Federal Update for June 16 – July 1, 2016

DoD Whistleblowers

Retaliation is Alive and Well

A bipartisan group of lawmakers is urging a government watchdog to tackle what it describes as "persistent, systemic" problems with the handling of defense and intelligence whistleblowers. Needless delays and "reprisal and misconduct" were cited within the inspector general's office, the five lawmakers said in a letter sent last week to the Pentagon inspector general's office. The letter was obtained by McClatchy, which has in its reporting detailed allegations of mishandling by the inspector general's office. The lawmakers noted improvements since acting inspector general Glenn Fine took over in January. "We believe, however, that there are ongoing challenges," the lawmakers wrote. "We write to express our concerns regarding what appear to be persistent, systemic issues." The Pentagon inspector general's office did not respond to requests for comment.

The lawmakers who signed the letter were: Sens. Charles Grassley, R-Iowa; Claire McCaskill, D-Mo., Kirsten Gillibrand, D-N.Y.; and Reps. Jason Chaffetz, R-Utah; and Elijah Cummings, D-Md. The lawmakers cited several stories by McClatchy that outlined allegations of problems and delays by the Pentagon inspector general's office. The inspector general has, for example, agreed to reopen its investigation into a former Missouri National Guard contractor's claims of wrongful termination. Michael Sandknop, a videographer who retired in 2009 as a master sergeant in the U.S. Army Reserve, claims in a lawsuit his supervisors knowingly made false statements about him "to discredit, damage and smear" him, and that he was wrongfully terminated.

Sandknop said he was not given the proper equipment to do his job and was publicly berated by his supervisors. When he sought assistance from the Missouri National Guard's inspector general, he said, he was fired. An investigation "determined there was an unhealthy work environment in the Missouri National Guard PAO (Public Affairs Office)," an investigator wrote in a letter to Sandknop in June 2014. "Appropriate action will be taken to address these issues." A year later, however, after receiving no assistance, Sandknop last November filed suit. "I got fired, I got mad, and now I'm getting even," Sandknop told the Kansas City Star. The inspector general's office has reopened Sandknop's case and has admitted that it made a mistake in first declining to investigate. Nanci Gonder, spokeswoman for the Missouri Attorney General's office, reached by email, said, "We decline to comment on pending litigation." The office has also started an inquiry into other alleged cases of reprisal.

In late 2014, McClatchy described daunting obstacles facing defense and intelligence whistleblowers, including delays, and a battle between investigators and managers at the Pentagon inspector general's office over the handling of reprisal claims. In May of 2015, the Government Accountability Office said it also found long delays when it analyzed about 124 military whistleblower reprisal cases overseen by the Pentagon inspector general's office. The lawmakers asked Fine's office to explain what reforms have been undertaken since. "Retaliation against whistleblowers is alive and well at the Defense Department," Grassley, chairman of the Judiciary committee, said by email. "Whistleblowers deserve fair treatment, free from reprisal, as the law provides. They should be encouraged to come forward, not be treated like skunks at a picnic." [Source: McClatchy Washington Bureau & Kansas City Star | Marisa Taylor & Will Schmitt | June 13, 2016 ++]

TRICARE Dental Program Update

New Contractor

United Concordia will be the next TRICARE Dental contractor for active-duty families, National Guard and Reserve members and their families beginning May 1, 2017. The contract is worth $2.9 billion and will last for five years. Under the new contract, the annual maximum benefit for users will expand from $1,300 to $1,500, according to contract documents. Sealants, which currently carry a 20 percent cost share, will be completely covered at zero out-of-pocket cost. Beneficiaries, who must pay monthly premiums to use TRICARE's dental program, will continue to receive to two free cleanings a year, while pregnant users will be able to receive three. Some beneficiaries may have to find a new dentist after the change, since individual dental practices determine which programs they accept. Details regarding in-network dentist options are likely to be released before the contract start date next year. About 1.8 million beneficiaries are enrolled in the dental program. [Source: NAUS Weekly Update | June 24, 2016 ++]

DoD Retirement Update

Civilian Phased Retirement Program

The Defense Department on Tuesday announced it will now allow eligible civilian employees to partially retire while remaining on the job part-time to help better manage its workforce needs. The decision by the government's largest department to implement phased retirement – nearly four years after Congress passed a law allowing the practice – could spur other agencies to roll out their own programs to take advantage of the flexibility. As of mid-January, less than 50 people across government had applied for the benefit, according to the Office of Personnel Management. That's because many agencies either haven't finalized phased retirement plans yet that meet the needs of their missions as well as collective bargaining agreements, or aren't offering the benefit to eligible employees. It's also possible some federal employees don't know what their options are, or just aren't interested/eligible.

"Participation in the Phased Retirement Program is voluntary and requires the mutual consent of both the employee and an authorized DoD component official," said the June 21 memorandum from Peter Levine, acting undersecretary of Defense for personnel and readiness. "DoD components may limit the number of employees included in the Phased Retirement Program, as appropriate." It's the latest personnel-related change that the Pentagon has unveiled in recent months, as part of the department's broader effort to recruit and retain civilian employees and service members. Agencies have broad discretion in deciding how to implement. [Source: GovExec.com | By Kellie Lunney | June 21, 2016 ++]

VA Cemeteries Update

Funding Bill's Confederate Flag Ban Removed

A measure to bar confederate flags from cemeteries run by the Department of Veterans Affairs was removed from legislation passed by the House early 23 JUN. The flag ban was added to the VA funding bill in May by a vote of 265-159, with most Republicans voting against the ban. But Speaker Paul Ryan (R-Wis.) and Majority Leader Kevin McCarthy (R-Calif.) both supported the measure. Ryan was commended for allowing a vote on the controversial measure, but has since limited what amendments can be offered on the floor. In negotiations to reconcile the House funding measure with the Senate bill, the confederate flag provision was dropped. The bill passed the House 239-171. Of the eight House Republicans Ryan appointed to the conference committee that ultimately stripped the measure, four had voted against the ban on the floor. A GOP aide declined to comment on the internal deliberations that led to the removal of the ban. [Source: Politico | Matthew Nussbaum | June 23, 2016 ++]

VA Suicide Prevention Update

Hotline Unanswered Texts

Almost 30 percent of text messages sent as a test to a crisis hotline for suicidal veterans went unanswered, according to a Government Accountability Office (GAO) report released 27 JUN. "Our tests of text messages revealed a potential area of concern," the report reads. The GAO report follows a scathing inspector general report from February that found some

calls to the hotline were going to voicemail or didn't receive immediate attention. The inspector general report prompted backlash in Congress, and the Department of Veterans Affairs (VA) in turn promised to fix issues in answering calls to the hotline. The GAO report also addressed the wait time for callers and noted that the VA is working on its response times to those calling the hotline. But no similar attention has been placed on responding to text messages, it added.

The hotline received about 13,000 texts in 2014 and 16,000 in 2015, and VA officials told the GAO that 87 percent received a response within two minutes in both years. As part of its report, the agency sent 14 test text messages to the hotline. Of those, four went unanswered, for a rate of 28.6 percent of texts unanswered, though the GAO specified its sample is "nongeneralizable." Of the rest of the texts, eight got responses within two minutes, and two got responses within five minutes. The texts sent by the agency were simple greetings such as "Hi" or "Hello." That might have contributed to the slow responses, the GAO said, because hotline workers try to respond first to ones that indicate a crisis.

As to why some weren't answered at all, the hotline's text messaging service provider offered five possible reasons: incompatibilities between devices sending the texts messages and the software the VA uses to process the messages; software malfunctions that freeze the hotline's text messaging interface; inaudible audio prompts used to alert responders of incoming texts; attempts to overload the system with a large number of texts; and incompatibilities between the web browsers used by the call center and the text messaging software. The VA told the GAO it relies on its text messaging service provider to monitor and test the text messaging system, the report says. But the provider said it doesn't conduct any routine testing. "Without routinely testing its text messaging system, or ensuring that its provider tests the system, VA cannot ensure that it is identifying limitations with its text messaging service and resolving them to provide consistent, reliable service to veterans," the GAO said.

