veterans who have previously been denied on such claims may seek to be re-evaluated. Also, any pending claims that might be denied under current regulations will be placed on hold until the VA issues its final rules, according to a department press release. The bedrock eligibility rules will be that veterans must have one of the eight specified conditions and must have served at Camp Lejeune between Aug. 1, 1953, and Dec. 31, 1987. The new rules also will expand eligibility to reserve and National Guard members who served at Camp Lejeune for any length of time during that period.

A VA spokeswoman said compensation awarded as a result of the proposed regulations, if adopted, will "be effective no earlier than the date the final rule is published." Veterans have expressed frustration over the low rate of claims approvals for illnesses related to the Camp Lejeune water. Hundreds of veterans attended a meeting of the Camp Lejeune Community Assistance Panel on Dec. 5 in Tampa to express frustration with the VA's handling of claims and plead with VA officials to improve the process. Paul Maslow, a veteran who walks with a cane and said he has inoperable tumors on his spine and elsewhere, said he and thousands of former troops need assistance. "You are not helping us, you are hurting us," Maslow told VA officials attending the meeting. "And the more you delay, the more of us ... are going to die."

Two senators who pressed VA to change its policies regarding benefits for Camp Lejeune veterans said Thursday they applaud the VA's decision, calling it a "victory for those who have suffered." "The VA has conceded that it will no longer deny disability benefits to Camp Lejeune victims based on ridiculous scientific claims," Sen. Richard Burr, (R-NC) said. "VA is finally granting some justice to veterans who were exposed to contaminated drinking water while assigned to Camp Lejeune," said Sen. Thom Tillis (R-NC). "The victims of this tragedy have waited far too long to receive disability benefits." [Source: Military Times | Patricia Kime | December 17, 2015 ++]

## ***Arlington National Cemetery Update***

### ***WASP | H.R.4337 Becomes Law***

Female WWII military pilots previously denied burial at Arlington National Cemetery can now have their ashes interred there. On 20 MAY, President Barack Obama signed into law a measure clarifying the eligibility of Women Airforce Service Pilots (WASP) for the honor, overturning an Army decision to exclude them from the well-known cemetery. Congress had previously passed the legislation without any opposition. White House officials had previously said the change was needed to "honor those surviving members of the Greatest Generation — including these pioneering pilots — who served on active duty during World War II."

That active-duty status has been the problem for advocates of the WASPs for years. Almost 1,100 of the women served from 1942 to 1944, ferrying airplanes, training combat pilots and towing airborne targets. Thirty-eight died during training and support missions. But after the war, the women were denied veterans benefits and services because they did not qualify as active-duty troops under existing rules. In 1977, Congress passed legislation retroactively granting active-duty status to WASP pilots. But after initially ruling that group members could apply for burial of ashes at Arlington National Cemetery, the Army reversed course in 2015 and barred the women from consideration.

Sen. Joni Ernst (R-IA), who sponsored legislation in the Senate to help the WASPs, said the change was needed to recognize the service and sacrifice of the women. "Today is a victorious occasion for a revolutionary group of women who deserve to be celebrated and remembered by all," she said in a statement after the bill signing. "They willingly put their lives on the line in service to our great country, and made tremendous sacrifices to join a ground-breaking flight program to free up their male counterparts for combat duty. Restoring what was once the right of the WASP to have their ashes placed at Arlington National Cemetery is undoubtedly the right thing to do in honoring these extraordinary women for their remarkable military service."

Honoring the female WWII veterans became one of the few bipartisan agreements in Congress so far this year, with Ernst and Rep. Martha McSally (R-AZ) leading Capitol Hill rallies and legislative lobbying on the effort. Ernst is a retired Army lieutenant colonel and McSally is a retired Air Force colonel. The new law comes as the Pentagon is working to expand all combat roles to female troops, and as lawmakers debate whether women should be forced to register with the Selective Service System if a future military draft is needed. [Source: Military Times | Leo Shane | May 20, 2016] ++]

## ***Veterans Omnibus Bill***

### ***S.2921 | Reforming VA Operations***

The massive and controversial veterans omnibus bill is headed to the Senate floor after Senate Veterans Affairs Committee members unanimously backed the measure as a critical step forward in reforming VA operations. The hastily organized vote came two weeks after committee leaders unveiled the plan, which and could become the most significant piece of

veterans reform legislation in two years if it can survive an expected fight with House members in the weeks to come. Committee Chairman Sen. Johnny Isakson (R-GA) praised the unanimous vote as a sign of strong support for the measure and downplayed growing criticism about the provisions. "Anybody can find a fault with a bill this comprehensive," he said. "I don't think we have all the good ideas. But we have to get the football in play and start moving down the field. I look forward to working with the House on all the things they have concerns about."