The GAO recommended the VA test the hotline text messaging system, and the VA agreed. In a written response to the report, the VA said it plans to have a system to test the text messaging service in place by July. "The ability to proactive identify and correct errors with the Veterans Crisis Line (VLC) text messaging system will provide greater assurance that veterans in crisis are able to reach a trained VCL response in a timely fashion," Gina Farrisee, deputy chief of staff at the VA, wrote in a response included in the report. "VCL appreciates GAO's identifying areas of concern in our text messaging system and intends on utilizing these findings to make improvements." In an emailed statement Monday, the VA reiterated that it is working to improve the hotline. "It is important for veterans and our key stakeholders to know that VA has already progressed forward in several improvements to VCL operations over the past two years" the statement said. "The goal of that progress is to make the VCL nothing short of a world class crisis response center."

The statement later added: "The GAO report found, and we concur, that we have areas that we can improve in, and we are doing that now." The VA also encouraged veterans in crisis or having thoughts of suicide or those who know a veteran who is to call the Veterans Crisis Line at 1-800-273-8255 and Press 1, or text to 838255, or chat online at https://www.veteranscrisisline.net/ChatTermsOfService.aspx. [Source: The Hill | Rebecca Kheel | June 27, 2016 ++]

VA VISTA Update

Commercial EHR System Will be Replacement

At a Senate Veterans' Affairs Committee hearing last week officials from the Department of Veterans Affairs (VA) that they intend to purchase a commercial electronic health record system, rather than building one themselves, to replace the 40-year-old VistA system that they currently use. The head of the Veterans' Health Administration (VHA), VA Under Secretary for Health David Shulkin testified that VA officials have reached a consensus that "looking at a commercial product is probably the way to go," and he added, "But we need to do this in a way that incorporates our ability to integrate with community providers and unique needs of veterans," according to healthcare-informatics.com.

"The digital health platform will be a system of systems," Dr. David Shulkin wrote in his June 22 testimony. "It is not dependent on any particular [electronic health record], and VA can integrate new or existing resources into the system without sacrificing data interoperability. One of the digital health platform's defining features will be system-wide cloud integration, a marked improvement over the more than 130 instances of VistA that we have today."

Congress remains concerned about the status of efforts underway at the Department of Veterans Affairs to modernize their electronic health record system, the Veterans Health Information Systems and Technology Architecture (VistA). The hearing focused on examining progress and challenges with modernizing IT at the VA. Apparently many of the the IT systems the VA uses are 40 to 50 years old, and VA CIO LaVerne Council acknowledged that with regard to software development lifecycle, "40 to 50 years is ancient in the world of IT." On the issue of interoperability with DoD's Electronic Health Record (EHR) initiative, Shulkin pointed out the VA's joint legacy viewer currently has 138,000 VA users with more than 4.6 million veteran records available through it.

Shulkin stressed in his testimony that the $510 million in IT development funds given to VistA since 2014 will not have gone to waste since it has not yet been spent, "regardless of whether our path forward is to continue with VistA, a shift to a commercial EHR platform as DoD is doing, or some combination of both. He added, "We are looking at a transition plan that brings VA into a future state of where all of healthcare is going to need to be and that's this issue of interoperability with community providers, the VA and DOD." [Source: TREA Update | June 2, 2016 ++]

VA Modernization

Can It Be done? | Absolutely, Yes.

Secretary Bob McDonald spoke at the Brookings Institute on 20 JUN. The question headlining the event was "Can the Department of Veterans Affairs be modernized?" McDonald's first comment was "Absolutely, yes." McDonald's message reiterated VA's priorities and described the department's pathway to success. He reminded the in-person and online audience of VA's expansion and growth. Since he took office, VA has added four million square feet of physical space, 1200 new doctors. 2300 new nurses, extended evening hours and more weekend hours. "Not only can it be modernized—it's already being modernized, and we're already seeing the results," he said. The transformation is happening in various ways. Some of the notable improvements include:

- A mobile app allowing Veterans to schedule, reschedule, or cancel appointments on their smartphone. It is currently being field tested and is expected to be fully available later this year.
- Veterans will be able to enroll for health care online or over the phone beginning this summer.
- VA is training employees on advanced business techniques like Lean Six Sigma, reducing waste within the organization.
- Employees are invited to identify and submit ideas for best practices to be evaluated and implemented where they're needed most.
- Automated kiosks gathering feedback from the Veterans regarding their experience.

The modernization seems to be working. This past March, VA set a new record for completed appointments for one month: 5.3 million inside VA. That's 730,000 more appointments than in March 2014. Last fiscal year, VA completed almost 57 million appointments inside VA and over 21 million in the community, which is nearly 5 million more appointments than in the previous fiscal year. In addition, recent surveys taken at our facilities have shown nearly 90 percent of Veterans are "satisfied or completely unsatisfied." "So the idea that VA can't be fixed, or that we're not fixing it, is just nonsense. We are fixing it. We're just not finished yet." To hear his response refer to https://youtu.be/mX7Rx0ihTcI [Source: VAntage Point | June 21, 2016 ++]

VA Disability Rating Update

1 + 1 Does Not Equal 2 With the VA

When it comes to service connected compensation claims, the VA takes the view that it should not add whole numbers together to get your rating but, instead, the VA takes percentages of percentages. It is as if the VA says if you are 10% disabled then you are 90% healthy. Therefore, the next rating is not added but is used to take a percentage of the 'healthy' 90%. So for a veteran with two 10 ratings the first ten percent rating would be 10% of 100, which is 10%. The second ten percent rating would be 10% of the 90% (again the 'healthy' percent of the veteran), which is 9%. So the combined rating would be 19%. The percentages are all rounded up or down to the nearest ten percent. Here, the rating would be rounded to 20%.

The combined rating system starts to work against a veteran when he gets closer to 100%. It gets harder and harder to get that higher rating, especially once a veteran is over 50%. For instance, if a veteran has two ratings of 50% and two of 20% the combined rating is 80%. So even though 50+50+20+20 equals 140 in real math; it is only 80 in VA math. The difference that it leads to in compensation is huge. According to the VA compensation rating table, a veteran, with no dependents, rated at 80% would receive $1,551.48 per month. A single veteran rated at 100%, on the other hand, would receive $2,903.83 per month. This veteran receiving a rating of 100%, which is only 20% greater than the 80% rating, gets almost 100% more money a month!

There are other factors that make the ratings change too. For example, if a veteran has a rating on each leg or each arm then those ratings are combined together and give the overall combined rating an extra boost. Also, if a veteran has too many ratings on one arm or leg then VA stops counting those ratings. Further, a veteran can step up to 100% through total disability due to individual unemployability. That veteran must show that he cannot work and that he meets a certain rating. [Source: Veteran News Now | Matt Hill | June 17, 2016 ++]

VA Privatization Update

Mouthpiece Lobbying Efforts Opposed

Some of the country's leading veterans' service organizations are pressing lawmakers to defy lobbying efforts and legislation that they say will damage veterans' health care. In a letter to Congress 20 JUN, The American Legion urged lawmakers not to listen to veterans' groups that are merely "mouthpieces" for organizations intent on privatizing Department of Veterans Affairs health care, a move that it says will spawn "a host of billion-dollar federal contractors, private medical enterprises and cottage-industry opportunists."

Though the Legion does not identify the "mouthpieces," it appears to be taking aim at Concerned Veterans for America, a Koch brothers-linked group that would have the VA overseen by a non-profit government organization while moving more veterans' health care to the private sector. Those recommendations, pitched by CVA last year, are included in draft legislation that prompted the Veterans of Foreign Wars to issue an action alert last week warning members that "Politicians, pundits and politically-motivated organizations are using the national crisis in access to care at the Department of Veterans Affairs as justification to dismantle and privatize the VA health care system, with some even proposing that veterans be charged for their service-connected care. The VFW says no!"

The alert drew more than 6,000 responses over the weekend, according to the VFW, which joined with four other veterans groups on 20 JUN to request a meeting with Rep. Cathy McMorris Rodgers (R-WA), sponsor of the draft bill, the Caring for Our Heroes in the 21st Century Act. "We would like the opportunity to explain why we believe enactment of the legislation would have significant negative consequences for millions of veterans who choose, need or rely on VA for most or all of their health care," representatives of the VFW; The American Legion; Iraq and Afghanistan Veterans of America; and Paralyzed Veterans of America said in the letter to Rodgers.

In an email to Military.com, Concerned Veterans for America defended its positions on VA health care. "Concerned Veterans for America has developed a bipartisan and comprehensive set of reforms to the VA that would offer all eligible veterans the ability to choose where they get their health care, and which would give the existing VA health care system the tools to better respond to the changing needs of the veteran community in order to better serve those who have sacrificed for our country," CVA Vice President Dan Caldwell said. We have a made robust effort to work with all major veteran organizations in advancing meaningful reform to the VA -- including ones that are now smearing us and others who support meaningful reforms to the VA with false and debunked accusations," he said.

Veterans groups are loathe to criticize each other publicly regardless of what they disagree on, as evidenced by the Legion's letter, which never names CVA but makes clear it is criticizing a veterans organization that endorsed increasing the role of the private sector in VA health care, has political and industry ties and has accused other veterans' groups of being "insiders." Earlier this month, CVA went after the Paralyzed Veterans of America, accusing it of mischaracterizing Rodgers' proposed bill. "[PVA's] D.C. insider-leadership has made clear that not only will it defend the VA, and its own place in the Washington establishment, at all costs, but also that it is willing to lie and mislead veterans about the solutions being proposed to deliver more timely care to veterans," CVA said in a press statement.

The Legion, in its letter on Monday, said that "to suggest that the nation's largest veterans service organization, or any other major VSO, supports a strong and robust VA because we are somehow 'insiders' or uninformed is insulting and counterproductive." Garry Augustine, executive director of Disabled American Veterans, said he is in agreement with the Legion's letter. "We've been very vocal along with our fellow major VSOs in supporting and fixing the VA," he said. "We've made it very clear we need to fix the VA, but we are supportive of the VA health care system." The VFW at http://capwiz.com/vfw/issues/alert/?alertid=72925626 has provided a preformatted editable message for vets to send to their legislators on the subject. It is an easy and simple way for vets to contact their Members of Congress and let them know that VA health care reform must be based on the needs and preferences of veterans, not political rhetoric. [Source: Military.com | Bryant Jordan | June 20, 2016 ++]

VA Privatization Update

Helena Vets Oppose Proposal

Protesters on 20 JUN stood along Euclid Avenue in Helena to demonstrate their anger and frustration over a federal proposal to privatize health care within the Veterans Affairs system. Standing near the roadway and clutching signs that read "Veterans for a Strong VA" and "Staff the VA," nearly a dozen protesters in the event organized by the American Federation of Government Employees heard a steady chorus of car horns honking in support. Gerry Swanke, AFGE national vice president for District 11, said the protest was in response to the Commission on Care Report, which is looking at altering the current structure of the VA and privatizing.

Swanke said presumptive GOP presidential candidate Donald Trump has called for closing down VA facilities altogether and allowing veterans to be treated through other medical services. However, VA hospitals specialize in providing care unique to veterans. "It's the only place where they can go to talk to each other," he said. In April, some members of the VA Commission on Care proposed drastic changes to the VA system, including privatizing of some services. Swanke said it divided not only the committee, but the entire veterans' community.

The Commission on Care was established after the 2014 Veterans Access, Choice, and Accountability Act. It is examining veterans' access to Department of Veterans Affairs health care and how best to organize the Veterans Health Administration, find health resources and deliver health care to veterans during the next 20 years. It reports to the president through the secretary of Veterans Affairs. Swanke said veterans groups oppose proposals to privatize health care, and he said businesses that surround VA facilities will also notice a downturn in businesses should VA facilities be closed. "It's wrong to say 'shut it down' just because it's broken," Swanke said, adding efforts should be made to fix it.

Shawn "Mike" Garcia, public affairs officer with the VA at Fort Harrison, said officials there are communicating with union leadership and will continue to do so. "There is no higher priority for the VA Montana Health Care System than ensuring that veterans access the high quality care they have earned and deserve," Garcia said via email. "VA Montana respects the union and shares their commitment to federal workers." He added it is their constitutional right to protest as long they do so in public spaces. Al Ekblad, executive secretary of the Montana State AFL-CIO, was among those exercising that right. "I think ever veteran in the country should be alarmed," he said. Pat Collins, a veteran with 26 years in the service, called it "a travesty to say privatization is the answer." Collins, 68, who served in the Marines and then the Navy said he was "appalled" the congressional delegation would even consider privatizing these services. "When I enlisted part of the message was 'We'll provide you with health care.'" [Source: Great Flls Tribune | Phil Drake | June 20, 2016 ++]

VA VOSB

Veterans First Program Rule of Two Violation

The Department of Veterans Affairs (VA) promotes the maximum utilization of Veteran Owned Small Business (VOSB) as practicable. Under the Veterans First program, VA contract specialists conduct market research in an effort to seek out VOSB firms to meet their needs. VA is the only agency which sets a goal and which tracks participation of VOSBs. Additional information may be found at www.VetBiz.gov and www.va.gov/osdbu.

Last week the Supreme Court handed down a unanimous decision that said the Department of Veterans Affairs was violating the plain language of the law which said that the VA must set aside more contracts to be filled by veteran-owned small businesses. The law stated that competition for contracts should be limited to veteran-owned small businesses when the contracting officer concludes that at least two such businesses would bid on the contract and "the award can be made at a fair and reasonable price that offers best value to the United States." This is known as the "Rule of Two."

In Kingdomware v. United States, a small veteran-owned business called Kingdomware Technologies was denied the ability to bid on a contract to provide a service that sent emergency information to personnel at four VA medical centers. The Court of Federal Claims dismissed the suit, and a divided panel of the U.S. Court of Appeals for the Federal Circuit affirmed the decision. Both courts felt that VA simply had to meet its goal of awarding 12 percent of all contracts to veteran-owned businesses, and that after that they were free to ignore the "Rule of Two."

The Supreme Court was unanimous that the department has not fulfilled its obligation to steer more business to small companies owned by veterans or service-disabled veterans simply by meeting its annual goal – it was required by law to use the "Rule of Two" at all times. Justice Clarence Thomas wrote that the law says the department shall award contracts to the veteran businesses under the Rule of Two process. "Unlike the word 'may,' which implies discretion, the word 'shall' usually connotes a requirement," he wrote. The decision is likely to help more veteran-owned businesses compete for the billions of dollars in contracts the department awards. [Source: TREA Washington Update | June 22, 2016 ++]

Gulf War Syndrome Update

Finding Evidence of Physical Disease

A single cause for Gulf War illnesses may never be found, but research is finding evidence of physical disease that could lead to better treatments, medical experts said during a forum in Washington on Operation Desert Storm exposures 16 JUN. Roughly a quarter of the nearly 700,000 troops who deployed for the 1990-91 Iraq conflict have ill-defined chronic symptoms such as joint pain, gastrointestinal disorders, fatigue, headaches, insomnia and memory problems.

Dr. James Baraniuk, an associate professor at Georgetown University who conducts imaging research on veterans with Gulf War illnesses, said his work and other studies are zeroing in on biological evidence, or biomarkers, in the brain that provide proof of damage and could lead to improved treatment. "What is going on with the brains of the Gulf War veterans, our neurotoxic exposed veterans? This research has the possibility to bring closure," Baraniuk said during a symposium hosted by the Center for 21st Century Security and Intelligence at Brookings and Georgetown University. According to Baraniuk, the research could have applications for understanding non-combat-related diseases like Alzheimer's, chronic fatigue syndrome and fibromyalgia.

In many cases, the causes of Gulf War illnesses are unknown. An indeterminate number of troops were exposed to chemical weapons when coalition forces destroyed a storage facility at Khamisiya, Iraq, in March 1991. Other troops were given anthrax vaccines containing an additive, squalene that may have caused a reaction. Some research indicates that some troops had bad reactions to the anti-nerve agent pyridostigmine bromide or the antibiotic ciprofloxacin, which also was administered.

At the forum, researchers, veterans and Veterans Affairs medical leadership discussed how ill veterans are faring and what is being done to help them. Dr. Carolyn Clancy, VA deputy undersecretary for health for organizational excellence, said VA, which maintains a registry of Gulf War veterans, continues to support research on unexplained chronic multisymptom illnesses, focusing on specialized care for veterans. According to Clancy, VA provides comprehensive physical exams to all Persian Gulf War veterans on request and is conducting research on diagnosis and treatment. She said the VA, which spent $14 million on Gulf War illnesses research in 2015, must strike a balance between finding a cause and researching treatments. "It's clearly not a psychological condition, which doesn't mean that it doesn't have psychological impact," Clancy said. "We are committed to ensuring our clinical research efforts take into account physical, psychological and social health factors."