The legislation includes a massive expansion of VA's program for caregivers of injured veterans, which offers stipends, health benefits and other support for those who provide full-time care. Veterans groups have lauded that provision along with new assistance for homeless veterans, expansion of veterans eligible for education benefits, and improvements to health care programs. But several have questioned the total cost of the measure, and whether committee estimates are realistic. Isakson said the \$4-billion-plus in program costs are covered through a series of savings measures, leaving the final bill with a surplus of more than \$330 million. Official Congressional Budget Office scoring of the measure is expected out later this week. The two most controversial aspects of the omnibus bill are its provisions dealing with VA employee accountability and its inclusion of a cut in GI Bill housing stipend growth.

**Accountability provisions.** House lawmakers are threatening to sideline the measure over the former, while some veterans groups are demanding the removal of the latter. Senators included in the omnibus VA leaders' plans to reclassify department senior executives to allow for faster hiring and firing of those positions, and give supervisors more flexibility on pay and work hours. But the measure goes further on accountability issues, limiting the amount of time any VA employee can be placed on administrative leave and blocking bonuses for some workers. It also gives broad power to VA leaders dismiss almost any employee. That's an effort to address past cases where workers who committed off-duty criminal acts stayed on the VA payroll, due to complicated firing rules.

Union leaders and the White House have objected to similar plans in the past, calling it an erosion of workers' rights. House lawmakers have indicated the Senate plan does not go far enough. For example, under the Senate plan, disciplinary decisions which today can take more than 400 days to complete would be reduced to 110. The House plan trims that even further, to 52 days for appeals and rulings. In addition, the House plan does not require any advance notice for disciplinary action and would significantly limit appeals. But Isakson said the Senate plan has support from Senate Democrats on the committee, while the House accountability provisions saw little support from Democrats in that chamber. Whether that compromise will be enough to convince House Republicans to change their preference remains to be seen.

**GI Bill fight.** The education benefit cuts may be even more difficult to navigate. The bill generates about \$3.4 billion in revenue by reducing the growth in student veterans' housing allowance in coming years. The move brings the veterans benefit in line with Defense Department housing stipends, a move lawmakers initially planned last year but deferred until now. Students would not see a reduction in their housing payouts but would see their rate of growth shrink, until the stipend covers 95 percent of the average area housing cost. Critics call that a cut to veterans education benefits, since the end result is students' housing payouts not fully keeping up with inflation. Student Veterans of America estimates the reductions will amount to an average loss of more than \$800 when fully implemented in coming years. "We at SVA would like to see the money from the (housing) reduction spent on GI Bill (programs)," the group said in a statement. "There is no reason why the burden of helping older veterans should fall on younger veterans."

Officials from Iraq and Afghanistan Veterans of America, who earlier this year opposed House plans to half housing stipends for dependents of veterans using GI Bill benefits, went even further with their opposition. "Our leaders in Congress and the White House cannot justify taking care of all veterans by breaking their promise to our new 'Greatest Generation' of veterans and their families," IAVA CEO Paul Rieckhoff said in a statement. "Especially as our brothers and sisters continue to fight and die overseas, the GI Bill is sacred." But supporters note that the 5 percent reduction in housing stipend growth is essentially already a done deal in the eyes of Congress, since they already approved that reduction for active-duty service members last year. This way, they argue, the money can go to other veterans programs instead of becoming lost revenue. The American Legion, Paralyzed Veterans of America, Veterans of Foreign Wars, and Disabled American Veterans have all offered support for the measure, although not necessarily wholehearted endorsements of how the costs are covered.