Recent discoveries at VA have led to improved treatment for insomnia, yielding better overall health outcomes for these veterans and improved understanding of the gastrointestinal symptoms, she added. Baraniuk said VA needed to ensure

that its medical personnel understood Gulf War illnesses as a physical disease and also needed to improve its tracking of these veterans as they age. “Some of these veterans have lung cancers, brain cancers and yet there are no statistics on deaths. It seems like with a group that is in a registry, there should be a way of tracking people," he said.

Rep. Mike Coffman, R-Colo., a Desert Storm veteran who served with a Marine Corps light armored reconnaissance unit and now sits on the House Veterans' Affairs Committee, said he believes Gulf War veterans are a forgotten group that deserves continued attention. “The research has been inappropriately directed to psychosomatic causes and it’s been of questionable quality … and there have been questionable decisions on disability claims at VA," Coffman said. “We have a long ways to go. The fact that 25 years have elapsed and we are having this discussion today is not good.” [Source: Military Times | Patricia Kime | June 17, 2016++]

VA Medical Staff Update

AMA Opposed to APRN Utilization Plan

The Department of Veterans Affairs (VA) should solve its access-to-care crisis by taking steps to get more physicians to practice in the VA, rather than giving more authority to its advance-practice nurses, the American Medical Association said 15 JUN. "One thing I do think we need to do is make it a more viable choice for doctors to enter practice in the VA system," said American Academy of Pediatricians delegate Melissa J. Garretson, MD, of Fort Worth, Texas, at the AMA's annual meeting here. "My answer to scope expansion [for VA nurses] is 'Hell no,' but the second answer is here's how we can make it so more physicians are leading the care teams and giving veterans the best care they can. That's what this resolution was really about." The resolution asks

- The AMA to work with the VA to "enhance its loan forgiveness efforts to further incentivize physician recruiting and retention, and improve patient access in VA facilities."
- The AMA to "call for an immediate change in the Public Service Loan Forgiveness Program to allow physicians to receive immediate loan forgiveness when they practice in a VA facility."
- An additional part of the resolution -- proposed by Cyndi Yag-Howard, MD, of Naples, Fla., a dermatologist and delegate from the American Academy of Dermatology, and approved by the House of Delegates -- called on the AMA to work with the VA to minimize administrative barriers that "discourage or prevent non-VA physicians without compensation from volunteering their time to care for our veterans." Howard detailed her own difficulties trying to volunteer her time in an advanced plastic surgery clinic for the VA. "I had to take two tests, get fingerprinted, have a physical exam, get bloodwork, go through a final vetting process and travel [2 1/2 hours each way] back and forth multiple times before -- 1 year later -- I could see my first patient," Howard said, noting that the clinic has since been closed for various reasons.
- The AMA to "advocate that the VA be funded to pay physicians at or above the prevailing rate in their communities" This was was referred to the AMA Board of Trustees for a report back.

The VA has proposed giving advanced-practice VA nurses independent practices to address problems with access to care in the VA system. That proposal has drawn a lot of criticism from physicians, and an AMA proposed resolution denouncing the VA's move was the subject of heated discussion at an AMA reference committee meeting on 12 JUN. "With the possible exception of maintenance of certification, there is no more important resolution before this house," said Michael Greene, MD, a family physician in Macon, Ga., and a member of the Georgia delegation. "It would completely change the landscape of medicine going forward if they institute it. If they do, I can guarantee you there will be people with pitchforks at the doors of statehouses saying, 'If it's good enough for the VA, it's good enough for you; we want independent practice.' This has got to have a stake driven into its heart." [Source: OPIA News Release | May 29, 2016 ++]

Vet Service Dogs Update

VA Will Not Furnish for PTSD Cases

Despite such anecdotal evidence - and research that shows how dogs help veterans cope with post-traumatic stress - the Veterans Health Administration does not cover the thousands of dollars it costs to get and train a service dog. Critics blame the agency’s bureaucracy and a bungled study. As a result, help is unaffordable to many, despite government estimates that 22 veterans kill themselves every day and research that connects thoughts of suicide with the post-traumatic stress suffered by nearly a third of veterans who've served since Sept. 11, 2001.

In a 2010 budget bill, Congress directed the Department of Veterans Affairs to study the use of service dogs. The study was supposed to have been finished in 2014, but it was suspended when dogs the agency got from a contractor had behavior problems and bit two children. The agency redesigned the $12 million study, which is not expected to be finished until next year, Dr. Michael Fallon, the VA's chief veterinarian, told a House committee in April. A decision on covering costs of dogs for veterans with mental disorders won't be made until at least the following year. The VA now helps pay for some service dogs, but only those used by veterans with vision and other physical problems.

Critics of the agency, including Rep. Ron DeSantis (R-FL), chairman of the House Committee on Oversight and Government Reform's national security subcommittee, say it's wasting time. "Veterans cannot wait until 2018. The problem of veteran suicides is too urgent," DeSantis, a lieutenant commander in the U.S. Naval Reserve, said during the April hearing. DeSantis has introduced the Puppies Assisting Wounded Service Members Act, the "PAWS Act," to create a $10 million project setting aside up to $27,000 per dog for veterans diagnosed with the most severe forms of PTSD. Money would come out of a Veterans Affairs budget for things like convention planning and office decor. The House Veterans Affairs committee is scheduled to hear the bill next week. The project will "ensure our veterans have access to the potentially life-saving treatment of a service dog, as well as commissioning a study to evaluate the effectiveness of service dogs in treating post-traumatic stress," said Kate Rosario, a spokeswoman for Rep. Keith Rothfus (R-PA) in an email. Rothfus is co-sponsoring the bill.

Rory Diamond, executive director of K9s for Warriors, a Florida nonprofit that provides 192 veterans a year with service dogs, said his group has helped veterans reduce medications, handle anxiety and face fewer night terrors or thoughts of suicide. "Right now is the time to act - not after the VA gets its act together but right now," Diamond said.
Research also shows the dogs' usefulness. Early findings of a study by the Center for the Human-Animal Bond at Purdue University show service dogs reduce the severity of PTSD among veterans, including the frequency of night terrors and anxiety attacks. Emmanuel Bernadin said the dog "Bronze" he got through K9s for Warriors doesn't make PTSD go away but helps him cope. Bernadin has had suicidal thoughts five or six times, once while still serving in Afghanistan, and the rest as he's tried to deal with what he went through there. Bronze - as in Bronze medal - goes with the El Paso, Texas, man wherever he goes. He said the French mastiff is so essential to his coping with feelings of guilt and anger, at times he's chosen to be homeless in order to afford its food.

The memory of one incident from 2011 makes him break down. Bernadin, who'd enlisted in the U.S. Navy but volunteered to serve in the Army under a program to bolster forces in Afghanistan, was assigned to relieve an officer at another camp who was going on leave. He caught a transport earlier than scheduled to get there early and learn how the other unit did things. His original ride - the truck he was supposed to be on - was blown up. Everyone on it was killed. Bernadin said he still wonders about the soldier was given his seat. Once buoyed by a sense of purpose and "fighting for freedom" in Afghanistan, Bernadin, who is African American, returned home to unemployment and racial strife over the killings of Trayvon Martin by a neighborhood watch volunteer in Florida and Eric Garner by police in Staten Island, New York. His marriage ended. Co-workers mocked him for hitting the ground when air conditioners made loud noises.

Bernadin said he recalled videos shown to service members before their discharge, warning of opioid abuse and homelessness. They seemed like visions of his future. Rather than finding a VA medical system that honored his service, he encountered long waits and some staff who didn't seem to care. In a phone interview, his voice rose amid the sound of his pounding in the background as he described VA staff who tried to take away his dog during one appointment because the doctor was allergic. Telling the story, he eventually broke down in tears. Bernadin said Bronze helps him get out of the house and function. Like other dogs trained by K9s for Warriors, it responds to a command to sit facing behind him -- "We say, 'He's got my six,'" -- while he uses an ATM. Bronze saves him the anxiety of having someone walk up from behind. Without Bronze, Bernadin said he would have killed himself. So would a lot of other veterans without their dogs. "There'd be a lot more veterans on their backs," he said. [Source: CNHI Washington Reporter | Kery Murakami | Jun 15, 2016 ++]

VA Accountability Update

Why Leadership Removal Rules Decision

Veterans Affairs officials insist their decision to dump fast-track firing powers over concerns about their constitutionality won't hurt department accountability, but critics see it as a major misstep. Last week, VA leaders informed Congress they will no longer use new procedures put in place by lawmakers in August 2014 to handle discipline for senior executives, after the Department of Justice called them unconstitutional. In a statement 17 JUN, VA Deputy Secretary Sloan Gibson said moving ahead with the process would be "irresponsible" given those legal questions, and "would only hinder VA's ability to hold senior officials accountable who have engaged in wrongdoing."

On 20 JUN, VA Secretary Bob McDonald told audience members at a Brookings Institution event that the process had only been used for nine executives in the last two years. "What we don't want to do is have a disciplinary process go on and then have it overturned later for a technicality, because the law is overturned," he said. "We're using the old procedure. The old procedure is fine. Frankly, the new procedure just affects the amount of time for appeals. It really didn't affect the process all that much."

The long-term solution to VA's accountability problems, McDonald said, is Isakson's Veterans First Act, a sweeping measure that includes new employment rules for a host of VA employees. Among other provisions, the bill would require all appeals by executives to be heard by the VA secretary instead of an outside arbiter, grant expedited firing and hiring authorities, and shorten the appeals process for every VA worker. "The provisions that [the Senate Veterans' Affairs Committee] have put in the bill, VA supports," McDonald said. "That's the ultimate answer. So I'm hoping that will be passed soon." That measure has been stalled in the Senate for the last month. House lawmakers have offered their own revised accountability measures, but several of them rely on the same basic framework as the now-challenged 2014 bill. [Source: Military Times | Leo Shane | June 20, 2016 ++]

Veterans' Preference Update

AL & VFW Opposed to Change

Senate lawmakers and even the Defense Department have picked a fight with a group they usually go out of their way not to offend: the nation's veterans. The American Legion and the Veterans of Foreign Wars have come out strong against a Senate bill that would make veterans preference in federal job hiring a one-time benefit, meaning the veteran gets to use it once and that's it.

The Legion slammed the change in the harshest terms, accusing the Defense Department -- which included the change in the National Defense Authorization Act -- of betraying the men and women who had served in uniform. "One would think the agency that produces veterans and service-disabled veterans would have the additional moral obligation to uphold the institution of Veterans Preference," Legion National Commander Dale Barnett said in letters to senators and representatives. "Instead, the [DoD] turned their backs on their former employees." In language less impassioned but no less determined, the VFW released a statement condemning the change. "Veterans preference is a hand up, not a handout, for those who honorably serve our nation in uniform," VFW National Commander John A. Biedrzycki Jr. said.

Under current law, veterans may use the preference in the federal job market whenever they apply for a job or promotion. The argument has long been that the years they spent away in uniform put them at a disadvantage to peers who entered federal service early on. Supporters of the Senate provision claim that once the veterans are hired, however, they are no longer at a disadvantage. That is disputed by the veterans' organizations. "Four years of military service plus four years of government service will never equal eight years of government service," Biedrzycki said. "Even after they are hired, veterans will always be behind their peers who didn't serve in uniform."

According to a 17 JUN report in The Washington Post, a senior Pentagon official went to Sen. John (R-AZ) asking for the change. The argument made to McCain is that the benefit results in too many qualified non-veterans losing jobs to unqualified veterans. One source, who spoke to Military.com on background about the provision, said the Pentagon is finding it difficult to bring in some specialists and even management people because a highly skilled and experienced

person and a veteran with several years' experience will both, on paper, meet the minimal requirements cited in a job posting. And veterans preference means the job will go to the veteran even though the DoD may really want and need the skills brought to the table by the non-vet, the source told Military.com.

This is not the first time that veterans preference has been threatened. In 2014, the Merit Systems Protection Board released a report claiming that veterans preference was spurring resentment among non-veterans in the federal workforce and also decreased job opportunities for women applying for jobs. "To any civilian workers who have problems with veterans preference, The American Legion's message is simple: Become a veteran," said the Legion's then-national commander, Michael Helm. "Those who have served in uniform have earned such preference." Helm also pointed out that there are now more female veterans who could be hired. [Source: Military.com | Bryant Jordan | June 20, 201 ++]

Vet Jobs Update

Farming

The government is determined to grow the number of veterans who work in agricultural jobs as a means to help replenish the industry's labor force. To lower the barrier for them, the USDA provides loans and grants — some worth several thousand dollars — designed to help beginning veteran farmers and ranchers get the training and education they need to get their operations off the ground. In turn, veterans who become experienced at farming and ranching are encouraged to train others.

Robert Elliot has been mentoring fellow veterans for the last three years. After a difficult transition out of the Marine Corps, he decided to return home, here to Louisburg. With six chickens and more than 800 acres given to him as a wedding gift from his family, Elliot started Cypress Hall Farm in 2013, where today he raises chickens and hogs, and grows a variety of vegetables. He sells meat and produce at local's farmers markets, and has carved out a comfortable quality of life in this quiet community about 30 miles northeast of North Carolina's capital, Raleigh. As part of the veteran farm program he founded, Elliot teaches his techniques to other veterans interested in getting involved in the industry, offering them small plots of land on his 40-acre farm — the rest is leased to conventional farming, he said — to experiment.

Acquiring land, Elliot said, is one of the biggest challenges facing those new to the industry. The average cost of farm land and associated buildings was about $3,020 per acre last year, up 2.4 percent from 2014, according to the USDA. The property costs on the comparatively small plot that Cypress Hall sits upon would run $90,000 to $120,000.
This is why the USDA has been encouraging vets to take advantage of its programs. Seth Eure, an active duty Marine, is working with Elliot to learn the trade and, he hopes, realize his dream of becoming an organic peanut farmer. Eure has come to Cypress Hall on a "permissive temporary assignment detail" from Camp Lejeune, so he can develop his farming and business. He wants to become an agricultural entrepreneur upon transitioning out of the military.

Growing up on a large-scale conventional farm with more than 40,000 chickens, Eure wasn't sure at first about going into this line of work for his post-military career. He said he enjoys being outdoors, though, and made his decision after spending time at Cypress Hall. Eure said he plans to apply for a USDA loan after he completes his studies with Elliot. As a farmer, “I am nourishing life,” says Eure, who wears a black metal wristband in honor of a fallen comrade. “I got to see that baby chicken hatch from an egg, grow up to be a full-grown chicken, and lay its own egg. ... Walking outside with my cup of coffee in the morning, and a chicken comes to greet me at the door and say hi. It is a good feeling the animal trusts me with its life.”

There's other motivation, too. The veterans-helping-veterans approach to farming is seen as one means to help those who've experienced service-connected post-traumatic stress and, it is hoped, to reduce instances of suicide. Farming provides goals and a sense of mission. Elliot, who says he's lost Marine buddies to suicide, was laid off from a civilian contract job with the Marine Corps in 2011, a time when veterans’ unemployment stood at 8.3 percent, according to the Labor Department. He earned an associate degree from a community college and moved on to North Carolina State University where he majored in engineering. But Elliot struggled to fit in, he says, and soon left school for the sanctity of his family farm. Working with his chickens, he says, has been more rewarding. “I think it was more a cultural shock than anything that really messed me up,” he says. “I couldn’t relate to the way that civilians acted. ... Out there is the civilian

world, nobody cares about you, is the impression I get, whereas in the Marine Corps, and in the military, one of the first things you are taught is you take care of each other."

As the USDA looks to boost the number of veterans who join this workforce, it relies on a nationwide network of grassroots organizations to help teach the requisite skills, connect individuals with rank-and-file employment opportunities and support more ambitious entrepreneurial endeavors. Rich Murphy, program director for Veterans to Farmers, a Colorado-based nonprofit, says the program provides classes about farming techniques. Inquiries, from veterans across the country, are on the rise, he said, adding that about 50 percent of those in the program are interested in learning about small-scale production and using farming as a form of therapy. In Colorado, the Food Cottage Act allows an individual to sell certain types of products from their home kitchens. So this provides incomes for modest producers. Those who want to test the waters should start small anyway, Murphy recommends.