No timeline has been set for when the measure will be brought to the full Senate for a vote. Isakson and committee members had hoped to have the measure passed through Congress by Memorial Day, but concerns over the bill's provisions and conflicting legislative priorities may make passing the omnibus before Congress' summer break in July difficult. [Source: Military Times | Leo Shane | May 23, 2016 ++]

## **VA Agent Orange Benefits Update**

### **H.R.969 & S.681**

A proposal to extend health coverage for Agent Orange exposure to Vietnam-era Navy veterans has the type of backing in Congress that normally would make supporters hopeful. In the House, a bill granting the benefits has garnered a whopping 320 sponsors – almost 75 percent of all members have signed on in support and that bill was passed inclusive of the proposal. Nearly half of all senators also support extending benefits to the so-called “blue water” sailors who served aboard ships in ports and surrounding ocean during the Vietnam War. “If you served just offshore, you don’t have presumed coverage,” said Rep. Chris Gibson (R-NY), a retired Army colonel who sponsored the House bill. “Members of Congress have to fight case by case ... It should not have to be that way, they should get presumed coverage.”

But the legislation has collected dust for a year, failing to move past House and Senate veteran affairs committees that serve as a crucial first step on the road to making the benefits law. The Republican chairmen of these committees are skeptical of the science behind the exposure claims and concerned about the cost of new benefits. This has held up the proposals, frustrating supporters. The window for Congress to act might be closing – despite the support -- as lawmakers face the long summer recess, a fall schedule dominated by the presidential election and the end of the legislative session in December. Gibson, Senate lawmakers and veterans groups, including Vietnam Veterans of America and Veterans of Foreign Wars, were set to rally on Capitol Hill on 18 MAY in hopes of finally moving the bills ahead. The expansion of coverage has been sought by veterans for a decade. “We’ve never been in a stronger position to get it passed,” Gibson said.

Some veteran sailors contend dioxin-tainted herbicide runoff was sucked up through their ships’ water filtration systems and piped to crew, sometimes at concentrated levels. Gibson said it is “very clear” that sailors were exposed and that their medical records show similar elevated risks for diseases such as cancer, diabetes and Parkinson’s disease as ground troops. But the Department of Veterans Affairs in February reviewed its policy and decided it will continue to deny Agent Orange benefits to about 90,000 sailors who served aboard aircraft carriers, destroyers, cruisers and other Navy ships. The VA does assume herbicide exposure and provide health coverage to the vast majority of Vietnam veterans who were deployed on the ground or in rivers and inland waterways during the war. But the agency found no basis to cover the sailors.

With the VA unwilling to change its policy, convincing the chairmen of the veterans committees to let the bills move forward could be key for supporters. “We are trying our best,” said John Wells, the executive director of Military Veterans Advocacy, a Louisiana-based nonprofit group that is among six veteran organizations slated to rally Wednesday. Wells said he is spending the week on Capitol Hill meeting with lawmakers and staff on the veteran affairs committees to advocate for the bills. It will be an uphill battle. Rep. Jeff Miller (R-FL) said he believes the science is uncertain on whether the blue-water veterans should be eligible for Agent Orange benefits – a position shared by the VA following a recent independent study, according to committee staff.

In 2011, the Institute of Medicine examined whether sailors could have been exposed to herbicide but the results were inconclusive. Potable water systems in warships could have collected seawater polluted by land runoff and concentrated the dioxins in Agent Orange through distillation, the institute found. “The committee was unable to state with certainty that blue water Navy personnel were or were not exposed to Agent Orange and its associated [dioxin],” the panel found, referring to a disease-causing contaminant in the herbicide. Miller has asked the Defense Department to search for any residue in the ship filtration systems and records showing if the vessels were supplied with water from the Vietnamese mainland. The findings could sway the debate over benefits in the future, staff said.