Ultimately, the profession is well suited for young veterans, Elliot says. "The American veteran is the one who needs to be able to take over the farms of tomorrow," he says, "... simply because there is no other demographic of people that has a work ethic, gets dirty, gets up early, goes to bed late and is willing to put in whatever they have to do to accomplish the mission." [Source: Medill News Service | Jasmine Cen | June 19, 2016 ++]

NDAA 2017 Update

S.2932 | Passed 85-13

The Senate on 15 JUN easily approved an annual defense policy bill that authorizes roughly $602 billion in base defense and war spending — baiting a presidential veto. The 2017 National Defense Authorization Act's passage came as the nation grapples with the worst mass shooting in U.S. history, in which a Florida man killed 49 people at a gay nightclub in Orlando. Reports the killer may have been inspired by jihadist ideas fueled debate of the bill. Senate Majority Leader Mitch McConnell (R-KY) acknowledged the killer's motives were under investigation, but rapped the Obama administration's counter-Islamic State efforts as "insufficient," and lauded the bill as a means to "fight back." "We're a nation at war, but we're a nation under attack," McConnell said in a floor speech ahead of the vote Tuesday. "We need to continue taking action to protect our country."

The measure, which passed unanimously by the Senate Armed Services Committee, sailed through a Senate vote 85-13. Procedural squabbles effectively limited debate on nearly all amendments, which prevented debate on an amendment stripping language that would compel women to register for a potential military draft — a historic first for the US. Senate Armed Services Committee Chairman Sen. John McCain (R-AZ) and the committee's Ranking Member Sen. Jack (D-RI) both lauded the passage of the bill, stressing the aggressive acquisition reform measures it contained. That includes closure of the Pentagon's chief weapons buyer's office and shifting its duties to two new defense undersecretaries for innovation and acquisitions management. It also contains far-reaching language that would curb cost-plus contracts and be more inclusive of contractors from outside the Beltway. "The acquisition system is broken and needs to be fixed," McCain said after the vote.

President Obama has threatened to veto the House and Senate versions of the bills — the House bill over its unorthodox treatment of overseas contingency operations (OCO) funds, and the Senate bill over its acquisition reform provisions and limits it would place on the closure of the Guantanamo military detainment facility in Cuba. The House last month passed a version of the policy bill that shifts $18 billion in OCO toward base budget requirements, and adds more troops, jet aircraft, shipbuilding and rotorcraft than the president's budget. The House bill also cuts off OCO after April 30, 2017, a gambit to force the next president to ask Congress for supplemental defense spending next year.

The Senate last week voted down an amendment from McCain to raise the defense authorization by $18 billion, after Republicans voted down a measure to raise non-defense authorization by $18 billion. Hawkish Republicans, led by McCain, pressed for added troops, ships, jets and tanks left out of the administration 's budget request, arguing a fiscally stretched military needs the increase as it struggles to absorb readiness and maintenance shortfalls and juggle threats the world over. McCain lost here and was frustrated in efforts to clear a logjam on amendments. The procedural problems began after Sen. Mike Lee (R-UT) insisted on a vote on his measure to prevent the government from indefinitely detaining US

citizens for links to terrorism. Because senators would not allow the vote, the stalemate effectively blocked debate on all other amendments — including one to allow US visas to Afghans who served as interpreters to the US-led coalition.

The Senate was able to take action on Russian rocket engines as it took a voice vote to pass an NDAA amendment to allow the military to continue to use Russian RD-180 rocket engines to launch national-security satellites until the end of 2022, though — in a compromise with McCain — caps the number at 18. Sen. Bill Nelson (D-FL) who offered the amendment sought flexibility for the Pentagon while officials develop and test an American-made replacement, while McCain pressed for a quicker end to US reliance on the engines. “This agreement is a win for America’s national security and taxpayers,” said Defense Appropriations Subcommittee Vice-Chair Sen. Dick Durbin (D-IL) who jousted with McCain on the issue. “It will provide for a responsible transition to American-made engines and guarantee America’s access to space.”

The measure includes several significant policy changes opposed by the White House — some that are not in the House measure — particularly with reforming the Pentagon’s organizational structure and targeting the White House’s national security apparatus. For instance, it eliminates the position of undersecretary for acquisition, technology and logistics, splitting the job’s duties into two roles. It curbs the size of the White House NSC, which is also included in the House measure. And it ends the F-35 Joint Program Office once the fighter jet has reached full-rate production, expected in 2019. It doesn’t stop a proposed reduction in the size of the Army and Marine Corps, nor does it include a higher pay raise for troops. It also doesn’t authorize funding for an additional 14 F/A-18 Super Hornets and 11 F-35 fighters, dozens of new Apache, Lakota and Black Hawk Army helicopters and several new Navy ships, including a third Littoral Combat Ship. All of those are in the House bill —and in McCain’s OCO amendment, which failed 56-42, four short of the 60 votes needed.

The bill now goes to a House-Senate conference committee for negotiations on ironing out the differences between their respective bills. The bill's passage does not necessarily end the fight for more defense funding. SASC member Sen. Lindsey Graham (R-SC) has said he plans to press for more when the Senate takes up the defense appropriations bill. “To those who have voted against expanding funding to defense, you have made a mistake,” Graham said. “Destroy radical Islam over there before it comes here. To do that you need a stronger military.” The House and Senate bills face significant differences for lawmakers to debate in conference, chiefly their approaches to defense acquisitions reform, where the Senate takes a more aggressive tack, and defense funding. Also, dramatically different provisions on TRICARE fee changes and housing allowance rates. With few days on Congress’ election-year calendar, lawmakers will have to act quickly to send the final version of the bill to Obama’s desk before the end of the fiscal year on Sept. 30.

With this bill Obama has threatened to veto eight annual authorization bills, and did so last year over the blurring of wartime funding for base-budget needs, forcing a budget deal which netted parity for defense and non-defense spending. [Source: Defense News | Joe Gould | June 14, 2016++]

NDAA 2017 Update

H.R.4909 / S.2932 Reconciliation

Lead staff for the Senate and House armed services committees are readying for what is likely a summer-long conference process to reconcile differing defense policy bills, where the toughest issues are said to be funding, military health care reform and acquisition reforms. Facing White House threats to veto both bills, Defense Secretary Ash Carter’s charge that the bills represent “micromanagement” and closed-door negotiations with each other, the staff directors for the HASC and SASC offered defenses of their committee’s approach to the 2017 National Defense Authorization Act (NDAA). At an event hosted by the conservative think tank American Enterprise Institute on Tuesday, SASC Staff Director Chris Brose and HASC Staff Director Bob Simmons said both bills are seeking to help the military be more agile, innovative and robust. “The objectives are the same, the intent is the same,” Brose said.

Carter and the White House have found numerous faults with the policy bills, including the Senate’s plan to eliminate the undersecretary of defense for acquisition, technology and logistics (AT&L), the House’s funding approach, and the refusal to allow the Pentagon to shut down installations across the country. Simmons defended the House-approved NDAA’s plan to stick to the bipartisan budget deal but use $18 billion from the overseas contingency operations fund to pay for base budget items, expecting the incoming president will ask Congress for a supplemental defense spending package. Simmons said the president’s veto threat over the bill was “ironic,” noting a Democratic Congress acted similarly in 2008, just before

the Obama administration began. "It's not like we haven't done this before, and in fact it was the Democrats who did it last time," Simmons said. "Then the candidate who ends up being the president can make their own assessment of what the foreign policy is, and the direction they want to take the country, then ask us for the funding appropriate for that effort."

Opponents have said the House NDAA takes funding from troops, but that is “wholly incorrect,” Simmons said. The bill, he said, adds money to ready troops who are next to deploy. “We’re doing all these things to help the Department of Defense,” Simmons said. ”If [the president is] going to veto it, he’s operating under false pretenses. We are taking care of the war fighter. We want to make sure those kids go into harm’s way with what they need.”

The Senate took a different tack on funding, meaning House and Senate conferees will have to work it out. Asked how the Senate might approach these talks, Brose said it was too soon to say as SASC Chairman John McCain (R-AZ) and HASC Chairman Mac Thornberry (R-TX) had yet to meet on the matter. Both chairmen have sought more troops and hardware left out of the president’s 2017 budget request, he noted. “We have no disagreement over the need for this, and the challenge is how you deliver it with a top-line both sides agree is inadequate,” Brose said.

The Senate’s NDAA blows up the position of AT&L undersecretary — currently held by Frank Kendall — and hands its duties to a new undersecretary of defense for research and engineering, or USD(R&E), and the renamed undersecretary of management and support, or USD(M&S). The USD(R&E)’s job would be to champion innovation for DoD. The SASC’s far-reaching reforms are aimed at untangling an acquisitions system that too rarely succeeds when “innovation is the sidecar” and “feels like a series of small-scale insurgencies,” Brose said. It also continues last year’s approach, which placed more acquisition authority in the hands of the services.

The House’s NDAA’s acquisition reform focus is to steer DoD away from lengthy, ambitious programs and toward incremental, rapidly fielded breakthrough technologies. It also aims to shake up the Pentagon’s risk-averse culture, Simmons said. “You don’t have to solve the whole problem,” Simmons said. “It’s a question: If I give you 30 percent of the capability, and you can field it today, or would you rather wait 15 years to get a 100 percent solution? Well if 30 percent today gives you a better position on the battlefield, you want that today.” [Source: Defense News | Joe Gould | June 22, 2016 ++]

BRAC Update

H.R.5540 | A Bill to Override the Current Ban

Seven Democratic lawmakers are pushing to allow the military to close excess bases with a bill introduced in the House on 21 JUN. “We need to provide the Department of Defense flexibility to find savings and efficiencies wherever it can in order to support our warfighters,” Rep. Adam Smith (D-WA), ranking member of the House Armed Services Committee, said in a statement. “That is especially true now, as Congress continues to strain the military by funding it through short-term budget agreements. We should not be making the military cut training and supplies while at the same time refusing to let DOD save money that we know is not being used productively.”

Smith introduced H.R.5540 to establish a fair and transparent process that will result in the timely consolidation, closure, and realignment of military installations inside the United States and will realize improved efficiencies in the cost and management of military installations, and for other purposes with Democratic cosponsors Reps. Sam Farr (CA, Susan Davis (CA), Jim Cooper (TN), Madeleine Bordallo (GU), Jackie Speier (CA), and Beto O’Rourke (TX). Right now, another Base Realignment and Closure (BRAC) round is prohibited. That ban would remain in place under the 2017 defense policy bills passed by the House and Senate recently. The same is true of the House-passed 2017 defense spending bill and the Senate version of the spending bill awaiting a floor vote.

Smith proposed replacing the ban with a plan that would allow for base closures when his committee considered the policy bill, but the effort went nowhere. The House also voted down, 157-263, an amendment from O’Rourke to the defense spending bill that would have struck the ban. The Pentagon recently submitted a report to Congress arguing for another BRAC round, saying it will have 22 percent excess capacity by 2019. The last round of BRAC was in 2005. Lawmakers have repeatedly denied requests for another round because of the potential for negative economic effects on

the communities around bases, making the prospect politically unpopular. The bill introduced Tuesday, which is identical to Smith's earlier plan, would override the bans in current law and set up a process that would allow for more closures. The process in the bill would start with:

- The Pentagon submitting a report to Congress on its projections on force structure 20 years out, an inventory of military infrastructure and the infrastructure capacity needed to support the 20-year force structure.
- The comptroller general would need to make a similar report.
- The Defense secretary would also need to certify that it's necessary to close, consolidate or realign bases and that there would be a net savings within five years.
- Congress would then have 90 days to review the report and certification and could block the Pentagon from moving forward within that time.
- If Congress doesn't block the Pentagon after 90 days, the Pentagon could then make recommendations on which bases to close based on criteria including military value and net savings.
- An independent commission would then review the recommendations and make its own recommendations to the president, who would then report the findings to Congress. Congress would then have 45 days to block the process from moving forward.

The bill seeks to address lawmakers' concerns about the 2005 BRAC round, its sponsors said, such as providing Congress a chance to block the process after the Pentagon's report and placing an emphasis on cost savings after five years instead of 20. "This bill will help Congress overcome its fear of BRAC," Farr said in a written statement. "It reforms the BRAC process so it is more community-oriented, more efficient and more about real cost savings. It also requires that the round be completed in five years rather than six, shortening the time that results will be achieved." [Source: The Hill | Rebecca Kheel | June 21, 2016 ++]

Traumatic Brain Injury Update

Study Detects Microscopic Scarring

A personal, private decision by the families of eight Iraq and Afghanistan combat veterans may have contributed to a significant discovery in the understanding of brain trauma caused by exposure to bomb blasts. The brains of eight veterans, all exposed to blasts from high explosives in combat, have been found to have microscopic scarring in the star-shaped cells that line the junctions between their gray and white matter, change patterns previously undetected by medical imaging such as CT or MRI scans. Most significant, researchers for the study, published 9 JUN in the scientific journal Lancet Neurology, found that the brains of three veterans who died just days after blast exposure showed signs of trying to repair themselves from this microscopic damage.

The findings are the first physical evidence of brain injury resulting from exposure to high explosives, damage that has been called an "invisible wound," since it does not show up on any tests or scans. Researchers with the Defense Department's Center for Neuroscience and Regenerative Medicine say the results could account for the physical and behavioral changes seen in some troops after they return from war. "This is clearly a first step towards developing better means for diagnosis, prevention and treatment, now that we know somewhat of the nature of the problem, of the damage," said Dr. Daniel Perl, director of the Brain Tissue Repository at the center.

The research focused on eight veterans: five with chronic blast exposure and three with acute exposure. Some of the veterans also had brain injuries as a result of impact, such as a concussion. Several had died of drug overdoses, and one committed suicide. The veteran who died by suicide, for example, was a military retiree who served with distinction for more than 25 years. According to his wife, he had been exposed to multiple blasts, both during training and in combat, and, after retirement, sought medical treatment for headaches as well as memory problems and cognitive changes. He had been treated for PTSD, depression and anxiety, and a month before he died of a self-inflicted gunshot wound, had an MRI that showed no evidence of brain damage. But the post-mortem analysis done at brain repository showed a brownish dust — scarring, according to Perl — along his brain's gray matter and elsewhere.

The authors say the blast wave causes damage at the interface of the brain's structural boundaries, to which the brain reacts with scar tissue. While examining the brains of former troops to understand the relationship between combat exposure and traumatic brain injury is not new, this study differs from previous ones that explore the effects of concussion

or impact-related injury, Perl said. Researchers, including Perl, have long looked to troops to understand the development of and susceptibility to chronic traumatic encephalopathy, or CTE, the wasting disease that has caused behavioral changes and dementia in NFL and NHL players, but few scientists have examined how blast exposure can affect brain cells.

The scarring found in the Lancet Neurology study differs from CTE, which results from the buildup of a protein, tau, in the brain and is thought to be related to multiple concussions. “CTE is an accumulation, and that takes years to develop,” Perl said. “The service members we are describing develop these symptoms rather quickly, and they come back from deployment with these persistent symptoms. We believe it’s related to the damage of the blast wave.” The brains of the exposed veterans were compared with a civilian control group, including several subjects who had died of opioid overdoses. No members of the control group had the telltale scarring of blast exposure.

The research could have widespread implications for military personnel with physical and mental health changes following deployment to a war zone. It also could have an impact on the future diagnosis and treatment of civilians, who increasingly are at risk for blast exposure from terrorist attacks, wrote the authors. For now, however, more research must be done to confirm Perl's findings and translate it into operational medicine. “We’ve made what we believe is a significant breakthrough. Through the research, we can come up with better means of prevention, diagnosis and treatment," Perl said. He added that in order to follow up on the scientific discovery, however, researchers need more veteran subjects, and he asked military personnel — or their families — to consider making the same decision as those who already have left their brains to the military brain repository.

Veterans who want to learn more about the repository and request information about making a donation can do so through the center's website http://www.researchbraininjury.org/about-us. “This study could not have been done without the families of service members donating brains for research on military traumatic brain injury," Perl said. [Source: Military Times | Patricia Kime | June 25, 2016 ++]

HIV/AIDS Update

Did You Know

HIV stands for the human immunodeficiency virus:

- H - Human. This virus infects human beings.
- I - Immunodeficiency. This virus attacks a person's immune system. The immune system is the body's defense against infections, such as bacteria and viruses. Once attacked by HIV, the immune system becomes deficient and doesn't work properly.
- V - Virus. A virus is a type of germ too small to be seen even with a microscope.