Meanwhile, the cost of expanding benefits is a sticking point on the Senate Committee of Veterans’ Affairs, which is chaired by Sen. Johnny Isakson (R-GA). It will cost about \$90 million yearly to expand health coverage to the veterans, according to the Congressional Budget Office, and fiscal hawks in Congress require such new spending to be accompanied

by cuts elsewhere. “Chairman Isakson has consistently required all bills to be paid for before the committee can move on them, and S.681 has an estimated cost of \$1 billion without any offsets,” the committee spokeswoman Lauren Gaydos wrote in an email response, referring to the estimated cost of the Senate version of the bill for 10 years. [Source: Stars & Stripes | Travis J. Tritten | May 17, 2016++]

## **Vet Student Loans Update**

### **H.R.4974 Loan Forgiveness Amendment**

Sen. Angus King (I-ME) has introduced an amendment he says would help veterans more easily get student loan forgiveness. King's amendment would require the federal Department of Veterans Affairs and Department of Education to streamline the disability verification process. He says that would ensure permanently disabled veterans are relieved of their federal student loan debt. This kind of loan forgiveness is allowed under current law, but King said a lack of coordination between federal departments is potentially causing veterans to miss out on it. King introduced the amendment along with Sens. Rob Portman and Chris Coons. Portman is an Ohio Republican and Coons is a Delaware Democrat. It is an amendment to the \$81.6 Billion House Military Construction and Veterans Affairs bill H.R.4974 which was passed on 18 MAY. [Source: The Associated Press | May 19, 2016 ++]

## **VA Health Care Management**

### **Stability & Improvement Act H.R.3956**

As ordered reported by the House Committee on Veterans' Affairs on 18 MAY the following is the Congressional Budget Office report on H.R. 3956, VA Health Center Management Stability and Improvement Act.

- Within 120 days of enactment, H.R. 3956 would require the Department of Veterans Affairs (VA) to develop and implement a plan to hire directors at each VA medical center that lacks a permanent director.
- Require VA to submit semiannual reports to the Congress on the remaining vacant positions. VA reports that it has such a plan in place and is working aggressively to hire new directors.
- Require VA to ensure that each director of a medical facility complete an annual certification that the facility is complying with the laws and regulations pertaining to scheduling medical appointments. This provision would codify VA's current practice, as specified under VA Directive 2010-027.
- Require VA to ensure the directives and policies are being implemented in a uniform manner and prohibit paying bonuses to senior staff if they fail to comply. CBO expects that VA would implement this requirement by distributing regular guidance through electronic correspondence and that few, if any, senior staff would be denied bonuses.

As a result, CBO estimates that on net implementing H.R. 3956 would cost less than \$500,000 over the 2017-2021 period; that spending would be subject to availability of appropriated funds. Enacting H.R. 3956 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 3956 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027. [Source: Congressional Budget Office | Report | May 23, 2016 ++]

## **State Veterans Home Program Update**

### **ADHC H.R.2460**

As ordered reported by the House Committee on Veterans' Affairs on 18 MAY the following is the Congressional Budget Office report on H.R.2460, a bill to amend title 38, United States Code, to improve the provision of adult day health care services for veterans. The bill would:

- Require the Department of Veterans Affairs (VA) to enter into provider agreements or contracts with State Veterans Homes (SVHs) to provide adult day health care (ADHC) to veterans with severe service-connected disabilities at rates above VA's current per-diem rates.
- Require VA to pay for ADHC provided to those veterans at a rate equal to 65 percent of the prevailing rate for nursing home care in that region

SVHs are facilities that offer nursing home care, domiciliary care, or ADHC primarily to veterans. Those facilities are operated by state governments, but do receive some of their funding from the federal government. Under current law, VA is required to comply with the Federal Acquisition Regulation (FAR) for agreements and contracts with SVHs. The FAR is an extensive and complex set of rules governing the federal government's purchasing process. VA has been unable to secure agreements or contracts with any SVH because of the contractual requirements under the FAR (mostly related to reporting, compensation, and fringe benefits). As a result, VA would face challenges in entering into agreements or contracts under the bill and CBO expects that VA would continue to use grants to pay the SVHs at the current per-diem rate.

Therefore, CBO estimates that implementing the bill would have no budgetary effects. Pay-as-you-go procedures do not apply because enacting the legislation would not affect direct spending or revenues. CBO estimates that enacting H.R. 2460 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027. [Source: Congressional Budget Office | Report | May 23, 2016 ++]