HIV is a virus. Some viruses, such as the ones that cause colds or flu, stay in the body for only a few days. HIV, however, never goes away. A person who is infected with HIV is said to be "HIV positive." Once a person is HIV positive, that person will always be HIV positive. All viruses must infect living cells to reproduce. HIV takes over certain immune system cells that are supposed to defend the body. These cells are called CD4 cells, or T cells. When HIV takes over a CD4 cell, it turns the cell into a virus factory. It forces the cell to produce thousands of copies of the virus. These copies infect other CD4 cells. Infected cells don't work well and they die early. Over time, the loss of CD4 cells weakens the immune system, making it harder for the body to stay healthy

AIDS stands for acquired immunodeficiency syndrome:

- A - Acquired. This condition is acquired, meaning that a person becomes infected with it.
- I - Immuno. HIV affects a person's immune system, the part of the body that fights off germs such as bacteria or viruses.
- D - Deficiency. The immune system becomes deficient and does not work properly.
- S - Syndrome. A person with AIDS may experience other diseases and infections because of a weakened immune system.

AIDS was first reported in the United States in 1981 and has since become a major worldwide epidemic. AIDS is the most advanced stage of infection caused by HIV. The names HIV and AIDS can be confusing because both terms describe the same disease. But most people who are HIV positive do not have AIDS. An HIV-positive person is said to have AIDS when

his or her immune system becomes so weak it can't fight off certain kinds of infections and cancers, such as PCP (a type of pneumonia) or KS (Kaposi sarcoma, a type of cancer that affects the skin and internal organs in HIV), wasting syndrome (involuntary weight loss), memory impairment, or tuberculosis.

Even without one of these infections, an HIV-positive person is diagnosed with AIDS if his or her immune system weakens, as indicated by the number of CD4 cells in his or her blood. A CD4 cell count less than 200 in an HIV-infected person counts as a diagnosis of AIDS. It can take between 2 to 10 years, or longer, for an HIV-positive person to develop AIDS if he or she is not treated. Most people who start treatment (with medicines called antiretroviral therapy or ART) soon after an HIV infection will not develop AIDS. Once a person has been diagnosed with AIDS, she or he is always considered to have AIDS, even if that person's CD4 count goes up again and/or they recover from the disease that defined their AIDS diagnosis.

A person with HIV could show no symptoms for years, but could still pass the virus on to others. In 2015, more than 270,000 Veterans were tested for HIV at VA. Getting tested is simple, just ask your provider for a HIV test at your next appointment. Like many other diseases, it is better to diagnose and treat HIV early rather than late. The earlier HIV is detected, the sooner a person can receive treatment and begin taking steps to remain healthy for years to come. Learn more about the benefits of getting tested for HIV and why knowing your HIV status can save your life at www.hiv.va.gov/patient/index.asp. [Source: VA http://www.hiv.va.gov/patient/index.asp | June 2016 ++]

PTSD Update

TNX-102 SL Trials Show Promise

An already-approved muscle relaxant may offer relief for U.S. military veterans and first responders suffering from combat-related post-traumatic stress disorder (PTSD). The Phase 2 trials of the drug, TNX-102 SL, which contains the same chemical property as Flexeril, identified a dose and administration method that statistically improved participants' PTSD symptoms among several mental health indices. No new PTSD drug has been approved by the Food and Drug Administration (FDA) since Paxil in 2001, and before that, Zoloft in 1999.

The findings were announced this month at the American Society of Clinical Psychopharmacology Annual Meeting (ASCP), and could eventually lead doctors to unroll the first PTSD drug in more than a decade, said Dr. Harry Croft, Chief of CNS Studies at Clinical Trials of Texas. Croft, who has also headed the investigation of 60 similar clinical trials over the last 25 years, said current PTSD treatments either don't address every individual's range of PTSD symptoms, pose unwanted side effects, or have poor adherence rates. Thus, scientists have continued searching for new PTSD treatments. "The suffering caused by this condition is significant, not just for the veteran but for their family members," Croft, medical director of the San Antonio Psychiatric Research Center, one of 24 U.S. research sites for the drug, told FoxNews.com. "We're hopeful that we're on the right track with this medication."

TNX-102 SL, which is the chemical cyclobenzaprine, blocks certain neurotransmitters in the brain and receptors that scientists believe causes arousal responses and recurrent thinking, two signs of PTSD. The drug blocks the histamine receptor, too, which causes the side effects dry mouth and day sedation. For the study, Croft's team randomized about 230 patients to take either 2.8 milligrams or 5.6 milligrams, or a placebo once a day for 12 weeks, sublingually, before bedtime. Flexeril is typically taken at a 30 milligram dose and orally. Neither researchers nor the patients knew which dose they received, making it double-blinded.

Participants had to either serve in the military or be a first responder, and have a trauma-producing incident that led them to reach a CAPS score of at least 29, indicating moderate PTSD on a scale of 0 to 80. At the onset, doctors used the CAPS-5 (Clinical-Administered PTSD Scale for DSM-5, an index of mental health diagnoses) score to evaluate an individual's mental health and functioning. Researchers completed evaluation training to ensure consistency across study sites, and found participants' average CAPS score was about 40, indicating severe PTSD. They used other standard assessment tools, like the Clinical Global Impression–Improvement (CGI-I) scale, to evaluate participants' depression and suicide risk at the beginning of the study. More than 80 percent of patients had gone to college, and two-thirds were employed. The average number of their deployments was 2.3 times.

Periodically, researchers assessed patients' CAPS scores. At the outset they found those patients who received the higher dose resulted in statistically significant PTSD symptom improvement. Those patients' CGI-I scores, which evaluate how an individual's health changes over time, showed similar results to that of effective antidepressants. Not only did TNX-102 SL help patients sleep better, but it also reduced arousal and reactivity, anxiety, hypervigilance, and trouble concentrating— all symptoms of PTSD— Croft said. "The good news is because it goes directly into the bloodstream at a much smaller dose than the oral medication used for muscle relaxation, it seems to be well tolerated, and it was well tolerated in this study," Croft said. When applied under the tongue instead of orally, the drug bypasses the liver and avoids getting metabolized. As a result TNX-102 SL has a shorter half-life and produces norepinephrine at lower levels. That neurotransmitter is thought to worsen PTSD, Croft said.

Study participant Mark Bratton was deployed five times overseas, two that were combat related, during his service in the U.S. Marine Corps from 2004 to 2013. His personal relationships suffered and he began coping with depression in 2007, when he returned home to Harlingen, Texas, from Iraq. But he pushed his discomfort aside because he didn't want to be perceived negatively in the military or risk not being deployed again, he said. He was diagnosed four months before he was discharged from the Marines, and since then he's tried several approaches— from Zoloft to cognitive behavioral therapy, to Wellbutrin, a mood stabilizer— to ease his symptoms. Therapy helped for a while, as did the Wellbutrin, but Zoloft made him feel "cloudy" and "zombie like," he said.

TNX-102 SL, along with his service dog, a yellow Labrador retriever named Benny, has helped Bratton feel safer in crowds by reducing hypervigilance, and has helped him sleep better at night with fewer nightmares. "My depression started to ease up, and all these feelings of worthlessness, and just not feeling good about myself, started to subside," Bratton, 30, told FoxNews.com of his experience with the drug.

Bratton, who's now studying history at Texas A&M University, said he was worried about stopping the drug after the study ended. But, to his surprise, the relief continued. "I think it flipped a switch on in my head, and I knew how I could be, and knew I could feel great and knew I could feel normal," he said.

Stahl said it "makes complete sense" that TNX-102 SL helps relieve PTSD symptoms based on its mechanisms. He is part of an effort in California that's working to reclassify drugs from their market names to their chemical properties. The idea is to help scientists more easily repurpose drugs for different conditions, like cyclobenzaprine. Despite its potential promise, Stahl said he was skeptical over whether there would be enough resources to get TNX-102 SL to market. According to a 2014 report by the Tufts Center for Study of Drug Development, the cost of developing a prescription drug and making it commercially available has surpassed $2.5 billion. Colston called cyclobenzaprine an "innovative approach" that could make for a good adjunct to current treatments like cognitive behavioral therapy.

Phase 3 studies of TNX-102 SL, which would be conducted in a larger population of veterans with both combat- and non-combat-related PTSD, may begin as early as the first quarter of 2017. "Because of this study, they'll probably use the higher dose," Croft said. "We're very excited about finally, hopefully, having something that will make a real difference for these folks because, as you know, they're suffering and their families are suffering." [Source: Fox News Health | Melinda Carstensen | June 21, 2016 ++]